



**Annual Report
2007/2008**

**Together we can
defeat cancer**



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Our logo, the daffodil

The daffodil is the international symbol of hope for those touched by cancer. It has reached almost iconic status, and is one of our most valuable assets. When you see the daffodil logo, you can feel proud of how Cancer Council is working with the community to defeat cancer.

Cancer Council is the leading cancer charity in NSW. We have been the focus of public action, public giving, and public communication about cancer for more than 50 years.

Vision

Cancer defeated

Our vision will be realised when lives are not cut short by cancer, or their quality diminished.

Mission

To defeat cancer through engaging the community

Our mission will be fulfilled when the people of NSW:

- ✱ Share our conviction that cancer can, and will, be defeated
- ✱ Act from information and understanding
- ✱ Express a clear appreciation of how communities can contribute to defeating cancer
- ✱ Embrace the actions required to defeat cancer
- ✱ Live and work in organisations, families and social settings which advance the control of cancer.

Our commitment

Whether as donors, supporters, volunteers or collaborators, the community places great trust in the capacity of Cancer Council to fulfil its mission. Our commitment is to effectively deliver on this trust.

Our effectiveness will be judged by the:

- ✱ Enhancements we bring to the lives of cancer patients and carers
- ✱ Impact we have on scientific knowledge and on community understanding and behaviour
- ✱ Changes we facilitate in society, policy and practice, which advance cancer control
- ✱ Productive deployment of our resources.



“Cancer Council is a purpose-led, people-focused and performance-driven organisation that brings together diverse people committed to the vision of defeating cancer.”



This is my inaugural year as Chair of Cancer Council New South Wales. I have had the privilege of working with Jill Boehm OAM as Deputy Chair and the dedicated members of the board who all give generously of their time and talent. The diversity of our board structure allows for a balance between community representation and people with strong medical, legal, financial and marketing skills and experience.

I have also been fortunate in meeting the staff, partners and supporters of this organisation. These people are critical in ensuring that we reach our vision of cancer defeated. This statement can seem like a pipe dream – but we believe that it is achievable. As a community we can all make a difference to ensure that in the future, the quality of people's lives are not diminished by this disease.

Most premature death in Australia is caused by cancer. It affects not only patients and their families but also impacts on the whole of society. Cancer Council has built a reputation for being a leader in cancer research, prevention, advocacy and patient support in New South Wales.

Compared to 1980, cancer survival rates in our state have improved by 25% as a result of advances in research and their practical application. In real terms, this is an additional 2,300 people surviving cancer each year. Cancer Council takes great pride in its contribution to this increase in survival.

Over the next decade, we want to see:

- A national approach to funding research that addresses all cancers and employs diverse research methodologies
- An in-depth, sustained, Australia-wide investigation into the top 20 cancers
- A more permanent social change that reduces cancer risk through targeted campaigning and public policy influence
- The burden of care eased by improving the quality of life for cancer patients, their families and host communities.

Changing patterns of giving, increasing competition in fundraising, uncertainty in money markets, a dynamic media landscape and newer challenges in cancer research are increasingly on our radar. These have implications for branding, innovation in marketing, new ways of connecting with people affected by cancer, and a national approach to long-term cancer planning.

We are already witnessing greater language diversity in our programs and people, a wider portfolio of fundraising appeals that target specific segments such as men and youth, increasing involvement of the corporate sector in our work and partnerships between researchers, clinicians, the community and even among researchers nationwide. This is the only way we can defeat cancer in our state because cancer has no boundaries.

To achieve our aim will no doubt take the dedication of many people including world class scientific minds as well as the support of many organisations and individuals in the community.

I would like to thank all those who have helped us get this far.

A handwritten signature in blue ink, reading 'Bruce Hodgkinson'.

Bruce Hodgkinson SC
Chair

Cancer Council NSW

Organisational structure

Cancer Council NSW Board

Dr Andrew Penman
Chief Executive Officer

Ms Angela Aston
Company Secretary

Office of the CEO	Cancer Research Division	Marketing and Communications Division	Health Strategies Division	Cancer Information and Support Services Division	Corporate Services Division	Statewide Services Division
	Assoc Prof Freddy Sitas Director	Manisha Amin Director	Prof Jeanette Ward Director	Gillian Batt Director	Ted Starc Director and Chief Financial Officer	Jenny Beach Director
Research Strategy and Scientific Development Board Committees	Cancer Epidemiology Research Centre for Health, Research and Psycho-oncology	Media and Marketing Services Data Analytics Direct Marketing Major Gifts Retail Events	Skin Cancer Prevention Tobacco Control Policy and Advocacy Nutrition Programs	Supportive Care Development Cancer Support Practical Support Pancreatic Cancer Support Project	Finance Donor and Supporter Services Events Administration Centre Logistics and Risk Information Systems Human Resources Volunteer Program	Greater Western Sydney Central and Southern Sydney Northern Sydney and Central Coast Far North Coast Hunter Mid North Coast North West South West Southern Western

“The many and varied ways in which the community gets involved in the fight against cancer never ceases to amaze me; whether it’s helping in a fundraising event, taking a cancer patient to hospital, crusading for tobacco reform, encouraging the local school to become SunSmart, or participating in a cancer study.”



Cancer Council NSW has grown from strength to strength over the past 50 years. This has only occurred because of the value that the community places on this organisation and the work that we do.

We are community focused and are committed to delivering results in cancer research, support, education and prevention.

At the beginning of the last financial year, we recognised some key areas of focus. These included:

- Providing greater ongoing strategic focus in our research grant program with a particular emphasis on the more lethal cancers
- Dispersing the benefits of our work in cancer prevention and cancer support to more communities across the state
- Extending the organisation's footprint across the state.

As the year progressed, the added importance of sustaining revenue growth in turbulent economic conditions became obvious.

Looking back, I am pleased to announce that we have made significant inroads in all of these areas.

Research for a cancer free future

Our work over the past 20 years has seen survival rates improve in some common cancers but others such as brain, liver and pancreatic cancer still have low survival rates.

Liver cancer is the most rapidly increasing cancer in NSW, and our 'B Positive' Project is a pioneering example of how research and community intervention can converge to become an effective instrument in the prevention and cure of liver cancer among communities with high rates of hepatitis B infection.

During the year, we increased research spending by more than 20%, with a significant component being in multidisciplinary Strategic Research Partnership (STREP) Grants and in longitudinal studies that will help us to understand and improve community health.

The STREP Grants are an innovative way to bring together the best minds in Australia to fund research that can deliver tangible results. Brain, liver and oesophageal cancer research received five-year STREP funding during the year.

Our most developed STREP project is in the area of pancreatic cancer. Researchers, clinicians, patients and carers have determined research priorities and the community has also provided backing for this project in a record tax appeal. Without community support this project would not be possible.

**Total research spending
increased by more than**

20%

The CLEAR (Cancer, Lifestyle and Evaluation of Risk) study is of global significance in the epidemiology of cancer. It passed through the milestone of recruiting 1,000 patients and partners as study participants. One day it will reveal answers to many of the puzzling questions about cancer.

We now need ongoing support for the range of STREP Grants and a facility that can collect, store and process thousands of biological samples. These will allow us to undertake further population research in cancer and seek to unlock the cancer genome.

Community support and cancer prevention

This year we engaged with more communities in New South Wales than ever before. The Cancer Council Outreach Service, a 'cancer support on wheels' initiative, was launched in partnership with Coles this year. Our bus spent up to two days in 80 towns, providing essential cancer information and support services right at the community's doorstep.

The creation of Community Hubs in Penrith and Casula (soon also in Rouse Hill and Erina) provide infrastructure where it is needed. These hubs are also the focal meeting point for the many Cancer Community Networks that operate in different population centres.

Prevention is at the heart of a cancer smart community. Increased awareness of sun protection among children and the adoption of tobacco control by agencies serving the disadvantaged were continuing areas of focus during the year. A record 646 childcare centres in the state have now achieved SunSmart status, and an equal number are working towards this goal.

The Council of Social Service of New South Wales (NCOSS) has been a key partner with Cancer Council NSW in the Tackling Tobacco Program which seeks to transform the way agencies in the social services sector address tobacco use among the economically disadvantaged, mentally ill, and other groups at high risk. On the tobacco advocacy front, Cancer Council NSW has been an active catalyst in driving over 1,100 submissions that contribute to the review of smoking-related regulations in New South Wales' pubs and clubs.

We have also made an increased commitment to transport, accommodation and other practical support services for cancer patients. Last year we gave 1,800 financial assistance grants to patients and their carers to meet basic but critical survival needs. These programs are increasingly important as people face uncertain economic times.

**Fundraising income increased
by more than**

20%

A common focus and common goal

The many and varied ways in which the community gets involved in the fight against cancer never ceases to amaze me; whether it's helping in a fundraising event, taking a cancer patient to hospital, crusading for tobacco reform, encouraging the local school to become SunSmart, or participating in a cancer study.

Fundraising income was up by more than 20% with nearly 80,000 people in the state hosting or organising some fundraising event or activity. This was particularly heartening in a year where we suffered inescapable losses in investment earnings.

During the year, more people took up regular giving to Cancer Council NSW as a practical and sustaining way of defeating cancer and we received generous contributions through bequests.

People across the state also embraced our many events and other fundraising activities. Their enthusiasm drove increased giving. I am grateful to all those who helped make these things happen. Our volunteer workforce is one of the most diverse in Australia with many key positions undertaken on a voluntary basis. Our staff and volunteers live, breathe and believe in our mission and I am proud to be one of them.

To those people who have been through a cancer diagnosis themselves or with someone they love, I would like to offer our support. I believe that the defeat of cancer is a realistic proposition. No longer will families lose loved ones prematurely to this dreadful disease.

Where to now? We have achieved much this year, but we cannot rest until cancer is removed as a threat to the length and quality of life.

There is scarcely a person, an organisation, a profession or a community that does not have a significant opportunity to contribute. I would like to thank staff, supporters, partners as well as individuals who make decisions every day that combat cancer. With your continued passion and commitment we can continue to work to defeat cancer.



Andrew Penman
CEO

Cancer Council NSW Year in review

Launch of the Cancer Council Outreach Service in partnership with Coles to provide cancer information to regional NSW. Estimated running cost of \$500K.

1,800+

financial assistance grants provided to cancer patients and their carers to assist with the financial burden of a cancer diagnosis.

\$3.2M

year end surplus compared with a budgeted deficit of \$75K.

\$13M

total research expenditure.

\$8.5M

committed to new cancer research, comprising 18 project grants and three Strategic Research Partnership Grants.

Completion of our renovation which expanded the capacity of our Head Office, increased the asset value of the CCNSW building investment and enhanced the way our people work.

Launch of two Community Hubs, with the opening of Penrith and Casula Hubs in Western Sydney.

\$5M

Relay For Life (RFL) income exceeded expectations, with outstanding contributions from the Sutherland RFL of \$402K and Southern Highlands RFL \$267K.

\$4.8M

Australia's Biggest Morning Tea income reached an all-time high.

\$3.3M

Net loss on managed fund investment income in 2007/2008 due to global downturn in stock markets.

Need to create systems to capture accurate data around the invaluable contribution of CCNSW volunteers.

5 year financial summary

for the year ended 30 June

	2008 \$'000	2007 \$'000	2006 \$'000	2005 \$'000	2004 \$'000	Movement over 5 years
Income statement						
Total income	65,926	61,357	54,450	44,031	33,723	32,203
Total expenditure	62,686	48,553	43,593	37,545	33,051	29,635
Net Result	3,240	12,804	10,857	6,486	672	
Balance sheet						
Current assets	14,537	12,447	18,393	9,569	16,698	(2,161)
Investments (shares & management funds)	36,151	40,772	21,583	18,107	4,979	31,172
Buildings and infrastructure	21,943	14,670	14,352	10,806	13,335	8,608
Total non current assets	58,094	55,442	35,935	28,913	18,314	39,780
Total Assets	72,631	67,889	54,328	38,482	35,012	37,619
Current liabilities	5,140	4,301	3,545	3,042	3,676	1,464
Non current liabilities	474	413	412	293	230	244
Total liabilities	5,614	4,714	3,957	3,335	3,906	1,708
Net Liabilities	67,017	63,175	50,371	35,147	31,106	35,911
Accumulated surplus	54,463	50,319	35,482	30,235	26,194	28,269
Reserves	12,554	12,856	14,889	4,912	4,912	7,642
Total Equity	67,017	63,175	50,371	35,147	31,106	35,911
Cash						
Cash and cash equivalents	11,589	9,930	15,669	7,013	5,729	5,860
\$ movement	1,659	(5,739)	8,656	1,284	(70)	
% movement	17%	-37%	123%	22%	-1.21%	

Key financial statistics

Indicator 1						
Current ratio: liquidity	2.83	2.89	5.19	3.15	4.54	-1.71
<p>The current ratio (Current Assets over Current Liabilities) indicates CCNSW's ability to meet short-term debt obligations from cash and cash equivalents. Generally the higher the ratio, the more liquid the company is.</p> <p>As at 30 June 2008 CCNSW has \$2.83 available in current assets to meet every \$1 of current liability.</p>						
Indicator 2						
Equity ratio: stability	0.92	0.93	0.93	0.91	0.89	0.03
<p>Equity Ratio (Equity over Total Assets) is another ratio used to indicate CCNSW's longer term ability to meet debts from its asset base.</p>						
Indicator 3						
Cash and investments to total expense ratio: stability	0.76	1.04	0.85	0.67	0.32	0.54
<p>Cash and Investments to Total Expense Ratio (Cash + Investments over Total Expenditure) is used to indicate CCNSW's ability to continue its current operation in the event of insufficient income. If required, the investment funds CCNSW holds can be sold quickly on the market to make funds available for its operational needs.</p>						

Operational results

	2008	2007	2006	2005	2004
Research					
New research grants awarded	22	19	23	11	8
Total research grants funded	75	60	52	37	33
Information and support services					
Calls to the CCNSW Helpline	19,538	21,228	20,972	19,899	18,846
Patients and carers using the CCNSW Helpline	8,258	8,655	8,758	7,705	7,607
Cancer Council Helpline Callback Service – Number of calls	1,128	601	#	#	#
Cancer Council Connect – Number of referrals matched	631	675	734	821	965
Cancer Counselling Program Participants	130	17	#	#	#
Hits on the 'Cancer Answers' website	24,526	18,175	16,095	15,402	*
Support and Information Packs distributed	10,489	13,874	14,751	13,122	*
Understanding Cancer publications distributed	224,866	189,263	172,710	211,844	*
Financial assistance grants to cancer patients and carers	1,809	897	#	#	#
Patient transport kilometres funded	303,130	167,000	*	*	*
Telephone support group sessions held	213	142	62	26	28
Health advocacy and prevention					
Cancer Council advocates registered in NSW	375	296	229	152	107
New Cancer Council advocates trained	79	75	69	45	56
Number of SunSmart childcare centres	314	287	45	*	*
Statewide program delivery					
Community grants awarded	146	75	18	9	11
Fundraising and retail					
Cost/Income ratio	30%	33%	34%	36%	35%
\$ raised per full-time fundraising staff member	\$829,000	\$714,000	\$693,000	\$595,000	*
Number of Relays	59	53	41	32	32
Average \$ per Relay	\$86,915	\$87,472	\$87,829	\$73,125	\$75,063
Bequests: number of new estates notified during the year	98	98	68	82	94
Infrastructure and investment					
Number of registered volunteers	2,713	3,166	*	*	*
Infrastructure and Investment costs as a % of Total Expenditure	10%	11%	9%	9%	10%
Infrastructure and Investment costs as a % of Total Income	9%	9%	7%	7%	10%

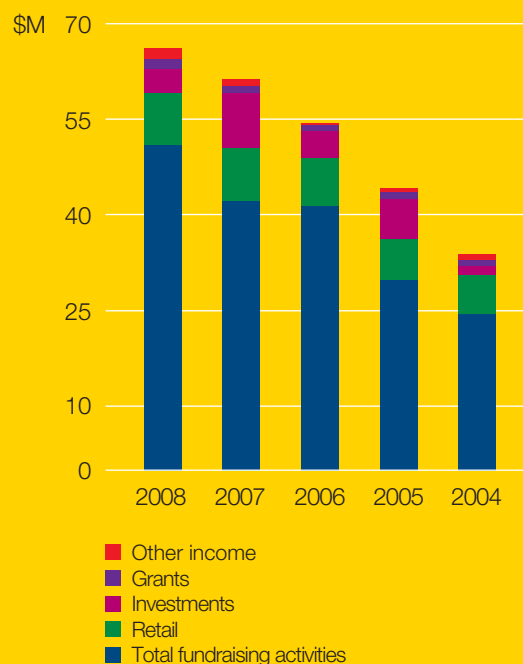
* Accurate data not available for this period

Program did not exist in this period

Where our money comes from

Cancer Council NSW (CCNSW) does not receive Government funding and depends upon the ongoing and generous contributions from the community to fund its operations.

Our fundraising team is critical to the success of CCNSW and are constantly striving to excel in the competitive market for the fundraising dollar.

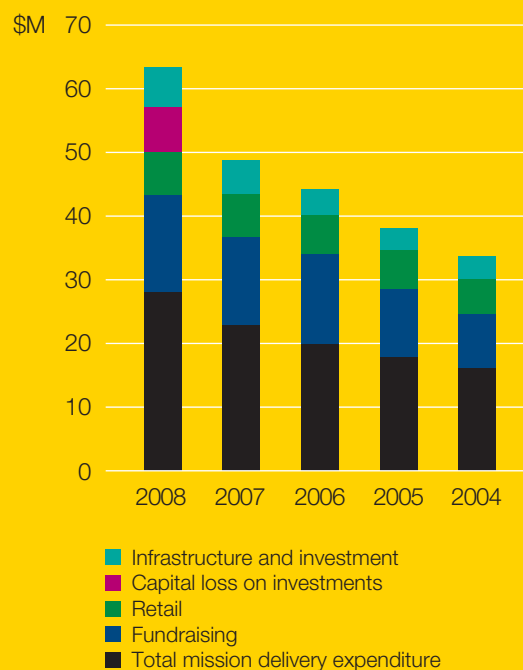


Where our money is spent

In the last five years CCNSW has spent more than \$100M in mission delivery, primarily directed to cancer research, support and information services, health advocacy and statewide program delivery.

Retail expenditure generates a profitable source of revenue and is also a means to distribute the cancer prevention message and cancer prevention products throughout the NSW community.

Minimising administration costs without compromising accountability or transparency is a key focus of CCNSW management team.



Cancer Council NSW Board of directors



Dr Stephen Ackland MB, BS, FRACP
*Staff Specialist, Medical Oncology,
Newcastle Mater Misericordiae
Hospital. Conjoint Professor, Faculty
of Health, 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.

Ms Jill Boehm OAM
RN, DC, MMgt, FAICD

*Director, Cancer Institute NSW,
Member Gene Technology Ethics and
Community Consultation Committee.
Member The NSW Nurses and
Midwives Board, Tribunals and
Professional Standards Committee.*

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 CCNSW built and maintains Lillier Lodge in Wagga Wagga.

Ms Mary Chiew
*Managing Director of 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 and she currently serves on the Board of the Salvation Army Employment Plus. As a cancer survivor, Ms Chiew brings her personal experience to CCNSW 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 CCNSW for many years serving on the Armidale Cancer Action Group; the inaugural Armidale Relay For Life committee and subsequent Relay committees; as a Cancer Council Connect peer support volunteer; and as a facilitator for the North West on the regional advocacy network. Ms Gregg is also a member of the Breast Cancer Action Group and the Breast Cancer Network Australia. Ms Gregg is founding member of the Armidale breast cancer support group, and was a board member and state coordinator of Dragons Abreast Australia.

Mr Bruce Hodgkinson SC
(appointed 23 July 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. He 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. Mr Hodgkinson has been a member of the POSH committee for a number of years through which he has been actively engaged in raising money for CCNSW.



Mr Paul Lahiff BSc Agr, FAIM

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. Mr Lahiff joined Mortgage Choice as Chief Executive Officer in August 2003, was made Managing Director in May 2004. He 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 CCNSW, 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 on the causes of breast cancer in Australia that are among the largest in the world.

Mr Bob Sendt BA (Econ) Grad Diploma
Environ Studies, FCPA, FPNA, GAICD

Mr Sendt was Auditor-General of New South Wales from 1999 to 2006 and now runs his own management consulting practice. He serves on a number of boards including as chairman of Job Futures Ltd, a director of National Health Call Centre Network Ltd and a director of the Accounting Professional and Ethics Standards Board. He has a strong interest in governance, accountability and strategic management.

Mr Stephen Roberts B Bus, ACA,
Grad Dip (Securities)
(appointed 25 October 2007)

Mr Roberts is a non executive director of van Eyk Research Ltd, DrawBridgeCapital Pty Ltd, arkx Investment Management Pty Ltd and Eastern Agriculture Pty Ltd. Prior to July 2008, he was managing director of institutional investment services, Russell Investments Limited, Australasia. Mr Roberts oversaw an integrated business comprising 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.

Mr Roberts has been an active member of the POSH committee for many years and engages in fundraising activities for CCNSW.

Professor Jim Bishop AO

MD, MMed, MBBS, FRACP, FRCPA
*Chief Cancer Officer, CEO, NSW Cancer
Institute (resigned 19 August 2008)*

Professor Bishop is Chief Cancer Officer, CEO of the Cancer Institute NSW and was the Institute's nominee on CCNSW 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. *(Not pictured)*

Dr Patrick Cregan MBBS, FRACS
(appointed 25 August 2008)
*Nepean Hospital Specialist
Cancer Surgeon*

Dr Cregan replaces Prof Jim Bishop as the Cancer Institute NSW's nominee on CCNSW Board. Dr Cregan is a specialist surgeon with a major interest in endocrine and endoscopic surgery based at Nepean Hospital. He has a particular interest in surgical robotics, having performed Australia's first and the world's sixth telesurgical procedure.

Other interests include research in mathematical modelling of cancer, patient communication and the application of advanced technologies. Dr Cregan has served on a number of committees/boards including the Royal Australian College of Surgeons, Wentworth Area Health Service, NSW Health Clinical Council.

Cancer Council NSW

The divisional directors

Our highly qualified and experienced Directors lead each of the six Divisions at Cancer Council NSW: Research, Health Strategies, Cancer Information and Support Services, Statewide Services, Marketing and Communications and Corporate Services. The Directors are supported by committed teams who develop strategies, deliver programs and activities in collaboration with volunteers, external partners and universities.



Left to right

1. Ms Jenny Beach
Mr Ted Starc
Assoc Prof Freddy Sitas
2. Ms Gillian Batt
Dr Andrew Penman, CEO
3. Prof Jeanette Ward
Ms Manisha Amin



In 2008/09, we welcome two new Divisional Directors to Cancer Council NSW: Prof Jeanette Ward in Health Strategies and Manisha Amin in Marketing and Communications.

Jeanette Ward is a former Cancer Council NSW board member and is a well-known expert in population health and evidence-based healthcare. She will lead our cancer prevention, public policy and advocacy programs.

After a career in clinical practice and medical education, Jeanette established the Needs Assessment and Health Outcomes Unit at Central Sydney. She then moved to an executive role as Director, Division of Population Health in South Western Sydney, where her commitment to equity

of opportunity and outcomes came to the fore. Between 2005 and early 2008, Jeanette enhanced her health system experience working with the Canadian Public Health Association and the University of Ottawa, where she retains an honorary professorial appointment.

Manisha's experience spans a range of disciplines – marketing, fundraising, communications, community education and diversity engagement. She has held management roles at University of Technology Sydney and more recently at Guide Dogs New South Wales. Manisha's mission is to further enhance the '3Rs' at Cancer Council – revenue, reputation and relevance.

Introduction

Every year, the people of NSW come into contact with our organisation. They may buy a Daffodil Day pin or participate in one of our events, visit our retail stores or regional offices, or take their children to a SunSmart childcare centre. They may call our Helpline for themselves or on behalf of a family member, participate in a research study or visit our website for reliable information on cancer treatment or prevention.

Many people know about us and most people recognise the daffodil flower, which is our symbol of hope for those affected by cancer. However, not everyone in our community knows everything that we do.

Cancer Council NSW has the broadest scope and reach of any cancer organisation in New South Wales.

We are a cancer charity that is community funded, community led and community focused.

We engage with almost everyone in the cancer journey – patients, carers, health professionals – and also with those working to defeat cancer – researchers, volunteers, advocates, event supporters and donors.

Research, support, advocacy and prevention

We work to defeat cancer on all fronts by developing prevention strategies, funding research into new treatments and cures, providing clinical, emotional and financial support to those who have been affected by cancer, and mobilising support from passionate people who can help in our mission.

In delivering these diverse programs and services, our 300 employees are assisted by nine times as many volunteers.

Our organisation is structured into six divisions:

- Research
- Health Strategies
- Cancer Information and Support Services
- Statewide Services
- Marketing and Communications
- Corporate Services.

Uniting all these services and efforts in the one organisation provides added benefit and efficiencies, because prevention, treatment, patient support and advocacy often overlap. For example, research can lead to medical solutions and also gather evidence that influences people to change their eating, smoking or sun-protection behaviours. Providing essential transport and accommodation services may render treatment possible for those who are unable to access it otherwise. Participating in our events can help people learn new ways to prevent cancer, or how to advocate locally for a cancer-smart community.

Organisational integrity

Of course, without the generous support of people in New South Wales, none of our work would be possible. This is a great responsibility, and we take it very seriously in the management and operation of our organisation. Maintaining Cancer Council's financial strength and business integrity are essential for us to have the resources and scope to address our mission in the long term.

Fundamentally, we bring together the right people, processes and systems so that we can work towards a day when lives will not be cut short or their quality diminished by cancer.



Research



“In NSW with about a quarter of people born abroad, we have an enormous diversity of lifestyles to compare and get meaningful answers to the causes of cancer. Studies like CLEAR will help us develop an enormous research program.”

**Associate Professor Freddy Sitas, Director
Cancer Research Division**

Cancer Council funds and conducts research into the underlying causes of cancer and how best to prevent it. We also explore new and improved ways of diagnosing and treating different cancers and undertake studies into enhancing the quality of life of those affected by cancer.

Internal research

The Cancer Research Division is one of the largest public health cancer research operations in Australia with an international standing in the research community and a strong commitment to evidence-based research. This is reflected by its excellent publications record and success in attracting peer-reviewed grants, plus associations with universities in Australia and around the world.

Associate Professor Freddy Sitas heads a staff of 45 epidemiologists, behavioural scientists, statisticians, plus postgraduate students and volunteers. There are over 100 collaborators and at least 50 research projects at any one time.

The Cancer Epidemiology Research Unit in Sydney analyses population data to discern patterns and relationships in cancers to find out why certain cancers occur in some people and undertakes large scale studies to understand the consequences of a cancer diagnosis.

Other research follows the patient's journey from diagnosis through various treatments to determine the best possible interventions and their appropriate timing. The results provide comprehensive answers to a range of questions across a spectrum of cancer control initiatives.

The Cancer Research Division also has a long-standing partnership with the University of Newcastle under the banner of the Centre for Health Research and Psycho-Oncology (CHERP). It investigates a range of attitudinal, behavioural and psychological issues that impact on cancer patients, their partners and carers.

The end purpose is to understand the causes, management, outcomes and impacts of cancer and how to reduce its burden.

External research

The Research Strategy and Scientific Development Unit, headed by Medical Director, Dr Monica Robotin, comprises two teams which work on Cancer Council's external research program.

The Research Strategy Unit manages the External Research Grants program, coordinates the consumer involvement in research initiative and provides technical and administrative support to the Cancer Research Committee and its affiliated research groups.

The Scientific Development Unit responds to medical and scientific issues through policy statements, briefings and position papers, initiates innovative projects (such as the 'B Positive' Project on page 33) and establishes research collaborations with internal and external stakeholders.

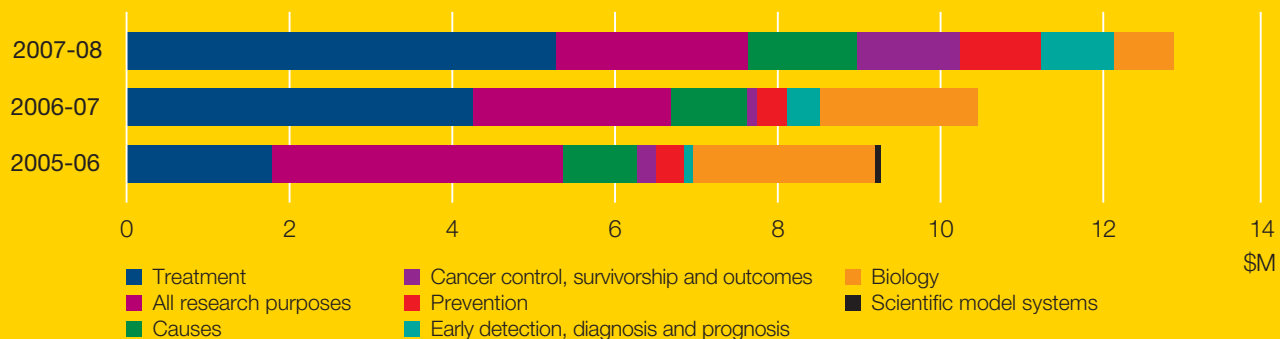
The external research program is focused on research that has a significant capacity to change policy or practice in the Australian context by targeted funding of actionable research into specific cancers and their treatment. Its flagship initiative, the STREP (Strategic Research Partnership) Grants, strengthen collaborative research that can make a practical difference to patient outcomes in cancers with a heavy burden of disease. Typically, such projects receive limited support through other traditional funding channels. So far six STREP Grants have been funded, aiming to improve understanding and management of pancreatic, colorectal, brain and hepatocellular (liver) cancer, recognise Barrett's oesophagus as a pre-malignant condition and optimise decision support for hereditary cancers.

The emphasis is on high-quality projects that take a multidisciplinary approach involving both clinical and research practice across NSW and Australia. The five-year tenure of these grants, their higher level of funding and hierarchy of three stages provide ongoing opportunities to identify research directions that have the greatest potential to change practice and enhance impact.

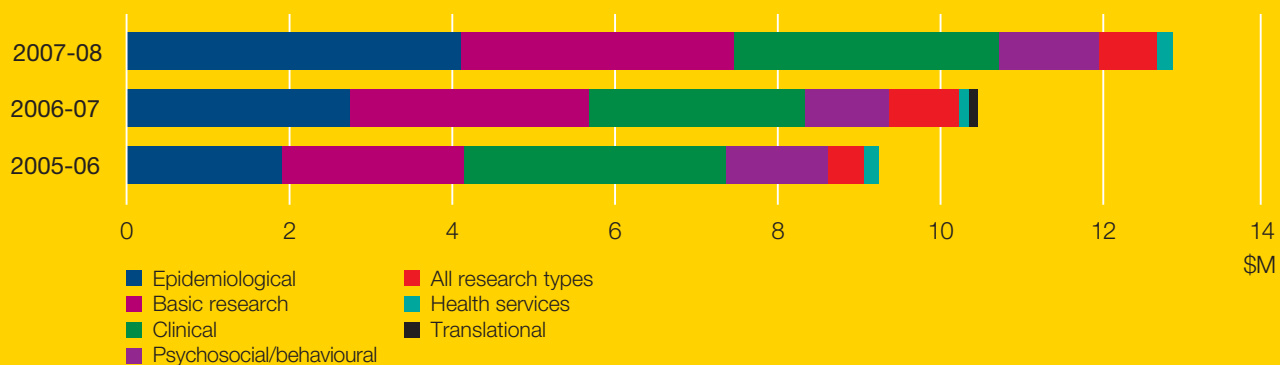
The STREP Grants also enable avenues for collaboration with other Cancer Council initiatives, such as developing new patient information and support resources, linking external research with epidemiological research (such as the CLEAR study, or the 45 and Up study) and providing new partnership opportunities with the practice community.

Research expenditure 3 year analysis

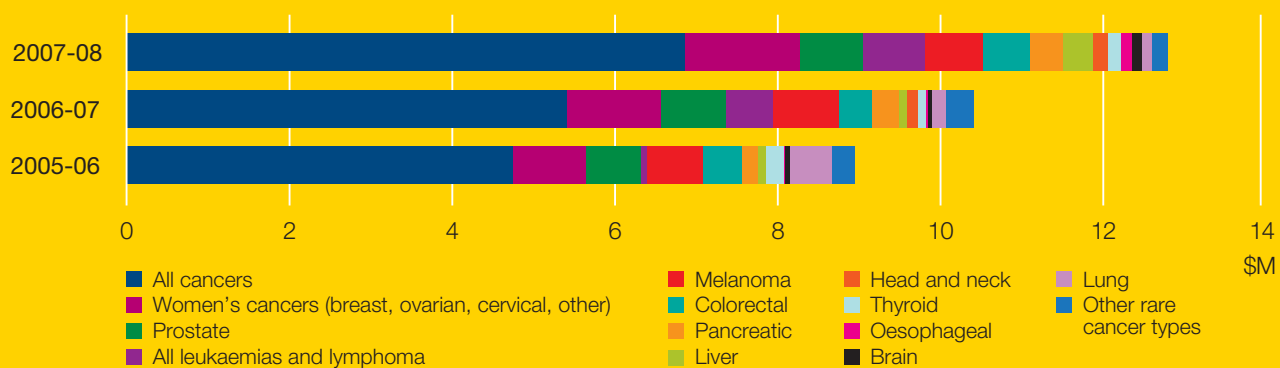
Purpose of research



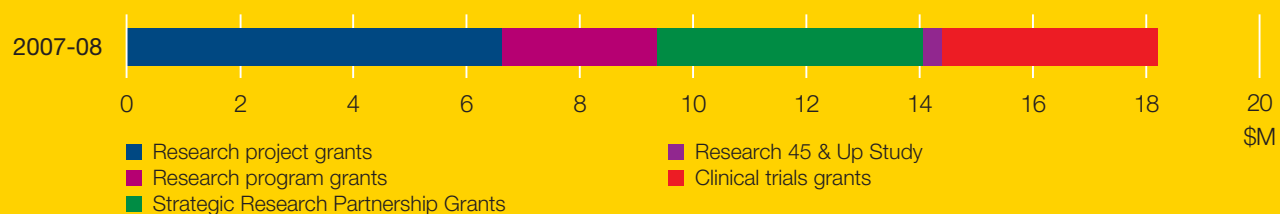
Type of research



Cancer type



Research grant commitments



Research (continued)

2007/08 highlights

Cancer Council's total spending on research increased by more than 20% in 2007/08 to nearly \$13 million. Cancer Council contributes more than 50% of all charity funding for cancer research in our state.

Highlights in internal research

- The ongoing Cancer, Lifestyle and Evaluation of Risk (CLEAR) study reached its first 1,000 participants during the year. A collaborative venture (funded by an initial grant from the Rotary Club of Sydney), this study will provide a comprehensive understanding of the lifestyle and genetic factors that influence risk of cancer in people living in New South Wales.
- Translation of the CLEAR study materials into Arabic, Chinese, Vietnamese, Greek and Italian will help us reach up to 40% of patients in certain hospitals who are unable to speak English and may have been otherwise excluded.
- A number of studies that follow the patterns of care for prostate, lung, colorectal and thyroid cancer are continuing. Comparisons are made with recommended clinical guidelines. A significant finding has been the higher odds (of at least 50) of not receiving treatment for lung cancer patients who are not referred to a specialist.
- Over 100,000 participants have been recruited to another major collaborative venture, the 45 and Up study. The target is to recruit 10% of all New South Wales residents aged 45 and older (around 250,000 people). Led by the Sax Institute, this study receives collaborative funding support from Cancer Council, Heart Foundation and NSW Department of Health. It examines the effects of a number of factors including smoking, exercise, diet and BMI (body mass index) on a number of health outcomes including cancer.
- The mathematical modelling team, with its international collaborators, is exploring potential outcomes for cervical cancer in Australia, UK, New Zealand and China over a 50-year period following implementation of programs for vaccination for the human papilloma virus (HPV) and cervical cancer screening.
- CHeRP studies have been targeting aspects such as perceptions and practices related to smoking and long-term physical, mental, emotional and financial impacts on partners and carers of cancer patients.

A collaborative study is examining psychological impacts, unmet needs and barriers to care among people from minority ethnic backgrounds.
- During the year, the Cancer Research Division produced 29 publications. A list of publications is included in Appendix 9.

Highlights in external research

- Three new STREP Grants were offered during the year to support research in brain, liver and oesophageal cancers.
- The pursuit of research into colorectal, hereditary and pancreatic cancers as part of the inaugural STREP Grants awarded in 2006 have progressed to their next stages of identifying research priorities that are most likely to accelerate progress in cancer control. This is achieved through a wide consultative process, informed by careful review of the evidence base of existing and upcoming research in each field.
- Research goals have been published for pancreatic cancer and new research proposals have already been submitted to a peer review process, shortening the time it takes for research results to impact on clinical practice.
- Simultaneously, spin-off benefits for pancreatic cancer from the 45 and Up study and scope for a coordinated national approach to tissue banking are being considered.
- The STREP Grant into hereditary cancer and cancer genetics has also identified research goals around using genetic testing in women diagnosed with breast or ovarian cancer and who are at high risk of having specific genetic mutations in the BRCA gene. (BRCA is a gene whose mutation is known to cause breast cancer in a small proportion of cases.) Women testing positive for this mutation can benefit from tailored cancer treatments, so early testing can lead to better results.
- Another pioneering effort has been the 'B Positive' Project (see page 33).

Future goals

- Developing a national focus on funding important research that addresses cancer.
- Establishing strategic research partnerships for the 20 most common cancers.
- Retain focus on flagship projects such as CLEAR and 45 and Up studies.
- Continuing the collaborative work with CHeRP in specific projects. These include evaluation of quality of cancer care, prevention and early detection of cancer, impact of cancer on patients and carers, and survivorship issues.

“My mission is to combine conventional screening techniques such as pap smears with new developments like HPV vaccination to defeat cervical cancer. And, I have the best quality research environment to do this.”

Dr Karen Canfell, Research Fellow



Health Strategies



“Health Strategies Division focuses on changes in society, public policy and systems of service delivery which advance cancer control. In essence, our team is determined to make New South Wales a cancer-smart society.”

**Jeanette Ward, Director
Health Strategies Division**

During 2007/2008, the Director of the Health Strategies Division was Anita Tang, who will lead the Policy and Advocacy Unit next year. Professor Jeanette Ward commenced as the Division's new Director in July 2008.

The Health Strategies Division has a broad, social mission – to prevent cancer by creating healthy environments, promoting healthy public policy and providing clear evidence-based advice to the people of New South Wales.

There are four units within the division – Nutrition Unit, Skin Cancer Prevention Unit, Tobacco Control Unit and the Policy and Advocacy Unit. The units all play a distinct role in realising the Division's mission, and are recognised as effective leaders in their fields in public health and policy in Australia.

Nutrition

Healthy eating and regular physical activity can lower people's risk of cancer, which is why our nutrition team focuses on promoting healthy eating (including daily intake of fruits and vegetables), maintaining an optimal body weight and the importance of regular exercise. Chronic harmful levels of alcohol can increase people's risk of cancer, hence our focus on making the community aware of the links between alcohol and cancer.

Another related nutrition goal is to ensure that healthy food choices are available and affordable for the people of New South Wales.

Skin cancer prevention

Australia has the highest rate of skin cancer in the world, yet skin cancer is almost totally preventable. The emphasis for the Skin Cancer Prevention Unit is to decrease the incidence of skin cancer by reducing people's exposure to UV radiation. Our emphasis is on children, young adults, outdoor workers and anyone engaged in sport or recreation activity.

The goal is to enhance the level of sun protection practices in workplaces, educational institutions and other community environments.

Tobacco control

Our team in tobacco control is well-recognised in the fight against tobacco. Information, advice and resources are all developed to de-normalise tobacco use in individuals, organisations and communities. We do this to alter public policy, community attitudes and support behaviour change.

We envisage a smoke-free community, which protects everyone from the dangers of cigarette smoke wherever they live, work or play. Until we reach this goal, one in two smokers will die prematurely from this acquired addictive behaviour.

Policy and advocacy

The Policy and Advocacy Unit uses evidence to define and advance essential health improvements for the people of New South Wales. A range of health issues are pursued vigorously with the government and other key decision makers.

Training is also provided to build community members' skills as active advocates for cancer control. The skills and support of volunteers, supporters, community networks and partner organisations are also harnessed, so that a greater proportion of the population can actively campaign for effective cancer control in the community.



More than 300 childcare centres become SunSmart.

“The issues vary – absence of treatment facilities in the country or lack of free and easy parking where I am. This might seem trivial but it is a big issue for a cancer patient on top of everything else. We bring these issues to the attention of people who matter.”

James Butler, Advocate



Health Strategies (continued)

2007/08 highlights

- A \$200,000 grant was obtained from the Commonwealth Government for a pilot Eat It To Beat It program in the Hunter region. This pilot will test the reach and impact of our work to increase purchasing and eating of fruits and vegetables. Working alongside volunteers, our program includes demonstrations of cooking, shopping and budgeting for health, replacing chocolates and doughnuts in fundraisers, and encouraging school activities to promote healthy eating.
- CCNSW conducted the largest Australian study to examine costs, availability and quality of healthy foods across 150 locations in New South Wales. This research provided a better understanding of the barriers to healthy eating.
- More than 300 childcare centres in the state attained SunSmart status.
- SunSmart marquees (ie large shade tents) were donated to 61 local authorities for use by community groups.
- Ten community service agencies and two community sector peak bodies pledged to provide quit smoking support for their disadvantaged clients as part of the Tackling Tobacco Program.
- Tougher laws were introduced to protect children from tobacco promotion and their exposure to cigarette smoke. This legislation responded to more than 6,000 submissions from Cancer Council supporters.
- A petition from the Central Coast Regional Advocacy Network to the Minister for Cancer contained 19,000 signatures in support of local access to public radiotherapy and was submitted to Parliament.
- The total number of local councils with formal partnership agreements to promote health and support cancer control reached 103. This figure covers 68% of all local government areas.
- More than 370 volunteers have been trained as advocates. This year, advocates made 138 face-to-face and 598 written submissions to parliamentarians regarding cancer control issues.

Future goals

- Greater coverage and closer relationships with local government authorities.
- Increased sun protection in primary schools.
- Easier and greater access to treatment (eg radiotherapy), transport facilities and financial assistance for cancer patients.
- Tighter regulation of unhealthy food marketing and tobacco retailing.
- Greater practical support to disadvantaged populations to quit smoking.
- Accelerated progress in Aboriginal health through a Memorandum of Understanding signed with the Aboriginal Health and Medical Research Council.
- Stronger links between research and policy in our organisational decisions.



Shade in public spaces remains on the agenda.



The Eat It To Beat It pilot focuses on healthy eating.

Cancer Information and Support Services



“We don’t have a magic wand to make cancer go away, but we do help people through a difficult time and provide them with support and information to ease their anxiety along the way.”

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

Cancer Information and Support Services (CISS) directly engages with patients and carers in the community. It provides high-quality information, support and referral services for patients, their families, carers and health professionals. Key to its success is the drive to continually improve and extend the reach of existing services and develop new services in cancer support.

The three units in CISS create a support network for those going through the cancer journey and the families, carers and health professionals supporting those cancer patients.

Cancer support

Three of the main areas of direct cancer support to the community are the Cancer Council Helpline (13 11 20), Cancer Council Connect and Telephone Support Groups.

The Helpline is staffed by committed health professionals trained in oncology who have had years of experience with cancer patients. The Helpline is often the first point of contact for those who have just been diagnosed with cancer or for their loved ones. It provides reliable information and emotional support in a confidential setting during anxious times for callers. The Helpline also provides information to health professionals and the general public about cancer.

A recent addition to Helpline’s service has been the introduction of a call-back service, which occurs two weeks after the caller’s first contact with the Helpline. It helps us ensure the information has been received and we can address any further questions callers may have.

Cancer Council Connect does exactly what the name says: it connects new patients with specially trained volunteers who have gone through a similar cancer experience. The cancer patient experiences a rare level of empathy when speaking to volunteers who have been through a similar journey.

Telephone Support Groups provide support and information for people with cancer, their family and carers. Groups are conducted over the phone, led by two trained facilitators, and are usually held according to cancer type or phase of treatment. These groups support people who live in remote areas, and those who are unable to attend a face-to-face group because of the physical limitations of their disease or treatment.

Practical support

Cancer Council recognises that people affected by cancer often require help beyond information, emotional or referral support. Cancer has wide-reaching impacts beyond its physical effects – it can radically disrupt people’s lives overnight. Finances are stretched through loss of income and increased expense, and routine tasks can become a challenge.

We therefore work closely with communities to identify needs, create partnerships with community groups and volunteers, and build on the services available. Key support services we offer include transport to treatment facilities, providing accommodation for patients and carers and, in partnership with hospital social workers, providing one-off financial assistance.

Supportive care

Cancer Council provides much-needed information and support for people affected by cancer, their families and health professionals. At this time in people’s lives, we ensure they have access to quality patient information (eg the Understanding Cancer series of publications) that is regularly reviewed and reflects current clinical best practice. Learning opportunities and seminars are also held all over New South Wales.

A number of support services are now available online, to communicate with users of different media, and with people who are in remote areas or unable to leave their homes. Our online capabilities include Cancer Answers, an easy-to-understand question and answer service, and Cancer Support Online, which is an online community for people affected by cancer, their families and carers.

Training and support for health professionals enables them to continue their work with cancer patients. We provide education and training to oncology and palliative care professionals on how to overcome stress and burnout, and to the 350 groups and group leaders in the Cancer Support Group Network in New South Wales.

Cancer Information and Support Services (continued)

2007/08 highlights

- We launched the Cancer Council Outreach Service, which allows an information officer and a support consultant to travel in a Cancer Council-branded vehicle to distant parts of the state, taking our services to the community's doorstep. This new initiative was made possible by part-funding from Coles. Over 80 towns around the state will be touched by the service for one or two days in a year. Since its launch, the Outreach truck has visited the Hunter, north coast and north-west regions, reaching more than 900 people. Half of the visitors were men, which is a very pleasing outcome.
- Patients and carers now make up 43% of callers to the Helpline, and there has been a significant increase in use of online services.
- 'Call-backs' to patients, family and carers numbered 1,128, which was nearly twice the target set for the year.
- Over 1,000 callers were referred to Cancer Council Connect support service during the year.
- Every fortnight, nine Telephone Support Groups were held to connect and support cancer patients, their carers or those suffering bereavement.
- Over 700 people have registered for Cancer Support Online, which was launched in September 2007.
- Sixteen titles in the Understanding Cancer series were reviewed and revised and nine new titles were added, including liver, kidney, bladder, head and neck cancers, cancer in the school community, palliative care, and massage and cancer.
- Over 250,000 printed booklets were distributed. This is in addition to the many thousands of booklets that were downloaded online.
- More than 300 publication display units are in place in treatment centres, libraries, councils and health practitioner clinics.
- Over 1,800 cancer-affected families received financial assistance with an overall total of \$510,000.
- One hundred and thirty seven support group leaders were trained.
- Twenty new counsellors were recruited for the Cancer Counselling project.
- Fifteen Understanding Cancer days were conducted for patients, families and carers.
- Five Resilience in the Workplace workshops were undertaken, attended by over 100 health professionals.
- Seventy carers were matched with mentors through the HOME Hospice and Outreach Programs.
- The portfolio of transport services has now expanded to include ten regional areas. Daily patient transport services from Bowral Hospital to Macarthur Cancer Treatment Centre and, in the Central Coast, to Gosford Hospital and the local Oncology Centre, commenced.
- Cancer Council led a collaborative review of patient accommodation services in NSW and is working closely with communities in Newcastle, Lismore and Orange to develop new accommodation facilities.

Future goals

- Make the Cancer Council Helpline (13 11 20) the first port of call for timely and high-quality cancer information and support.
- Provide support and information for patients and families through all possible channels, regardless of where they live, where they are treated and what cancer they have.
- Provide cancer survivors with information, support and encouragement to cope with life after cancer.
- Work with palliative care providers and Home Hospice to make dying at home an option for the terminally ill.



“I’ve had a second chance, so I want to spread the message that cancer doesn’t always have to be a death sentence. I also want to pay back some of the wonderful support I received from Cancer Council.”

Margaret Royall, pancreatic cancer survivor and Cancer Connect volunteer



Statewide Services



“Our whole reason for being is to engage with the community. We are the delivery arm of Cancer Council, working through committed staff and volunteers to deliver cancer information, support, advocacy and income generation.”

**Jenny Beach, Director
Statewide Services Division**

Statewide Services Division’s key focus is connecting people and communities to engage in Cancer Council’s mission. It comprises a network of ten offices spanning regional New South Wales where local strategies are developed, directions are decided, programs are delivered, and people are supported.

Regional offices are located in the following centres: Wollongong, Newcastle, Erina, Tamworth, Alstonville, Coffs Harbour, Wagga Wagga and Orange. However, all the offices service regions far beyond their town’s borders, for example, the Orange office supports western New South Wales from Lithgow to Broken Hill. Recognising the diversity of Sydney’s population and needs, the Sydney region is divided into three: Central and Southern Sydney, Northern Sydney and Central Coast, and Greater Western Sydney.

In the past year, Statewide Services staff and volunteers have focused strongly on developing a community engagement framework. Regional teams are now strategically supported by a Regional Advisory Committee consisting of volunteer community leaders. The committee represents regional needs and interests, and provides strategic leadership in regional planning and priorities. It is a model which supports staff and volunteers working side-by-side at all levels and in planning, delivery and support.

The Advisory Committee is supported at the grassroots level by Community Cancer Networks and Regional Advocacy Networks. These networks provide opportunities for local community members to engage with Cancer Council programs in development and implementation. This enables people who know their community and its needs to be involved in cancer programs and action. They are a catalyst for behavioural and environmental change and a channel for communication, information and support.

Engagement of communities in the Sydney regions has involved the establishment of Community Hubs, which are local, vibrant centres for volunteering and action. The hubs extend the reach and depth of community participation at a truly local level and will ultimately be supported further by Information Centres at treatment facilities. Hubs and Information Centres will give Cancer Council more opportunities to provide information and support at the time it is most needed and where it is most needed.

Our commitment to Culturally and Linguistically Diverse communities was revised this year with a commitment to an integrated community development approach that is responsive to community needs in the future.

These developments are moving Cancer Council towards true engagement. We now have high levels of community participation by people right across NSW. We aim to move beyond simply the provision of information and services toward the model of true involvement and shared decision making.

2007/08 highlights

- There are now nine Advisory Committees and 20 Community Cancer Networks working with our regional offices across New South Wales.

This is helping us to:

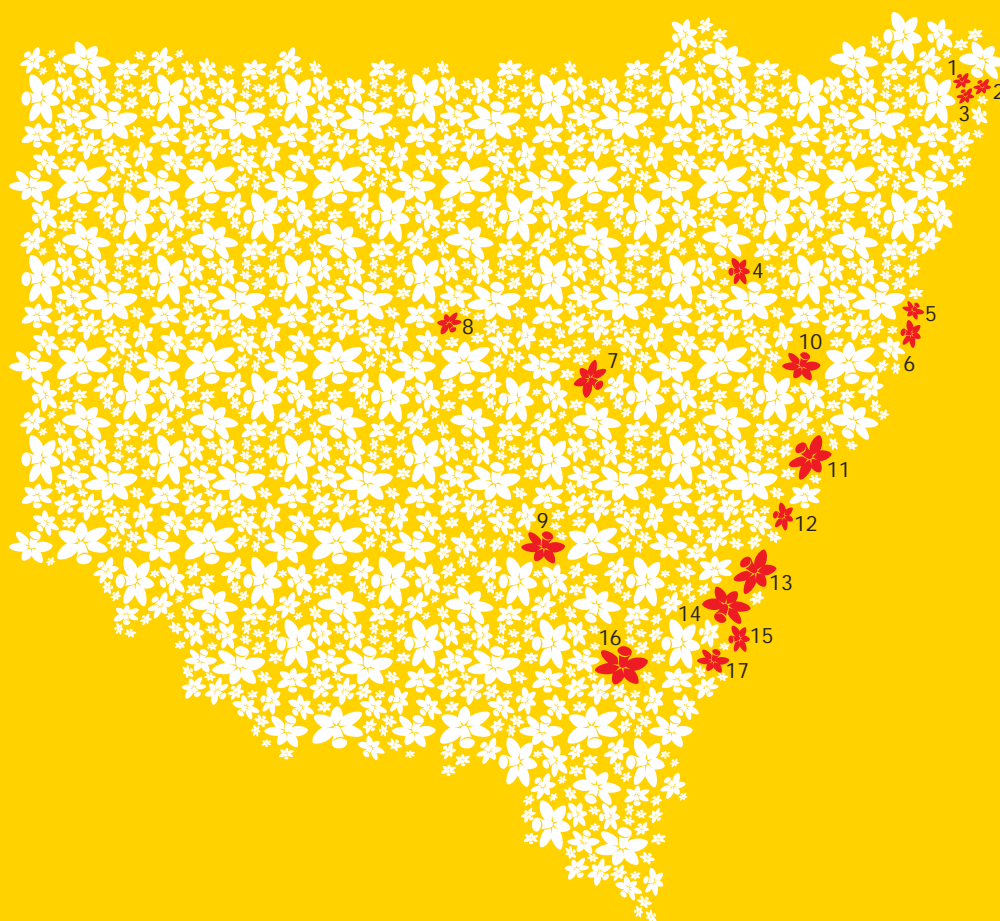
- Extend our visibility to more communities
 - Reach and support more people with cancer and their families
 - Respond better to community needs and differences.
- For the first time, this year’s regional planning was a collaborative process, with staff and Advisory Committee members deciding together on programs and priorities for their own regional communities.
 - Almost \$230,000 was granted to various regions through the Regional Advisory Committees – a significant portion of this funding went to special projects that assist community groups in their efforts to help people with cancer in their communities.
 - The establishment of two Community Hubs in Greater Western Sydney (Casula and Penrith) and development of two more hubs in other population centres (Rouse Hill in Sydney and Erina on the Central Coast). These hubs are developing as the localised centre for cancer support, and offer an environment and focus for cancer networking and community development. The programs and support are specific to the needs of local communities. Local authorities have strongly supported the infrastructure development of the hubs, ensuring they are a truly local initiative.

- Statewide Services has delivered and implemented programs and events at a local level across the state. Many of these achievements are listed through each Divisional report. Through staff, volunteers, partners and communities, each of Cancer Council's divisional areas have come alive in local communities across NSW, with an appropriate focus on local needs.

Future goals

- Deepen our level of community engagement and its practical workings through Regional Advisory Committees and Community Cancer Networks. This includes empowering local communities to partner with Cancer Council in determining priorities and improving outcomes for cancer patients and carers at the grassroots level.
- Continue to diversify and increase local community involvement in the planning and decision-making process, and empower communities to facilitate change.
- Support the emergence of community leaders who act as a source of knowledge and connection with the community.
- Expand existing Community Hubs and Information Centres, and establish additional facilities.
- Further develop our links with Culturally and Linguistically Diverse communities in NSW to meet the growing needs of these changing and expanding communities.
- Develop our depth of engagement with greater numbers of people and communities across NSW, increasing the community's commitment to Cancer Council's vision.

Community Cancer Networks 2007/08 NSW region



Far North Coast

- 1 Lismore
- 2 Ballina
- 3 Tweed

North West

- 4 Gunnedah

Mid North Coast

- 5 Macleay Valley
- 6 Port Macquarie

Western

- 7 Dubbo
- 8 Bogan Shire/Nyngan
- 9 Cowra

Hunter

- 10 Scone
- 11 Cessnock

North Sydney and Central Coast

- 12 Central Coast

13 Greater Western Sydney

- Blacktown
- Penrith
- Hills
- Casula

Southern

- 14 Goulburn Mulwaree
- 15 Illawarra
- 16 Southern Highlands
- 17 Shoalhaven

Marketing and Communications



“Fundraising allows ordinary people to achieve extraordinary things. The Marketing and Communication Division provides people with the opportunity to support the Cancer Council so that in the future, ‘cancer’ is not a word to be feared.”

**Manisha Amin, Director
Marketing and Communications Division**

The Marketing and Communication Division inspires ordinary people to take action to defeat cancer through excellence in fundraising, by enhancing our reputation and developing relationships.

Providing information and expertise

It is vital that we provide objective information to the community on cancer related issues. Cancer Council NSW is the lead commentator on cancer issues in the NSW media.

Our website (www.cancercouncil.com.au), together with our publications, plays a vital role in providing the public with information on cancer, what people can do to minimise their risk of cancer and Cancer Council activities.

Raising funds to fight cancer

If it wasn't for the work and commitment of the people of NSW, Cancer Council would not be able to carry out the work we do. Cancer Council has been fortunate to experience strong and continued community support in past years through individual and corporate revenue. Our appeals continue to perform well and our regular giving program now has over 42,000 participants.

We would like to also acknowledge those who choose to leave a gift in their will. Bequests are responsible for nearly a third of our revenue. These funds are essential for the long-term funding and sustainability of research and programs. Memorial giving, where people choose to make gifts to the Cancer Council in lieu of flowers at a funeral, provides another way to make a real difference for future generations.

Cancer Council's retail program makes a vital contribution to our mission and to our revenue. Our outlets and licensed products provide people with high-quality, affordable, sun protection options including sunglasses, hats, sunscreen, cosmetics, swimwear and shades.

A more recent initiative during the year was a new focus on major gifts. This is an area where we will continue to focus in the future.

Making a difference through events

Events provide people with the opportunity to become actively involved in the community in the defeat of cancer.

Relay For Life is the largest fundraiser in the world with over 75 communities in NSW taking on this moving and powerful fundraiser each year. It is a celebration of those who survive, a time to reflect on those we have lost, and a community festival rolled into one.

Nearly 1.5 million people participate in Daffodil Day every year by buying something to support our mission. Australia's Biggest Morning Tea continues to be one of the largest, most successful events of its kind in Australia. One million people across the nation and half a million people in NSW take part in morning teas at work, home or school throughout May.

In October, we focus on women's cancers with Pink Ribbon Day and Girls Night In events. In June this year we also launched a new event called Call to Arms which focuses on raising funds and awareness for men's cancers.

In addition to our mass participation events, many hundreds of people chose to organise their own activities, or chose Cancer Council as their charity of choice for third party events. The support we have received through people running the City2Surf and Sydney Running Festival is a testament to this.

Thank you

People support Cancer Council for a range of reasons. We are grateful for every donation and offer of support. These funds are vital for the achievement of our vision of a world where lives are not cut short or their quality diminished by cancer.

2007/08 highlights

Cancer Council brand

- In an environment where many institutions are competing for attention, we want our brand to be distinctive and resonate with the community. After extensive market research, we built our brand's equity through a meaningful redesign of our logo during the year. Our new branding conveys our 360° approach to fighting all cancers for all people and on all fronts. The goal is to have one powerful icon for Cancer Councils across Australia through a unified brand strategy and marketing effort.



Direct marketing

- Funds raised through direct marketing for the year grew by 12% to \$15.7 million.
- Bequest funds (income varies from year to year) reached \$13.9 million. Memorial giving to Cancer Council in lieu of flowers at funerals raised \$768,000.
- Donors who pledge ongoing support under the Breakthrough Program contributed \$12.7 million in the year.
- The 2008 Tax appeal linked to pancreatic research funding raised more than \$1 million – the highest yield from a Cancer Council direct mail appeal.

Events

- Australia's Biggest Morning Tea was attended by 590,000 people and recorded an all time high collection of \$4.8 million.
- The POSH Auction grossed nearly a million dollars, slightly lower than the year before. Six hundred and fifty high-profile guests, including representatives from several sponsors, graced the occasion.
- Despite inclement weather, Daffodil Day registered a 22% increase in giving to \$3.6 million.
- Relay For Life witnessed a 10% increase to cross the \$5 million milestone. Of this, Sutherland Relay For Life contributed over \$400,000.
- Pink Ribbon Day showed an impressive 56% growth to generate \$1.4 million for breast cancer, while Girls Night In grossed \$1.5 million for women's cancers, an increase of 29% over the previous year.

Other fundraising

- Community fundraising, a remarkable effort by some committed individuals (Cancer Champions, Breast Cancer Challengers, those who invite donations instead of gifts at personal celebrations etc) realised \$1.3 million.
- Online donations exceeded \$400,000.
- Nearly 80,000 people hosted or organised some fundraising event or activity.

Retail

- Although retail sales were down by 4% to \$8 million because of a milder summer, Bondi Junction, Warringah Mall, Chatswood and Miranda stores exceeded the \$1 million mark. Other retail financial indicators performed well.
- Online shop purchases amounted to \$175,000.

Communications

- Over 115,000 visits were registered to the Cancer Council website. Understanding Cancer booklets, skin cancer detection and diagnosis, student activity and Cancer Council position statements were the most popular.
- This year over 12,630 print, radio and television items mentioned the Cancer Council.

Future Goals

- Target a wider cross-section of people in the community.
- Explore new fundraising models that leverage technology to deliver more efficient cost to income ratios.
- Develop segment specific fundraising programs such as cancers that affect men.
- Create new income streams through wider distribution of Cancer Council merchandise via supermarkets and pharmacies.



The Field of Hope: a way to remember.

Corporate Services



“We are more than just Corporate Services. We enable divisions to do the job it takes to achieve our vision of defeating cancer – people and culture, financial advice and reporting, information flow and technology, property and more.”

**Ted Starc, Director
Corporate Services Division and CFO**

Corporate Services provides the infrastructure which enables Cancer Council to be a leading and efficient not-for-profit organisation. The functions of Corporate Services include finance, investments, audit, risk management, information systems, human resources, volunteering, facilities, logistics, and donor and event processing.

Finance

The finance team undertakes Financial Accounting and Management Accounting for the organisation, with a focus on accuracy, efficiency and best practice reporting. Responsibilities include purchasing, payments, supplier management, budgeting, forecasting, financial reporting, taxation advice and compliance, and audit functions. Other roles include governance relating to the Investment Committee, and Audit and Finance Committee, balanced scorecard reporting, management of investments, board support, property acquisition, estate administration and business process improvement.

Information systems

Information technology represents a critical component of our business infrastructure. The success of many areas of our organisation is directly impacted by the functionality, availability and quality of information systems. As with most organisations, information technology has a vital role in the success or failure of Cancer Council's mission.

The Information Systems teams therefore focus on the development of organisation-wide technology solutions that are flexible, re-useable and modular, and which support our organisation's need to adapt and grow.

There are four technology teams which are organised according to projects, systems and infrastructure, systems development and data services.

The projects team handles project management and business analysis; systems and infrastructure maintains networks, servers, work stations, applications, as well as providing user support. The team in development has responsibility for system enhancements and development of new systems to cope with emerging business needs; while data services manages production databases and the data warehouse.

Human resources

The focus areas for Human Resources are managing the organisation's people needs, learning and development, and internal communications.

Key services and advice provided by human resources encompass recruitment and selection, remuneration and benefits, salary packaging and superannuation, performance management and employee relations.

At Cancer Council, our organisational culture and values are based on respect, learning and creativity, integrity, fairness and effectiveness (represented by the acronym RLIFE). Through the delivery of strategic people management, internal communications and knowledge building, Human Resources enables RLIFE to thrive.

Volunteer program

The Volunteer Program Unit reports to the HR Manager and operates much like the Human Resources Unit, although its key focus is on volunteers rather than paid staff. It provides policies and processes for volunteer management throughout the organisation. Given that Cancer Council has more than nine times as many volunteers as employees, this is a significant responsibility.

The team ensures the volunteers are recruited, inducted, trained, supported, recognised and rewarded, following best practice volunteer management throughout Cancer Council. It also maintains an active database of all volunteers assigned to different projects across the organisation including their skill, experience and interest levels, and matches them against various one-off, short-term or ongoing roles when they become available.

Although advertisements are occasionally used, most volunteers approach Cancer Council directly to express interest, motivated by a desire to contribute to our work. Those interested should contact the Volunteer Program Unit personally or visit our website www.cancerCouncil.com.au.

Donor and event processing

The many thousands of donors to Cancer Council each year, and the mass participation events we hold, mean that efficient donor and event processing is absolutely critical to our success.

Donor and Supporter Services Unit manages all Donor Hotline calls, processes gifts received in response to direct marketing appeals and maintains a quality database of donors and supporters using a dedicated system.

The Events Administration Centre manages pre- and post-event back office functions, and receives calls and manages caller requests during all major events. This is important to our donors and event supporters, who expect prompt responses to their calls, and also provides additional event administration support for our own regional offices.

Logistics and risk

This team manages our important compliance with statutory requirements including OH&S, insurance obligations, legal matters, fleet management, property management, contract management and lease negotiations.

It also manages all facilities, assets and operational services at our offices in Woolloomooloo, so staff are able to work without interruption. This includes our 'green office strategy', which helps to create and deliver a more sustainable office environment.

It also manages the timely distribution of event merchandise, publications and printed material throughout the network of Cancer Council offices.

2007/08 highlights

- A major highlight for the year has been the on-time, under-budget completion of office refurbishment at 153 Dowling Street, Woolloomooloo. The project has delivered increased capacity and therefore precludes the need for new real estate. Benefits include more meeting areas, an open-plan work culture and accessible facilities for the physically disadvantaged. The open office environment has enabled staff and volunteers to work more effectively in meeting their performance objectives.
- Human Resources has worked closely with management at various levels to make sure that the transition into a new way of working has been as smooth as possible for all concerned. Improved internal communication and closer staff interaction in an open-plan environment have been particularly helpful.
- In addition, we have been able to upgrade our meeting, communications and presentation infrastructure through new technology leading to improved efficiencies including VOIP (voice over internet protocol) connectivity with regional offices. These initiatives also align with our green office strategy, providing additional benefits such as savings from server virtualisation, duplex printing, censored lights for meeting rooms, timers for lighting and air conditioners, and energy efficient monitors.

- Guidelines for re-use and recycling of a range of consumables have also been established as part of an environmentally responsible culture.
- The growing recognition of the importance of volunteers has resulted in improvements in volunteer information to enable closer matching between aspiring volunteers and the roles available. The Volunteer Survey conducted again in 2008 and ongoing staff and volunteer training programs have helped to realise best outcomes from the Volunteer Program.
- Data embedded in different databases is being integrated following the development of an in-house Constituent Relationship Management system. This system will allow us to better understand the relationships that we maintain with a range of constituents. Fundamental to this has been the creation of a data warehouse, which will also enable superior information reporting and business intelligence solutions.
- The Finance Unit has been working closely with all Divisions to ensure process improvements, and has improved the quality of management information for more effective decision making.
- The 2006/07 Annual Report received recognition with a bronze award at the 2008 Australasian Reporting Awards.
- The Events Administration Centre handled over 17,000 inbound calls and over \$7 million in supporter gifts.

Future goals

- Develop a single vision for the future with articulation of mission statements for individual Divisions that flow directly from the corporate vision and mission.
- An investment strategy that strives to yield reasonable return (4% over inflation) and protects the long-term equity of Cancer Council assets.
- Increased emphasis on green office strategy, including measurement of specific outcomes.
- Implementation of an organisation-wide Constituent Relationship Management System.
- Extend operating efficiency principles to regional offices.
- More effective reporting on organisational outcomes with greater attention to measurement of Return on Investment, Key Performance Indicators and social impacts.
- Improved data capture for volunteer contribution.
- A greater integration between Human Resources and Volunteer Program Units, and a more focused change management approach for the organisation.

Community engagement is at the heart of everything we do. Cancer Council is there every step of the way with patients, family members and carers, medical professionals, support staff, researchers, volunteers, advocates, patrons, event supporters and donors. We all come together – engaged, committed and involved – to defeat cancer. These case studies provide an insight in how we undertake our work.

A closer look: defeating cancer for all people and on all fronts

Our 360° approach to defeating cancer works at all levels across the spectrum of cancer, from research and prevention through to support and advocacy. We target all cancers, with a strong focus on the 20 cancers that cause the biggest health burden in our state. We work alongside other partners so we can capitalise on each others' strengths and capabilities, including cancer-related agencies, research bodies and universities in Australia and overseas, hospitals, social welfare organisations, transport providers and corporations.

A closer look: community partnership

The commitment to partnership is as evident inside Cancer Council as it is on the outside. Volunteers are fundamental to our mission, through the skills and resources they provide, and through the flow-on effects of their work into the community.

Cancer Council's Volunteer Program Unit supports the organisation to recruit volunteers from within the community and place them in diverse roles. It operates like an HR unit for volunteers, working closely to match organisational needs with the volunteers' skills and passion.

Many in the not-for-profit community look to our volunteering model as an example of successful volunteer engagement and management.

The Statewide Services Division is also a living example of community partnerships in action, with its network of regional offices, advisory committees and cancer network volunteers. Statewide Services and the local partners deliver the programs developed by the central Cancer Council divisions, including cancer information, cancer support, health programs, advocacy and events.

The regional offices draw on the knowledge and resources available centrally at Cancer Council, and engage with the people and energy in their local communities. This approach ensures that the organisation's strategy and planning reflects community needs and aspirations. In this way, Cancer Council and the community are engaged and united to defeat cancer.

A closer look: working with volunteers

Volunteers are the lifeblood of Cancer Council. All our projects involve volunteers at some level and at some stage. Many volunteers are cancer survivors; some have been touched by cancer, others are motivated by our mission and some are overseas students seeking to learn.

Volunteer satisfaction surveys and development programs continue to make the program more meaningful and rewarding for volunteers and the organisation. The latest Volunteer Satisfaction survey indicates that 88% of volunteers find their work at Cancer Council challenges them to appropriately use their skills and knowledge. And 97% agreed that they derive a sense of accomplishment from their role. No wonder some end up becoming employees.

While volunteers have traditionally performed support roles in day-to-day tasks, over recent years their involvement has evolved to include management, leadership and mentoring skills, or specialist expertise in writing, public speaking, staff and business development or project management.

The Volunteer Staff Partnership Program is one initiative that matches a volunteer with a staff member so the partner can impart their expertise and experience to staff members. More than 30 partners are now involved. Warwick Hutchinson, previously a senior manager at the Australian Taxation Office, is staff partner for Donna Purcell, Volunteer Program Manager. Warwick believes many retired and semi-retired baby boomers like him may have management skills beneficial to Cancer Council's further development.

At a very practical level, volunteers' roles include encouraging patients and their partners to participate in research studies, hosting Australia's Biggest Morning Tea, providing in-home support to patients, organising a Relay For Life event, championing the cause against smoking in cars with children, arranging a patient transport service, promoting the SunSmart message at local schools or stepping up to the podium as a Community Speaker. It is hard to imagine a person who wouldn't have something to contribute to Cancer Council as a volunteer.

The success of volunteering has a lot to do with Cancer Council's culture. The supportive environment, a willingness to share responsibilities, recognition of volunteers' contributions and inclusive leadership have all been significant factors in the growth of volunteer involvement and the expansion of their roles.

“Most volunteers have some connection with cancer. Many have experienced cancer themselves or someone in their family or friend circle has been touched by it. Some have benefited from Cancer Council’s involvement and want to give back.”

Donna Purcell, Volunteer Program Manager, pictured with staff partner and volunteer, Warwick Hutchinson.



A closer look: collaboration with other agencies to defeat cancer

Cancer Council worked tirelessly this year to bring about policy and social change in key priorities for cancer control – tobacco control, nutrition, sun protection, access to cancer care and treatment options.

We are proud to have been a powerful catalyst for several high-profile, visible and broad-based advocacy campaigns. These include reducing tobacco exposure in pubs and clubs, acting against unhealthy food advertising to children on TV and other media, analysing unnecessary portrayal of smoking in movies and providing guidance against the impact of harmful exposure to the sun's radiation.

Recognising the importance of partnerships, there were also many projects in which the Cancer Council has collaborated with a social welfare agency to make a difference to the health of the most vulnerable sections of society.

One example is Mission Australia's Inner City Housing Project (ICHP), which provides accommodation and case management support for people with mental illness. Smoking rates among people with severe mental illness are much higher than in the general population. This was also true of Mission Australia's clients. Staff at ICHP were concerned about clients' heavy tobacco use and its consequences for their health and wellbeing, but the issue was never readily addressed. Apart from the difficulty of the task itself (including managing any potential after-effects of withdrawal), other barriers included lack of resources, absence of appropriate training and the assumption that clients were not interested in quitting.

On hearing about Cancer Council's Community Initiatives Scheme, ICHP successfully attained a grant. In combination with funding from Northern Sydney Central Coast Area Health Service, this helped ICHP launch a six-month stop smoking program for clients. Each of the participants received a certificate of achievement (for one of them it was their first ever award!) along with a printout of their declining carbon monoxide levels over the duration of the program.

The success of this initiative has helped Mission Australia and the Inner City Housing Project to realise that even the most disadvantaged smokers can be keen to quit. It has also affirmed that quit smoking programs can work alongside other strategies to create a positive impact on the health and wellbeing of the people they support. Mission Australia now wants to see similar initiatives rolled out in other parts of the organisation.

Another example of working in partnership with a community organisation is HOME Hospice, which is funded by Cancer Council and provides support to people caring for terminally ill patients in their homes. HOME Hospice has matched over 70 carers of terminally ill people to mentors. The service operates in central and southern Sydney, western Sydney, northern Sydney, Central Coast, and the southern region. For those in rural and remote communities, a mentor is connected to the host family by phone.

Mentors act as a carer's friend, guide and teacher. They provide useful knowledge, advice and emotional support and help carers to establish a strong supporter network drawn from their local community. This community support had often posed an issue if carers were reluctant to seek help, or when the community was hesitant to voluntarily extend support.

The important outcome of this partnership is that carers who receive mentoring experience less stress and greater confidence in their role, and it helps make dying at home an option for the terminally ill.



A closer look: patients, carers and consumers in cancer research

Cancer patients, family members and carers are often involved as participants in research studies. Cancer patients are increasingly seeking to become active participants in their medical care, and this same determination drives their involvement in research studies and shaping the priorities for medical research. Examples of this include the CLEAR (Cancer Lifestyle Evaluation and Risk), prostate and thyroid studies, and various clinical trials funded by Cancer Council.

One of our guiding principles in defining research priorities is the importance of reflecting community aspirations in public-funded research. Consumer advocacy organisations also reinforce this principle.

All Cancer Council grant applications are also submitted to a consumer Review Panel, which evaluates submissions against a range of consumer-relevant criteria and makes funding recommendations to the Cancer Research Committee. The recommendation for funding is made by weighting equally the ratings received from the scientific and consumer panels.

Research priorities for the five-year STREP Grant process also include consumer input; their views are sought through focus group discussions, which seek to explore patients and carers' feelings and attitudes on what they viewed as the most important research areas in specific cancers. For example, for pancreatic cancer, consumers viewed earlier cancer detection, communication with health professionals about diagnosis and treatment and availability of suitable information as key issues.



Collaboration is a key part of Cancer Council's strategy, both when providing practical support now and in establishing research for future cures.

A closer look: collaborating with community and health professionals in cancer prevention

The 'B Positive' Project sets a new paradigm in cancer prevention through collaborative involvement of hospital staff, researchers, general practitioners and community organisations.

People born in countries where hepatitis B infection is common in early childhood are six to 12 times more likely to develop liver cancer than individuals born in Australia. This infection commonly leads to a chronic condition, progressing to cirrhosis and increasing the risk of liver cancer. Recent evidence indicates that regular monitoring and the use of antiviral treatments effectively control the infection preventing the development of cirrhosis, liver failure or liver cancer.

In contrast, Australian-born people usually contract hepatitis B in later life when the immune system can successfully clear the virus, and chronic disease is therefore avoided.

The 'B Positive' Project, funded by Cancer Council, is a pilot population-based screening program in South West Sydney. It aims to improve the diagnosis and treatment of chronic hepatitis B, leading to prevention of liver cancer among at-risk communities. Economic modelling has established that timely intervention can save up to 300 lives in Sydney's south west alone.

The pilot program will ascertain the program feasibility and acceptance within the target group, provide GPs with continuing medical education, develop educational resources for doctors and patients, and impart community education about hepatitis B, liver cancer and prevention strategies.

The success of the 'B Positive' Program will lend additional momentum to enhanced funding for liver cancer prevention by the state and federal governments. It will also ensure the viability of targeted community education and support programs and increase the capacity of in-hospital gastroenterology and hepatology (liver clinic) facilities that are required to cope with the increased referrals for treatment.



A closer look: working with the community to provide practical support

Transport to treatment is a significant community issue for people with cancer, their carers, family members and community. The journey time, stress and cost of treatment can be relentless, and make it even more difficult to cope with cancer.

We recognise that, for our community, practical support today can be as critical as the cure tomorrow.

Cancer Council works with community organisations and transport providers providing funding for free daily shuttle services between home and the nearest treatment centre for patients and carers. Most major regional hospitals are also part of this initiative. Cancer Council supports volunteers to drive patients and their accompanying carers to treatment centres. These volunteer drivers undergo an intensive one-day training workshop especially created for this purpose.

To provide accommodation support, Cancer Council is a joint venture partner with CanAssist (a cancer assistance network for cancer patients and carers living in rural and remote NSW) in developing Lillier Lodge, a 20-unit twin-bed accommodation facility at Wagga Wagga. It provides reasonably priced accommodation close to hospital treatment.

Cancer Council contributes to the management and operation of Blue Gum Lodge at Greenwich (for those visiting Royal North Shore Hospital), Casuarina Lodge at Westmead Hospital and Hope Cottage at the Nepean Cancer Care Centre. We have also supported the establishment of Shearwater Lodge in Coffs Harbour and Rotary Lodge in Port Macquarie, and we are working closely with community groups to build similar and much needed facilities in Lismore and Newcastle.

During 2008, Cancer Council led a collaborative review of accommodation services in the state to determine the scope and adequacy of existing services, and the findings will inform planning priorities over the next five years.

Cancer Council's practical support extends to arranging volunteer in-home support for patients and carers. Nine volunteers managed by Vi Quinn, Volunteer Coordinator, are making life easier for carers in Moruya in the state's south. They spend a few hours every week helping with light housework, shopping, preparing light meals or driving a patient to treatment. Carers have a much-deserved break and the volunteers are delighted to be a trusted part of the patient's life.



Community consultation and involvement means that support services are specifically suited to individual communities needs.



“You would think given the serious nature of their illness, people would be different. But they are always smiling, having a joke every now and then and grateful that someone wants to help them.”

**Leigh Bowman, volunteer bus driver
(patient transport)**



A closer look: Relay For Life

Relay For Life is a community event where teams of 10 to 15 people take turns walking or running around a local oval to raise funds for cancer research, education, support services and advocacy. The key to the success of Relay For Life lies in the strength of the community support. Each event is coordinated by a local volunteer committee that has a real opportunity to get involved and develop an event of their own. Cancer Council provides logistics support and event guidelines, whilst the volunteer committees recruit teams to participate in the event and manage the marketing, media, sponsorship and entertainment aspects.

The event itself is not a race and participants don't need to run – they walk as many or as few laps as they wish. Each community sets the tone and scale of event, and that could include bands, dances, acrobatics or celebrity performances. Participants are encouraged to pitch a tent, camp overnight, dress up and cheer their team mates along. Participants, who register in advance, do much of the fundraising in the lead up to the event through competitions, games, raffles, auctions, exhibitions, garage sales or head shavings.

Every event is emotionally engaging and starts with a Survivor and Carer walk. This is a tribute to cancer survivors and their carers, who walk hand in hand. Another highlight is the candlelight ceremony, which is a time to celebrate and support those who are surviving cancer, and to remember those who have been lost to cancer. Tribute bags with personal messages illuminated by candlelight line the entire track and spur walkers on. This is one of the most touching moments of the whole Relay For Life experience.

Now the largest fundraising event in the world, Relay For Life involves more than 45,000 people from 75 different communities every year in New South Wales.



Relay For Life is so much more than a fundraising event; it's a time for communities to unite in their support of those affected by cancer.



“Volunteering is such an adrenaline shift for me because when I walk out of here I think I have done something today for someone else...”

Barbara Ritchie is a cancer survivor, carer and now volunteers (left). She is pictured with Cancer Council staff member Lydia Nicholson.



Cancer Council NSW

Making a real difference

This report provides an insight into what Cancer Council does and some examples of how we ease the burden of cancer in our community. We thank the people of New South Wales who have been involved in this vital work.

We work with cancer patients, carers, health professionals, communities, volunteers and organisations all over Australia. They reinforce every day how important Cancer Council is to the people of NSW, and why people are so generous in giving to our organisation.

The needs of our community are why we continue to work to defeat cancer. Our vision will be realised when lives are not cut short or their quality diminished by cancer. We know that for this to become a reality, we must continue to engage the community in cancer research, patient care, patient support, to champion our cause and to bring about change.

There is scarcely a person, an organisation, a profession or a community that does not have a significant opportunity to contribute to our mission. We will continue in the years ahead to work and engage with you to achieve our vision of cancer defeated.



Thank you to all those who work with Cancer Council to ease the burden for those with cancer and to support the work we do. Together we can defeat cancer.



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Directors' report

The directors of The Cancer Council NSW (CCNSW) present their report with respect to the results for the financial year ended 30 June 2008 and the state of CCNSW's affairs at that date.

Directors

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

S Ackland
J Boehm
M Chiew
V Gregg
P Lahiff
G Mann
R Sendt

W McCarthy was a director of CCNSW from the beginning of the financial year until his resignation on 13 September 2007.

J Bishop was a director of CCNSW from the beginning of the financial year until his resignation on 19 August 2008.

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 at the date of this report.

P Cregan was appointed a director on 25 August 2008 and continues in office at the date of this report.

Principal activities

The principal activities of CCNSW 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 CCNSW's mission.

Dividends

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

Review of operations and results of CCNSW

The total income for the financial year ended 30 June 2008 was \$65,926,000. In the same period, expenditure was \$62,686,000, leaving a surplus of \$3,240,000.

The main sources of revenue were:

	\$'000
Fundraising – special events	17,335
Direct marketing	15,680
Bequests	13,933
Retail	8,047

The main areas of expenditure were:

	\$'000
Fundraising	15,068
Research	12,921
Retail	6,721
Information and support	6,148
Infrastructure and investment	6,028
Statewide program delivery	4,540
Health advocacy and prevention	4,111

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 CCNSW in future years.

Likely developments and expected results of operations

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

Environmental regulation

CCNSW 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, 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 Jim Bishop MD, MMed, MBBS, FRACP, FRCPA (resigned 19 August 2008)

Chief Cancer Officer, CEO, NSW Cancer Institute

Professor Bishop is Chief Cancer Officer, CEO of the Cancer Institute NSW and the Institute's nominee on CCNSW Board. He is also the ex-deputy chair of CCNSW 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

Director, Cancer Institute NSW, Member Gene Technology Ethics & Community Consultation Committee, Member The NSW Nurses & Midwives Board, Tribunals and Professional Standards Committee.

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 CCNSW built and maintains Lillier Lodge in Wagga Wagga.

Directors' report

Information on directors (continued)

Ms Mary Chiew

Managing Director of 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 and she currently serves on the Board of the Salvation Army Employment Plus. As a cancer survivor, Ms Chiew brings her personal experience to CCNSW and helps to maintain a focus on the interests of cancer patients in Board discussions.

Dr Patrick Cregan MBBS, FRACS (appointed 25 August 2008)

Nepean Hospital Specialist Cancer Surgeon

Dr Cregan is a specialist surgeon with a major interest in endocrine and endoscopic surgery based at Nepean Hospital. He has a particular interest in surgical robotics, having performed Australia's first and the world's sixth Telesurgical procedure. Other interests include research interest in mathematical modelling of cancer, patient communication and the application of advanced technologies. Dr Cregan has served on a number of committees/boards including the Royal Australian College of Surgeons, Wentworth Area Health Service, NSW Health Clinical Council and the Australasian Medical Simulation Society, and is also a Director on the Cancer Institute NSW Board.

Ms Vivienne Gregg

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

Mr Bruce Hodgkinson SC (appointed 23 July 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 Bruce 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. Mr Hodgkinson has been a member of the POSH committee for a number of years through which he has actively engaged in raising money for CCNSW.

Mr Paul Lahiff BSc Agr, FAIM

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. Mr Lahiff 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 CCNSW, 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.

Mr Bob Sendt BA (Econ) Grad Diploma Environ Studies, FCPA, FPNA, GAICD

Mr Sendt was Auditor-General of New South Wales from 1999 to 2006 and now runs his own management consulting practice. He serves on a number of boards including as chairman of Job Futures Ltd, a director of National Health Call Centre Network Ltd and a director of the Accounting Professional and Ethics Standards Board. He has a strong interest in governance, accountability and strategic management.

Mr Stephen Roberts B Bus, ACA, Grad Dip (Securities) (appointed 25 October 2007)

Mr Roberts is a non executive director of van Eyk Research Ltd, DrawBridgeCapital Pty Ltd, arkx Investment Management Pty Ltd and Eastern Agriculture Pty Ltd. Prior to July 2008, he was managing director of institutional investment services, Russell Investments Limited, Australasia. Mr Roberts oversaw an integrated business comprising 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.

Mr Roberts has been an active member of the POSH committee for many years and engages in fundraising activities for CCNSW.

Company Secretary

The Company Secretary is Ms Angela Aston.

Directors' benefit

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

Meetings of Directors/Committees:

	Full meetings of Directors		Audit and Finance Committee		Investment Committee		Governance Committee		Remuneration Committee	
	A	B	A	B	A	B	A	B	A	B
W McCarthy (resigned 13/9/07)	2	2	1	1	1	1	*	*	1	1
B Hodgkinson (appointed 23/7/07)	7	7	*	*	*	*	5	5	1	1
S Ackland	7	7	*	*	*	*	*	*	*	*
J Bishop (resigned 19/8/08)	7	7	*	*	*	*	*	*	*	*
J Boehm	7	7	4	4	*	*	5	5	*	*
M Chiew	5	7	2	2	*	*	*	*	*	*
V Gregg	6	7	*	*	*	*	3	3	1	2
P Lahiff	7	7	*	*	4	4	*	*	2	2
G Mann	6	7	*	*	*	*	5	5	*	*
S Roberts (appointed 25/10/07)	5	5	*	*	3	3	*	*	*	*
R Sendt	6	7	4	4	*	*	*	*	2	2

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

Insurance of officers

During the financial year ended 30 June 2008, CCNSW paid a premium of \$23,000 to insure the directors and secretary of the company and an additional \$31,000 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 CCNSW, 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.

Directors' report

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, CCNSW did not employ the auditor on assignments additional to their statutory audit duties.

Auditor's independence declaration

A copy of the auditor's independence declaration as required under section 307C of the *Corporations Act 2001* is set out on page 45.

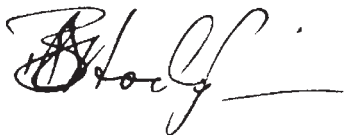
Rounding of amounts

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 East Coast Practice 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 B Hodgkinson SC

Director

Sydney

27 October 2008



Ms Jill Boehm OAM

Director

Sydney

27 October 2008

Auditor's 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 2008, 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.



PKF
East Coast Practice



Paul Bull
Partner
Sydney
27 October 2008

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Income statement

for the year ended 30 June 2008

	Notes	2008 \$'000	2007 \$'000
Revenue			
Fundraising	3, 20	51,041	42,228
Retail	3	8,047	8,347
Interest and investment	3	3,822	5,020
Grants	3	1,572	1,231
Other	3	1,444	1,122
Total Revenue		65,926	57,948
Increase in fair value of managed funds	10	–	3,409
Total Income		65,926	61,357
Expenses			
Fundraising		15,068	13,851
Retail		6,721	6,864
Research		12,921	10,712
Statewide program delivery		4,540	3,690
Health advocacy and prevention		4,111	2,645
Information and support		6,148	5,396
Infrastructure and investment		6,028	5,395
Decrease in fair value of managed funds	10	7,149	–
Total Expenses	4	62,686	48,553
Surplus before income tax	4	3,240	12,804
Income tax expense	2(c)	–	–
Surplus for the year		3,240	12,804

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

Balance sheet

as at 30 June 2008

	Notes	2008 \$'000	2007 \$'000
Assets			
Current Assets			
Cash and cash equivalents	6	11,589	9,930
Trade and other receivables	7	2,129	1,560
Inventories	8	819	957
Total Current Assets		14,537	12,447
Non-Current Assets			
Investment properties	9	270	270
Financial assets at fair value through profit or loss	10	36,151	40,772
Property, plant and equipment	11	21,673	14,400
Total Non-Current Assets		58,094	55,442
Total Assets		72,631	67,889
Liabilities			
Current Liabilities			
Trade and other payables	12	3,857	3,032
Provisions	12	1,283	1,269
Total Current Liabilities		5,140	4,301
Non-Current Liabilities			
Provisions	13	474	413
Total Non-Current Liabilities		474	413
Total Liabilities		5,614	4,714
Net Assets		67,017	63,175
Equity			
Accumulated surplus		54,463	50,319
Reserves		12,554	12,856
Total Equity		67,017	63,175

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

Statement of changes in equity

for the year ended 30 June 2008

	Accumulated Surplus \$'000	Restricted Funds Reserve \$'000	Asset Revaluation Reserve \$'000	Total equity \$'000
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 year	12,804	–	–	12,804
Total income and expense for the year	14,837	(2,033)	–	12,804
Closing balance as at 30 June 2007	50,319	7,671	5,185	63,175
Opening balance as at 1 July 2007	50,319	7,671	5,185	63,175
Transfer (to)/from reserves	904	(904)	602	602
Net income and expense recognised directly in equity	904	(904)	602	602
Surplus for the year	3,240	–	–	3,240
Total income and expense for the year	4,144	(904)	602	3,842
Closing balance as at 30 June 2008	54,463	6,767	5,787	67,017

Nature and purpose of reserves

Restricted Funds Reserve

The restricted funds reserve relates to bequests and donations received by CCNSW 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 CCNSW 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 2008

	Notes	2008 \$'000	2007 \$'000
Cash flows from operating activities			
Receipts			
Receipts from supporters and funding sources (inclusive of GST)		59,986	50,964
Receipts from grant funding		1,572	1,231
Dividends, franking credits and interest received		1,222	842
		62,780	53,037
Payments			
Payments to suppliers and employees (inclusive of GST)		53,162	46,730
		53,162	46,730
Net cash inflow from operating activities	15	9,618	6,307
Cash flows from investing activities			
Proceeds from sale of financial assets at fair value through profit and loss		72	10,812
Payments for purchase of financial assets at fair value through profit and loss		–	(22,342)
Proceeds from sale of property, plant and equipment		126	321
Payments for purchase of property, plant and equipment		(8,157)	(1,583)
Net cash outflow from investing activities		(7,959)	(12,792)
Net increase/(decrease) in cash and cash equivalents		1,659	(6,485)
Cash and cash equivalents at beginning of year		9,930	16,415
Cash and cash equivalents at end of year	6	11,589	9,930

The above Cash flow statement should be read in conjunction with the accompanying notes.

Notes to the financial statements

for the year ended 30 June 2008

1. Introduction

This financial report covers The Cancer Council NSW (CCNSW) as an individual entity for the year ended 30 June 2008. The financial report is presented in Australian currency.

CCNSW is a public company limited by guarantee, domiciled in Australia. Its registered office and principle place of business is:

The Cancer Council NSW
153 Dowling Street
Woolloomooloo NSW 2011

A description of the nature of CCNSW's operations and its principal activities is included on page 40 of the directors' report.

The financial report was authorised for issue by the directors on 27 October 2008.

2. Summary of Significant Accounting Policies

The principal accounting policies adopted in the preparation of this 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, 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

This financial report has 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:

Fundraising

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

Retail Income

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

2. Summary of Significant Accounting Policies (continued)

b) Revenue Recognition (continued)

Interest and Investment Income

Interest and Investment income is recognised on an accrual basis.

Dividends are brought to account as they are received.

Grant Income

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

c) Income Tax

CCNSW 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 statement presentation purposes, cash and cash equivalents includes: 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 values.

e) Trade Receivables

Trade receivables are recognised and carried at the original invoice amount less provision for impairment of trade receivables. An estimate for impairment of trade receivables 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. Trade receivables which are known to be uncollectible are written off.

f) Investments and Other Financial Assets

CCNSW classifies its investments as financial assets at fair value through profit or loss. This designation is adopted as it is consistent with CCNSW's documented risk management strategy and information about the movements is provided on this basis to CCNSW'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 recognised on trade date, the day on which CCNSW commits to purchase or sell the asset. Initially financial assets are 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 CCNSW 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), CCNSW 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.

Notes to the financial statements

for the year ended 30 June 2008

2. Summary of Significant Accounting Policies (continued)

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 basis of weighted average cost. 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 is not occupied by CCNSW. 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.

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 CCNSW 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.

2. Summary of Significant Accounting Policies (continued)

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 twelve months of the reporting date are measured at their nominal amounts based on remuneration rates which are expected to be paid when the liability is settled. All other employee benefit liabilities are measured at the present value of the estimated future 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 Venture Operations

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) Public Company Limited by Guarantee

In the event of CCNSW being wound up the liability of each member is limited to an amount not exceeding \$2.

o) Financial Reporting by Segments

CCNSW 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. CCNSW operates in one geographical area being NSW.

p) 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.

q) New accounting standards and interpretations

Revised AASB 101 *Presentation of Financial Statements* and AASB 2007-8 *Amendments to Australian Accounting Standards arising from AASB 101*.

A revised AASB 101 was issued in September 2007 and is applicable for annual reporting periods beginning on or after 1 January 2009. It requires the presentation of a statement of comprehensive income and makes changes to the statement of changes in equity, but will not affect any of the amounts recognised in the financial statements. If an entity has made a prior period adjustment or has reclassified items in the financial statements, it will need to disclose a third balance sheet (statement of financial position), this one being as at the beginning of the comparative period. CCNSW intends to apply the revised standard from July 1 2009.

Notes to the financial statements

for the year ended 30 June 2008

3. Revenue

	2008 \$'000	2007 \$'000
Fundraising		
Bequests	13,933	9,373
Donations	2,837	3,344
Direct marketing	15,680	13,938
Fundraising – special events	17,335	14,595
Community fundraising	1,256	978
	51,041	42,228
Retail		
Sale of Goods	8,047	8,347
	8,047	8,347
Interest and Investment		
Interest	929	609
Managed fund distributions	2,600	4,177
Dividends received	27	22
Imputation credits received	266	212
	3,822	5,020
Grants		
ANZ – High precision MRI based prostate radiotherapy research	40	–
Australian Broadcasting Corporation – Breast Cancer Study	66	–
Cancer Australia Support Group – Pancreatic Cancer Grant	30	30
Cancer Australia – National Telephone Support	10	–
Cancer Institute NSW – Patterns of Care Study	–	75
Community Development Support Expenditure Grants	80	94
Greater Southern Area Health Service – Smoke Free Campaign	38	–
LECG – HPV Vaccine Evaluation	38	–
Lilier Lodge	8	18
Monash Institute of Medical Research – Prostate Cancer Guidelines	96	70
National Breast Cancer Centre – Pink Pony Grant	10	–
National Breast Cancer Centre – Polo Grant	–	10
NHMRC – Patterns Of Cancer Care for Indigenous People	431	–
NHMRC – Prostate Specific Antigen Cohort Study	60	187
NHMRC – Cervical Invasive Neoplasia Study	237	236
NHMRC – Equipment Grant	13	13
NHMRC – Cervical Modelling Study	99	70
NSW Health – Environmental Tobacco Smoke & Kids Program	–	75
NSW Health – Breast Cancer in Rural Areas Study	–	10
NSW Health – Diet & Cancer Project	63	23
NSW Health – Food Purchasing Intervention Project	–	84
NSW Health – Primary & Community Based Services (Carers) Program	52	76
University of Sydney – MSAC Modeling Study	23	–
University of Sydney – Vitamin D & Prostate Cancer Study	68	68
University of Sydney – Prostate Cancer Outcome Study	110	92
	1,572	1,231

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 \$637,000 have been included in the revenue and accumulated surplus at 30 June 2008.

	Opening Balance 1 July 2007 \$'000	Receipts 2008 \$'000	Payments 2008 \$'000	Closing Balance 30 June 2008 \$'000
Grants				
Health Promotion	243	262	(400)	105
Contract Research Grants	520	1,310	(1,298)	532
	763	1,572	(1,698)	637

	2008 \$'000	2007 \$'000
Other		
Accommodation fees	336	394
Account Management Charge	5	–
Membership fees	3	5
Net gain on disposal of property, plant and equipment	–	54
Patient transport	37	11
Promotional items	47	45
Refund of research grant	–	66
Research fees/consultancies	431	280
Seminars and conferences	7	29
Sponsorships – fundraising events	578	238
	1,444	1,122
Total Revenue	65,926	57,948
4. Expenses		
Surplus before income tax includes the following specific expenses:		
Employee benefits expense	20,822	18,155
Depreciation		
Building	298	289
Leasehold improvements	122	108
Office furniture and equipment	581	418
Motor vehicles	211	183
	1,212	998
Rental expense relating to operating leases	1,322	1,220
Direct operating expenses from investment property	1	1
Decrease in fair value of managed funds	7,149	–
Loss on disposal of property, plant and equipment	148	–

Notes to the financial statements

for the year ended 30 June 2008

5. Remuneration of Auditors

During the year the following fees were paid or payable for services provided by the auditor to CCNSW.

	2008 \$'000	2007 \$'000
Assurance services		
Audit Services – PKF East Coast Practice		
Audit and review of financial report under the <i>Corporations Act 2001</i>	39	30
Total remuneration for assurance services	39	30

6. Cash and Cash Equivalents

Cash on hand	25	23
Cash at bank	1,243	3,441
Deposits at call	10,321	6,466
	11,589	9,930

As at balance date cash at bank was earning interest of 6.7% p.a. (2007: 5% p.a.) and deposits at call were earning 7.7% p.a. (2007: 6.35% p.a.)

7. Trade and Other Receivables

Trade receivables	248	227
Provision for impairment of trade receivables	(3)	(29)
Other receivables	885	603
GST receivable	728	547
Interest receivable	61	25
Prepayments	210	187
	2,129	1,560

a) Ageing of Trade Receivables and Impairment

	Gross \$'000	Impairment \$'000
At 30 June 2008		
Not past due	200	–
Past due 0-30 days	42	–
Past due 30-60 days	3	–
Past due 60-90 days	3	(3)
	248	(3)
At 30 June 2007		
Not past due	176	–
Past due 0-30 days	19	–
Past due 30-60 days	3	–
Past due 60-90 days	29	(29)
	227	(29)

7. Trade and Other Receivables (continued)

	2008 \$'000	2007 \$'000
b) Movement in the provision for impairment of receivables are as follows:		
Opening Balance 1 July	(29)	(3)
Additional provision	–	(26)
Unused amount reversed	26	–
Closing Balance 30 June	(3)	(29)
c) Credit risk and interest rate risk		
There is no concentration of credit risk or interest rate risk with respect to current and non-current receivables.		
8. Inventories		
Goods held for resale	819	957
	819	957
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 CCNSW 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 (2007: \$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 arms length transaction, based on current prices in an active market for similar properties in the same location and condition.

Notes to the financial statements

for the year ended 30 June 2008

10. Financial Assets at Fair Value Through Profit or Loss

	2008 \$'000	2007 \$'000
Listed securities	–	72
Managed funds	36,151	40,700
	36,151	40,772
CCNSW has designated its financial assets at fair value through profit or loss (refer note 2 (f)). Changes in the fair values of financial assets at fair value through profit or loss are recorded in Interest and Investment revenue or Expenses in the Income Statement (refer to notes 3 and 4).		
a) Movement in financial assets at fair value through profit or loss:		
Opening balance 1 July	40,772	21,583
Increase/(decrease) in fair value of managed funds	(7,149)	3,409
Additions	2,600	26,592
Disposals	(72)	(10,812)
	36,151	40,772
b) Managed funds at the end of the financial year were invested as follows:		
AMP SFAS Fund	11,777	13,999
BT Ethical Shares	6,811	7,705
Perpetual Investments	4,462	8,151
Mellon Global Investments	1,463	680
GMO Global Tactical Trust	951	805
BGI Global Ascent Fund	2,083	1,133
BT Institutional Enhanced Cash Fund	8,604	8,227
	36,151	40,700

c) Risk management

Information about CCNSW's exposure to market risk is provided in note 19.

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 2008						
Opening net book amount	3,405	8,835	329	1,178	653	14,400
Additions	–	4,989	97	2,201	870	8,157
Disposals	–	–	–	(47)	(227)	(274)
Revaluation surplus/(deficit)	940	(338)	–	–	–	602
Depreciation expense	–	(298)	(122)	(581)	(211)	(1,212)
Closing net book amount	4,345	13,188	304	2,751	1,085	21,673
At 30 June 2008						
Cost or fair value	4,345	13,460	1,235	4,953	1,359	25,352
Accumulated depreciation	–	(272)	(931)	(2,202)	(274)	(3,679)
Net book amount	4,345	13,188	304	2,751	1,085	21,673

a) Valuations of freehold 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 2008 revaluations are based on independent assessments by members of the Australian Property Institute as at 30 June 2008.

The revaluation surplus was credited to the asset revaluation reserve in equity.

12. Trade and Other Payables

	2008 \$'000	2007 \$'000
Trade creditors and accruals	3,857	3,032
	3,857	3,032
13. Provisions		
Current Liability		
Employee benefits – annual leave	1,243	1,234
Employee benefits – long service leave	40	35
	1,283	1,269
Non-Current Liability		
Employee benefits – long service leave	474	413
	474	413

Notes to the financial statements

for the year ended 30 June 2008

14. Commitments

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

	1 Year or Less \$'000	Over 1 to 5 Years \$'000	Total \$'000
Research Grant Commitments			
Research Project Grants	3,796	2,832	6,628
Research Program Grants	1,169	1,565	2,735
Strategic Research Partnership Grants	1,420	3,285	4,704
Research 45 & Up	300	–	300
Clinical Trials Grants	1,237	2,587	3,824
Total Research Grant Commitments	7,922	10,269	18,191
Rental Lease Commitments	1,440	2,624	4,064
Total Commitments	9,362	12,893	22,255

The total commitments above include input tax credits of \$2,023,000 that are expected to be recoverable from the Australian Taxation Office.

15. Reconciliation of surplus after income tax to net cash inflow from operating activities

	2008 \$'000	2007 \$'000
Surplus for the period	3,240	12,804
Depreciation	1,212	998
Fair value (gains)/ losses on other financial assets		
at fair value through profit or loss	7,149	(3,409)
Non cash managed fund distributions	(2,600)	(4,177)
Non cash bequests	–	(72)
Net (gain)/ loss on sale of property, plant and equipment	148	(54)
(Increase)/ Decrease in prepayments	(23)	(6)
Decrease/ (Increase) in receivables	(546)	(608)
Decrease in inventories	138	74
Increase in provisions	75	72
Increase in trade and other payables	825	685
Total cash inflows from operating activities	(9,618)	6,307

16. Key Management Personnel

a) Directors

The following persons were directors of CCNSW during the year;

S Ackland
J Bishop (resigned 19 August 2008)
J Boehm
M Chiew
P Cregan (appointed 25 August 2008)
V Gregg
B Hodgkinson (appointed 23 July 2007)
P Lahiff
G Mann
W McCarthy (resigned 13 September 2007)
S Roberts (appointed 25 October 2007)
R Sendt

Remuneration of Directors

Directors received no remuneration from CCNSW during the year.

b) Other Key Management Personnel

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

Executive	Position
A Penman	Chief Executive Officer
E Starc	Divisional Director, Corporate Services and CFO
G Batt	Divisional Director, Cancer Information and Support Services
J Beach	Divisional Director, Statewide Services
M Paul	Divisional Director, Marketing & Communications
F Sitas	Divisional Director, Cancer Research Division
A Tang	Divisional Director, Health Strategies

	2008 \$'000	2007 \$'000
Other Key Management Personnel Compensation		
Short term employee benefits	1,279	1,265
	1,279	1,265

17. Post Balance Date Events

CCNSW 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.

Notes to the financial statements

for the year ended 30 June 2008

18. Interests in Joint Ventures

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

CCNSW holds a 50% voting power in Lillier Lodge and Casuarina Lodge and 33% voting power in Blue Gum Lodge.

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

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

	2008 \$'000	2007 \$'000
Current Assets		
Cash and cash equivalents	971	860
Trade and other receivables	48	95
Total Current Assets	1,019	955
Non-Current Assets		
Property, plant and equipment	1,902	1,930
Total Non-Current Assets	1,902	1,930
Total Assets	2,921	2,885
Current Liabilities		
Trade and other payables	47	44
Total Current Liabilities	47	44
Total Liabilities	47	44
Share of net assets employed in joint venture	2,874	2,841
Revenue		
Accommodation fees	338	387
Interest	61	44
Grant income	8	18
Total Revenue	407	449
Expenses		
Staff	199	183
Operational costs	172	253
Total Expenses	371	436
Surplus before income tax	36	13

19. Financial risk management

CCNSW activities expose it to a variety of financial risks: market risk (including price risk), credit risk and liquidity risk. CCNSW's overall risk management program focuses on the unpredictability of financial markets and seeks to minimise potential adverse effects on the performance of CCNSW.

Overall risk management is carried out by the Audit & Finance Committee (A&FC) and the Investment Committee is charged with the responsibility to monitor the financial risks through the Investment Policy. Both Committees identify and evaluate financial risks in close co-operation with management. They report to the Board of Directors for regular reporting and specific approvals.

CCNSW holds the following financial instruments:

	2008 \$'000	2007 \$'000
Financial Assets		
Cash and cash equivalents	11,589	9,930
Trade and other receivables	2,129	1,560
Financial assets at fair value through profit or loss	36,151	40,772
Total Financial Assets	49,868	52,262
Financial Liabilities		
Trade and other payables	3,857	3,032
Total Financial Liabilities	3,857	3,032

a) Price risk

CCNSW is exposed to equity securities price risk. This arises from investments in managed funds held by CCNSW and classified on the balance sheet as financial assets at fair value through profit or loss.

The price risk management is carried out by the Investment Committee which is appointed by the Board of Directors. The Investment Committee monitors the performance of managed funds on a quarterly basis and considers advice on fund manager performance received from independent external investment advisers. The investment strategy is reviewed on an annual basis, and advice is sought from the independent external investment advisers on asset allocation.

For each asset class, suitable fund managers are selected. Each manager is expected to display the skill and expertise of a professional investment manager and to follow investment objectives.

Investment risk is considered when implementing diversification both within and between asset classes. Investment managers are required to invest within guidelines which include stated credit worthiness of securities and entities invested in and limits of exposures.

Notes to the financial statements

for the year ended 30 June 2008

19. Financial risk management (continued)

a) Price risk (continued)

To manage its price risk arising from investments in managed funds, CCNSW diversifies its portfolio of funds. As at 30 June 2008 investments can be classified into three categories. They are ASX listed funds* (64%), Enhanced Cash** (24%) and Absolute Return*** (12%).

* ASX Listed funds invest only in companies that are listed on the Australia Stock Exchange.

** Enhanced Cash funds invests in a combination of short-term money market instruments and floating rate notes with typically a large weighting to structured finance securities.

*** Absolute Return funds uses a range of techniques include futures, options, derivatives, arbitrage, leverage and unconventional assets to insulate its return from market movements and seeks to make positive returns regardless of market direction.

Sensitivity Analysis

The table below summarises the impact of increases/decreases of unit price on CCNSW's income statement for the year and on equity. The analysis is based on the assumption that the unit price has increased/decreased by percentages shown in the table with all other variables held constant.

	Managed Funds ASX Listed		Managed Funds Enhanced Cash		Managed Funds Absolute Return	
	-17.5% \$'000	+17.5% \$'000	-1% \$'000	+1% \$'000	-15% \$'000	+15% \$'000
2008						
Impact on surplus	(4,034)	4,034	(86)	86	(675)	675
Impact on equity	(4,034)	4,034	(86)	86	(675)	675
2007						
Impact on surplus	(5,225)	5,225	(82)	82	(393)	393
Impact on equity	(5,225)	5,225	(82)	82	(393)	393

19. Financial risk management (continued)

b) Credit risk

CCNSW's credit risk arises from cash and cash equivalents and deposits with banks and financial institutions, as well as credit exposures to its customers, including outstanding receivables and committed transactions. For banks and financial institutions, CCNSW only deals with major banks with a credit rating of AA (rated by Standard & Poor's). CCNSW does not credit assess its customers as its credit sales form less than 5% of its total revenue. Debtor's risk is monitored on a monthly basis with follow up of outstanding invoices. If a customer has failed to provide payment for over 90 days then their account is put on hold and any outstanding debts passed on to Professional Collection Services.

	2008 \$'000	2007 \$'000
Credit Quality Analysis		
Cash at bank and short-term bank deposits		
AA	11,564	9,907

Please refer to note 7 in the Notes to the Financial Statements for detailed analysis on Trade receivables.

c) Liquidity risk

Prudent liquidity risk management implies maintaining sufficient cash and marketable securities, the availability of funding through an adequate amount of committed credit facilities and the ability to meet obligations as they fall due. CCNSW manages liquidity risk by monitoring quarterly forecasts of income and expenditure and actual cash flows, and matching the maturity profiles of financial assets and liabilities. Surplus funds are only invested in 30-90 day term deposits with banks that have AA credit ratings. The Managed Fund investments are managed with a view to ensuring that CCNSW will have sufficient liquidity to meet expected operational cash flow requirements. CCNSW's main liquidity risk is its Trade and other payables which are non interest bearing liabilities. CCNSW pays trade creditors payments within prescribed trading terms. CCNSW has sufficient reserves available to cover all of the Trade and other payables at 30 June 2008.

d) Fair value estimation

The fair value of financial assets and financial liabilities must be estimated for recognition and measurement or for disclosure purposes. The fair value of financial instruments traded in active markets (such as managed funds) is based on quoted market prices at the reporting date. The quoted market price used for financial assets held by the CCNSW is the current bid price.

Notes to the financial statements

for the year ended 30 June 2008

20. Fundraising Activities

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

	2008 \$'000	2007 \$'000
a) Details of Aggregate Gross Income and Total Expenses of Fundraising Appeals		
Gross proceeds from fundraising appeals (includes bequests)	51,041	42,228
Total costs of fundraising appeals	15,068	13,851
Net surplus from fundraising appeals	35,973	28,377
Net margin from fundraising appeals	70%	67%
b) Application of Funds for Charitable Purposes		
During the year CCNSW achieved a net surplus of \$35,973,000 from fundraising appeals, a net surplus of \$1,326,000 from retail activities, \$1,572,000 from project grants, \$1,444,000 from other revenue and a net deficit of \$3,327,000 from investments.		
Surplus available to spend on research and support programs is \$36,988,000.		
Surplus available to spend on CCNSW projects	36,988	40,642
Less:		
Cancer research	12,921	10,712
Health advocacy & prevention	4,111	2,645
Statewide program delivery (health campaigns and information and support services)	4,540	3,690
Cancer information services	2,029	1,703
Multicultural information service	335	309
Supportive care	1,250	1,156
Cancer Helpline	888	1,204
Cancer Council Connect	789	448
Practical Support	857	576
Infrastructure & Investment costs	6,028	5,395
	33,748	27,838
Net surplus to be spent on future CCNSW projects	3,240	12,804

20. Fundraising Activities (continued)

	2008 \$'000	2007 \$'000
c) Fundraising appeals conducted jointly with traders		
Face to face donor acquisition		
2008		
Revenue	10,044	8,880
Total payments to trader	(2,689)	(3,285)
Other direct expenses	(794)	(475)
Gross contribution	6,561	5,120
Net margin from fundraising activities conducted with traders	65%	58%

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

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

d) Fundraising appeals conducted during the year.

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

Appeals conducted jointly with a trader: Face to face pledge appeal (breakthrough).

Fundraising events: Relay For Life and POSH Auction

Mail appeals: include the Daffodil Day mail appeal, Christmas mail appeal, Tax mail appeal, Pledge September mail appeal and the Pledge March mail appeal.

Other fund raising appeals: Australia's Biggest Morning Tea, Girls Night In, International Treks, Breast Cancer Challenge, Community Fundraising and In Memoriam.

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

Notes to the financial statements

for the year ended 30 June 2008

20. Fundraising Activities (continued)

	2008 \$'000	2007 \$'000
e) Comparison of monetary figures and percentages		
Total cost of fundraising/ Gross proceeds from fundraising	15,068/51,041 = 30%	13,851/42,228 = 33%
Net surplus from fundraising/ Gross proceeds from fundraising	35,973/51,041 = 70%	28,377/42,228 = 67%
Total cost of services/Total expenditure	27,720/62,686 = 44%	22,443/48,553 = 46%
Total cost of services/Total income	27,720/65,926 = 42%	22,443/61,357 = 37%

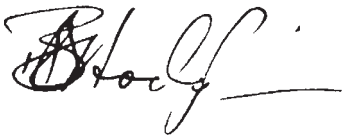
	2008 \$'000	2007 \$'000
f) Fundraising Revenue by Appeal/Event		
Bequests		
Bequests	13,933	9,373
Appeals/events involving the sale of goods		
Daffodil Day	3,607	2,908
Pink Ribbon Day	1,379	886
Appeals conducted with a trader		
Face to Face pledge appeal (breakthrough)	10,044	8,880
Fundraising events		
Relay For Life	5,128	4,636
POSH Auction	937	1,016
Other fundraising appeals		
Direct Mail appeals	4,856	4,670
Australia's Biggest Morning Tea	4,792	4,000
Unsolicited donations	1,834	2,201
Girls Night In	1,467	1,136
Community fundraising	1,256	977
Work Place Giving	780	390
In Memoriam donations	768	809
Breast Cancer Challenge	239	270
Call to Arms	21	–
International Treks	–	76
	51,041	42,228

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 2008 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.



Mr B Hodgkinson SC
Director
Sydney
27 October 2008



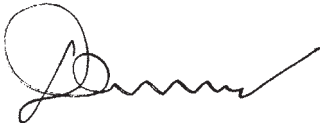
Ms Jill Boehm OAM
Director
Sydney
27 October 2008

Declaration by the Chief Executive Officer

in respect of Fundraising Appeals

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

- a) the income statement gives a true and fair view of all income and expenditure of CCNSW 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 CCNSW are appropriate and effective in accounting for all income received and applied by CCNSW from any of its fundraising appeals.



Dr Andrew Penman
Chief Executive Officer

Sydney

27 October 2008

Independent auditor's 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 2008, 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) and 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*.

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 our opinion as to whether revenue from cash donations and other fundraising activities is complete.

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Independent auditor's report

(continued)

Qualified Auditor's Opinion

In our opinion, except for the effects on the financial report of the matter referred to in the qualification paragraph, the financial report of The Cancer Council NSW is in accordance with the *Corporations Act 2001*, including:

- (a) giving a true and fair view of the company's financial position as at 30 June 2008 and of its performance for the year ended on that date; and
- (b) complying with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Corporations Regulations 2001.

Report on Other Legal and Regulatory Requirements

We also report that:

- (a) the financial report gives a true and fair view of the financial result of fundraising appeals for the year ended 30 June 2008, as required by the *Charitable Fundraising Act 1991*;
- (b) the accounting and 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 2008;
- (c) money received as a result of fundraising appeals conducted by The Cancer Council NSW during the year ended 30 June 2008 has been properly accounted for and applied in accordance with the *Charitable Fundraising Act 1991* and the Regulations; and
- (d) at the date of this report, 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
East Coast Practice



Paul Bull
Partner

Sydney
27 October 2008

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Appendix 1 **Governance**

Principle 1: Lay solid foundations for management and oversight

The role of the Cancer Council NSW Board is defined by our Board Charter which is reviewed regularly and is available on the Cancer Council website:

www.cancercouncil.com.au

In particular the purpose and role of the Board is to:

- Set the directions and strategies of Cancer Council NSW, in accordance with its objectives, and ensure resources are aligned accordingly.
- Review, monitor and provide direction to management for the strategies implemented.
- Ensure a system of corporate governance which is compliant with the Corporations Act, the company's constitution, and good practice.
- Protect, promote and preserve Cancer Council NSW'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 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 the appointment and evaluating the performance of senior executives.

The process involved 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 the senior executives. The process for an evaluation for senior executives is the performance plan negotiated in July each year, reviewed in January/February and a final evaluation conducted in July of the subsequent year. All senior management performance reviews were completed by 31 July 2008.

Principle 2: Structure the Board to add value

The majority, or seven, of the Board members are independent directors. Of the remaining directors, Dr Patrick Cregan and Ms Jill Boehm have a material contractual arrangement through a Memorandum of Understanding signed with the Cancer Institute NSW, and Associate Professor Graham Mann is a 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 is engaged in 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, and does when appropriate, seek independent professional advice.

Principle 3: Promote ethical and responsible decision making

The organisation has a Code of Conduct in place 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. A Conflict of Interest Policy provides clear guidelines to the Board in relation to dealing with matters that involve, or are perceived to involve, situations involving personal conflict of interest for Board members.

A full copy of our Code of Conduct is available at: www.cancercouncil.com.au go to About us and then to Governance.

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 Cancer Council NSW and as such has the power to review and make recommendations to the Board.
- Be aware in its deliberations of its duty to the community and the charitable role of 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 Cancer Council NSW.
- Review the Audit and Finance Committee charter annually and amend as necessary by the Board.
- Ensure its performance and the extent to which the Committee has met the requirements of the Charter is evaluated by the Board.
- Review the organisational policies that relate to its charter and report to the Board.

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

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

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 Cancer Council NSW has 141 (127 Ordinary, 14 Organisational) formal members, it also recognises a broader responsibility to its community of supporters who include donors, consumers and volunteers. CCNSW communicates with these stakeholders via its website, various newsletters and face to face meetings throughout the year. Stakeholders can address questions to Cancer Council NSW through the medium of the website. In addition to the publication of the annual report and the Annual General Meeting (see principle 5), Cancer Council NSW communicates to its membership via the Members Assembly which meets twice a year.

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 Cancer Council's policies and procedures to assess, monitor, and manage business risk. Cancer Council NSW has a three year internal audit plan to ensure it addresses relevant risk.

A Business Continuity and Disaster Recovery plan commenced last year and has continued wherein key processes and maximum allowable business outages were identified by each unit. Also the Organisational Risk Register was completed and is now being reviewed to identify risk mitigation strategies.

A review of our occupational health and safety framework is currently being audited.

Principle 8: Remunerate fairly and responsibly

The Board has adopted a company-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.

Cancer Council NSW

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

Appendix 2

Members Assembly

Cancer Institute NSW nominees

Prof Jim Bishop AO

Ms Jill Boehm OAM

The Hon Peter Collins AM QC
(to 19 October 2007)

Dr Patrick Cregan
(from 19 October 2007)

Cr Phyllis Miller OAM
(to 19 October 2007)

Ms Liza Carver
(from 19 October 2007)

Cancer Organisation elected representatives

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

Ms Judith Harris
Cancer Patients Assistance Society of NSW (to 31 January 2008)

Mr Graham Wright
Cancer Patients Assistance Society of NSW
(from 30 April 2008)

Mr John Newsom
Cancer Voices NSW

Health Organisation nominees

Dr Stephen Ackland
Royal Australasian College of Physicians

Prof Michael Barton OAM
Royal Australian and 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)
(to 31 January 2008)

Prof Jane Ingham
Sisters of Charity Health Service (NSW)
(from 30 April 2008)

Minister's nominees

Ms Vivienne Gregg

Ms Michelle Sparks

Dr Greg Stewart

Ms Deborah Wilcox

The Cancer Council Australia nominees

Ms Letitia Lancaster

Prof William McCarthy AM

Appendix 2
Members Assembly
(continued)

Ordinary members

Ms Natalie Flemming
Mr Gary Gerstle
Mr Bruce Hodgkinson ^{SC}
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
Board of Directors

Mr Bruce Hodgkinson ^{SC} (*Chair*)
Barrister, Denman Chambers

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

Ms Jill Boehm ^{OAM} (*Deputy Chair*)
Dr Patrick Cregan
Clinical Director Surgery, SWSAHS
Assoc Professor Graham Mann
Westmead Institute of Cancer Research
Ms Vivienne Gregg
State Coordinator,
Dragons Abreast Australia
Mr Paul Lahiff
CEO, Mortgage Choice
Mr Bob Sendt
Consultant and former NSW
Auditor-General
Ms Mary Chiew
Managing Director,
Giorgio Armani Australia
Professor Jim Bishop
Chief Cancer Officer, CEO,
NSW Cancer Institute
Mr Stephen Roberts
Consultant

In attendance:

Dr Andrew Penman
CEO, CCNSW
Mr Ted Starc
Director, Corporate Services
and CFO, CCNSW
Ms Angela Aston
Company Secretary, CCNSW

Appendix 4
Board Committees 2008

Audit and Finance
Committee Members

Mr Bob Sendt (*Chair*)
CCNSW Board Member

Ms Jill Boehm ^{OAM}
CCNSW Board Member

Ms Mary Chiew
CCNSW Board Member

In attendance:

Mr Paul Marsh
Oakton

Dr Andrew Penman
CEO, CCNSW

Mr Ted Starc
Director, Corporate Services
and CFO, CCNSW

Ms Elaine Beggs
Minute Secretary

Remuneration Committee
Membership

Mr Paul Lahiff (*Chair*)
CCNSW Board Member

Mr Bob Sendt
CCNSW Board Member

Mr Bruce Hodgkinson ^{SC}
CCNSW Board Chair

Ms Vivienne Gregg
CCNSW Board Member

Investment Committee

Mr Paul Lahiff (*Chair*)
CCNSW Board Member

In attendance:

Dr Andrew Penman
CEO, CCNSW

Mr Ted Starc
Director, Corporate Services
and CFO, CCNSW

Ms Stephanie Weston
Mercer Investment

Mr Craig Callum
Mercer Investment

Ms Elaine Beggs
Minute Secretary

Ethics Committee

Mr Jason Downing (*Chair*)
Lawyer, Wentworth Chambers

Dr Bettina Meiser
Non-Medical Graduate with Research
Experience, Dept 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

Mr Bill McCarthy ^{AM} (*from 1 May 2008*)
Medical Graduate with
Research Experience

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

Ms Laura Jakob
Oncology Nurse & Special Projects
Coordinator, Communio

Dr Marianne Weber
CCNSW Staff Member,
Research Coordinator

Ms Joanne Muller
Lawyer

Ms Vivienne Gregg (*from 1 May 2008*)
CCNSW Board Member/Consumer
Advocate

In attendance:

Ms Angela Aston
Ethics Officer

Ms Naomi Crain
Ethics Secretary

Cancer Research Committee
Membership

Professor Bruce Armstrong ^{AM} (*Chair*)
Professor of Public Health,
Medical Foundation Fellow

Dr Stephen Ackland
CCNSW Board Member

Assoc Professor Graham Mann
CCNSW Board Member

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

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

Dr Andrew Penman
CEO, CCNSW

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

Mr John Newsom
Consumer Representative

From 12 March 2008

A/Professor Bettina Meiser

Dept of Medical Oncology,
Prince of Wales Hospital

Professor Kate White

Director, Research Development
and Support Unit, University of Sydney

Professor Andrew Grulich

National Centre in HIV Epidemiology
and Clinical Research, UNSW

Dr Andrew Biankin

Garvan Institute of Medical Research

Ms Jane Bennett *(from 21 May 2008)*

Consumer Representative

In attendance:

Mr Ron Gale

Minute Secretary

Ms Marie Malica *(to April 2008)*

Manager, Research Strategy Unit

Ms Nysha Thomas *(from March 2008)*

Governance Committee

Mr Bruce Hodgkinson ^{SC} *(Chair)*

CCNSW Board Chair

Assoc Professor Graham Mann

CCNSW Board Member

Ms Jill Boehm ^{OAM}

CCNSW Deputy Board Chair

In attendance:

Dr Andrew Penman

CEO, CCNSW

Ms Angela Aston

Minute Secretary

Appendix 5 **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 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. Four committee members attended training workshops led by NHMRC or NSW Health during

the year in order to ensure the Committee is kept abreast of current issues and concerns in the ethics and research arena.

In addition, four staff members have been trained in the use of the NSW Health AU RED database system, a powerful application and management tool designed to facilitate effective communication between Ethics Committees (HRECs) and sites by enabling individual sites to ascertain the status of research projects.

Committee members are selected on the basis of their expertise and their demonstrated interest in the work of 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.

The first version of the National Ethics Application Form (NEAF) by NHMRC, developed to streamline the process for managing ethics applications, was found to be lengthy, repetitive and not user friendly. However the newly released version, NEAF 2, has now addressed the concerns raised by ethics committees and researchers.

During the reporting period July 2007 to June 2008, ethical approval was given to 13 proposals of which eight studies were requesting access to Cancer Council held records or contacts. In addition, there were 12 amendments, variations and/or additional material relating to proposals previously given ethics approval requiring ethical advice and/or approval. Topics included:

- 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 Cancer Council NSW Telephone Support Groups.
- Developing the first support network for pancreatic cancer in Australia (for patients, carers and families).
- Supporting the Supporters – identifying the most effective resources to support the leaders of Cancer Support Groups.

- Evaluating the impact and outcome of a pilot survey on attitudes to nutrition in the Hunter region.
- Determining community attitudes to marketing material and public policy issues related to childhood obesity.
- Assessing the level of recognition by children of tobacco products.
- Identifying if there is a risk of breast cancer at ABC Studios in Australia.
- Assessing how well consumers respond to front-of-pack food labelling systems.
- Testing cytology data in a simulation model of cervical screening.

Appendix 6 **Internal Research Review Committee**

In order to provide a broader research review service for our internal researchers and for those researchers who are submitting proposals for ethics approval but have not obtained a scientific peer review of their study, the Internal Research Review Committee revamped its terms of reference during the year to include review of external proposals being submitted to the Cancer Council's Ethics Committee.

The Committee is chaired by Professor Louisa Jorm, Director of Research, Sax Institute with involvement by Cancer Council Senior Management and a cancer consumer.

In addition, the Cancer Research Committee has recently decided to establish a standing committee on scientific assessment which will service all the scientific peer review requirements of the organisation.

Three proposals were given scientific review this year:

- Comparison of tobacco attributed mortality between South Africa and China. A continuing analysis of four million records.
- ABC women's health study.
- Understanding Pro-smoking Environments in Relation to Social Disadvantage.

Appendix 7

Privacy at Cancer Council NSW

The diverse range of activities undertaken at Cancer Council NSW results in a range of information collections, some of which include personal information, required to perform various functions in fundraising, retail sales, volunteer services and research. However our commitment to the security of confidentiality remains resolute; we aim to apply best practice to ensuring privacy is protected and respected.

Cancer Council NSW, complies 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 Cancer Council NSW, the Health Records and Information Privacy Act (HRIPA).

A Privacy Steering Committee, formed in March 2007, met three times during the year to review privacy documentation and unit privacy management plans, and to ensure members of staff were properly informed on relevant privacy matters for their units.

During 2007/08, no applications were 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 8

Regional Advisory Committees

Western

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

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

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

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,
Cancer Council NSW

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

Southern

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

Dr Michael Barbato
Palliative Care Physician

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

Bill Jansens
Cancer Care Coordinator,
Shoalhaven Hospital,
South Eastern Sydney Area
Health Service

Cr Jim McLaughlin
Mayor, Palerang Shire Council

Ray McMurrich
Advisor, Noreen Hay – Member
for Wollongong

Chris Packer
Manager Cancer Services, Greater
Southern Area Health Service

Liz Pearce
Carer, Consumer representative

Cherie Puckett
Clinical Nurse Coordinator,
Cancer Care Coordinator, Greater
Southern Area Health Service

Paul Stocker
Southern Cancer Advocacy Network,
Cancer survivor

Hunter

Cr Barbara Gaudry (*Chair*)
Councillor, Newcastle City Council

Crystal Bergemann
Marketing Manager Northern NSW,
Prime TV

Kelly Crawford
(*resigned Sept 2008*)
Nurse Unit Manager, Medical Centre,
Mater Calvary Hospital

Alison Crocker
CEO, Hunter Rural Division
of General Practice

Laraine Cross
Oncology Social Worker,
Mater Calvary Hospital

Jill Lack
Development Manager Cancer
Services, Hunter New England Health

Bruce Peterson
Environmental Services Manager,
Port Stephens Council

Heather Ranclaud
Community Services Officer, Murrundi

Kate Sommerlad
Community Services Officer,
Upper Hunter Council

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

North West

Jo Byrnes (*Chair*)
Executive Director, Tamworth
Regional Development Corporation

Claudia Gall
Deputy Mayor, Relay For Life Chair

Jennifer Ingall
Regional Program Manager, ABC
Radio New England North West

Graeme Kershaw
CEO, North West Slopes Division
of General Practice

Jennifer Lang
Executive Officer, University
Department of Rural Health

Shayne McDonald
General Manager, BreastScreen
NSW North West

Carmel Raymond
Area CNC-Oncology, Hunter
New England Health

Fiona Strang
CEO, Barwon Division of
General Practice

Trish Thornberry
Lecturer Clinical Coordinator,
Bachelor of Nursing, University
of New England

Mid North Coast

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

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

Kerrie Fraser *(Patron)*
Cancer survivor

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

Far North Coast

Liz Terracini *(Chair)*
Alumni and Donor Manager,
Southern Cross University, Lismore,
Cancer survivor

Uta Dietrich
Director of Health Promotion,
North Coast Area Health Service

Jim Mayze
Retired GP

Prof Iain Graham
Head of School, Health and
Human Sciences, Southern Cross
University, Lismore

Catherine Paine
Clinical Trials Nurse, North Coast
Area Health Service, Part-time
Support and Services coordinator,
Nth Rivers Leukaemia Foundation

Carole Sherringham
(joining October 2008)
Far North Coast RAN,
Cancer survivor

Doug Stinson
Retired CEO, Ballina Hospital,
Past Ballina Relay For Life Chair,
Deputy Chair Relay For Life
Taskforce, Cancer Council Volunteer

Annette Symes
Director of Nursing, Tweed Heads
Hospital

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 Cancer
Council NSW Research Committee

Prof Paul Harnett
Director of Cancer Services,
Westmead Integrated Cancer
Care Centre

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

Alison Pryor
Senior Social Worker, Liverpool
Cancer Therapy Centre

Prof Jane Ussher
Research Program Head,
School of Psychology, University
of Western Sydney

South West Region

Emeritus Prof Ted Wolfe *(Chair)*
Retired Chair of Agriculture,
Charles Sturt University

Margaret Gandy
Clinical Nurse Consultant, Oncology,
Griffith Base Hospital

Pauline Heath
CNC Palliative Care,
Mercy Health Service

Noel Hicks
Former Federal Member for Riverina

Keith McDonald
CEO, Murrumbidgee Division
of General Practice

Cr Dallas Tout
Former Deputy Mayor, Gundagai
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

Shane Wilson
Deniliquin Council

North Sydney/Central Coast

Raymond Araullo
Senior Social Worker Development
Cancer Support Services, NSCCAHS

Dr Chris Arthur
Director of Cancer Services,
NSCCAHS

Graham Ball
Cancer Council Volunteer
and Community Speaker,
Retired Lawyer

Sylvia Chao
Cr Willoughby Council

Margaret Durham
Rail Corp Training Manager

David Harris
Member for Wyong

Dr Geraldine Lake
Palliative Care Physician,
Greenwich Hospital

Dr Gavin Marx
Medical Oncologist, Clinical
Lecturer University of Sydney,
Director SHOC Clinical Trials Unit

Megan Tattersall
Department of Environment

Peter Whitecross
Assistant Director, Area Health
Promotion, NSCCAHS

Appendix 9 **Publications**

Understanding Cancer booklet series: for people with cancer, their family and friends.

Below lists booklets available during 2007-08 financial year:

After your cancer treatment:
A guide for eating well and being active

Cancer in the school community:
a guide for staff members (new: March 2008)

Cancer Support Groups: a guide to setting up and maintaining a group

Caring for someone with cancer

Emotions and cancer

Food and cancer

Living with Advanced Cancer

Massage and Cancer:
an introduction to the benefits of touch (new: Feb 2008)

Overcoming Cancer Pain

Sexuality for Women with Cancer

Sexuality for Men with Cancer

Sexuality for people who have a stoma

Understanding Acute Leukaemia

Understanding Bladder Cancer
(new: Oct 2007)

Understanding Bowel Cancer

Understanding Brain Tumours

Understanding Breast Cancer

Understanding Breast Prosthesis

Understanding Cervical Cancer

Understanding Chemotherapy

Understanding Chronic Leukaemia

Understanding Clinical Trials

Understanding Complementary Therapies (new: Oct 2008)

Understanding Head and Neck (new: July 2008)

Understanding Hodgkins Disease

Understanding Kidney Cancer
(new: Jan 2008)

Understanding Liver Cancer
(new: Oct 2007)

Understanding Lung Cancer

Understanding Melanoma

Understanding Multiple Myeloma

Understanding Non-Hodgkins Lymphoma

Understanding Ovarian Cancer

Understanding Palliative Care (new expanded version: Oct 2007)

Understanding Pancreatic Cancer

Understanding Prostate Cancer

Understanding Radiotherapy

Understanding Skin Cancer

Understanding Testicular Cancer

Understanding Thyroid Cancer
(new: Nov 2008)

Understanding Uterus Cancer

Understanding Vagina Cancer

Understanding Vulva Cancer

When a parent has cancer:
how to talk to your kids

CHeRP Publications 2007/08

1. Barton MB, Gabriel GS, Sutherland D, et al. Cancer knowledge and perception of skills of general practice registrars in Australia. *J Cancer Educ.* 2007; 22: 259-265.
2. Butow P, Cockburn J, Girgis A, et al. Increasing oncologists' skills in eliciting and responding to emotional cues: evaluation of a communication skills training program. *Psychooncology.* 2008; 17: 209-218.
3. Jackson-Swift V, James EL, Kippen S, et al. Risk to researchers in qualitative research on sensitive topics: issues and strategies. *Qual. Health Res.* 2008; 18: 133-144.
4. Dickson-Swift V, James EL, Kippen S, et al. Doing sensitive research: what challenges do qualitative researchers face? *Qualitative Research* 2007; 7: 327-353.

5. Freund M, Campbell E, Paul CL, et al. Provision of smoking care in NSW hospitals: opportunities for further enhancement. *NSW Public Health Bull.* 2008; 19: 50-55.
6. Johnson CE, Girgis A, Paul CL, et al. Cancer specialists' palliative care referral practices and perceptions: results of a national survey. *Palliat. Med* 2008; 22: 51-57.
7. Paul CL, Tzelepis F, Walsh RA, et al. Pharmacists on the front line in providing support for nicotine replacement therapy and bupropion purchasers. *Drug Alcohol Rev* 2007; 26: 429-433.
8. Saunders C, Girgis A, Butow P, et al. From inclusion to independence – Training consumers to review research. *Health Res. Policy Syst.* 2008; 6: 3.
9. Walsh RA, Tzelepis F. Adolescents and tobacco use: systematic review of qualitative research methodologies and partial synthesis of findings. *Subst. Use. Misuse.* 2007; 42: 1269-1321.
10. Walsh RA, Tzelepis F, Stojanovski E. Australian pension funds and tobacco investments: promoting ill health and out-of-step with their members. *Health Promot. Int* 2008; 23: 35-41.
11. Ward B, Dickson-Swift V, James EL, et al. Incorporating research training into undergraduate pharmacy courses: A case study from Australia. *Pharmacy Education* 2008.
12. Wolfenden L, Campbell E, Wiggers J, et al. Helping hospital patients quit: what the evidence supports and what guidelines recommend. *Prev. Med* 2008; 46: 346-357.

CERU Publications 2007/08

1. Armstrong K, Kneebone A, O'Connell DL, Leong D, Yu XQ, Spigelman AD, Armstrong BK. The New South Wales Colorectal Cancer Care Survey 2000 Part 3. Radiotherapy Management for Rectal Cancer. Sydney, Australia, Cancer Council NSW, 2007.
2. Bois JP, Clements M, Yu XQ, et al. Cancer Maps for New South Wales 1998 to 2002. 2007; Sydney, Australia; Cancer Council NSW.
3. Chapuis PH, Chan C, Lin BPC, Armstrong K, Armstrong B, Spigelman A, O'Connell DL, et al. Pathology reporting of resected colorectal cancers in New South Wales in 2000. ANZ J Surg. 2007; 77: 963-969.
4. Groenewald P, Vos T, Norman R, et al. Estimating the burden of disease attributable to smoking in South Africa in 2000. S Afr Med J 2007; 97: 674-681.
5. International Collaboration of Epidemiological Studies of Cervical Cancer (Incl Sitas F.). Cervical cancer and hormonal contraceptives: collaborative reanalysis of individual data for 16,573 women with cervical cancer and 35,509 women without cervical cancer from 24 epidemiological studies. Lancet 2007; 370: 1609-1621.
6. Marais DJ, Sampson CC, Urban MI, et al. The seroprevalence of IgG antibodies to human papillomavirus (HPV) types HPV-16, HPV-18, and HPV-11 capsid-antigens in mothers and their children. J Med Virol. 2007; 79: 1370-1374.
7. Reen B, Coppa K, Smith DP. Skin cancer in general practice – impact of an early detection campaign. Aust Fam. Physician 2007; 36: 574-576.
8. Canfell K, Banks E, Moa AM, et al. Decrease in breast cancer incidence following a rapid fall in use of hormone replacement therapy in Australia. Med. J. Aust. 2008; 188: 641-644.
9. Malope BI, Macphail P, Mbisa G, et al. No evidence of sexual transmission of Kaposi's sarcoma herpes virus in a heterosexual South African population. AIDS 2008; 22: 519-526.
10. Robotin MC, George J, Supramaniam R, et al. Preventing primary liver cancer: how well are we faring towards a national hepatitis B strategy? Med J Aust 2008; 188: 363-365.
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12. Stein L, Urban MI, Weber M, ... Sitas F et al. Effects of tobacco smoking on cancer and cardiovascular disease in urban black South Africans. Br J Cancer 2008; In Press.
13. Supramaniam R, O'Connell D, Robotin M, Tracey E, Sitas F. Future cancer trends to be influenced by past and future migration. Aust N Z J Public Health 2008; 32: 90-92.
14. Yu XQ, O'Connell DL, Gibberd RW, et al. Misclassification of colorectal cancer stage and area variation in survival. Int J Cancer 2008; 122: 398-402.
15. Amin J, O'Connell DL, Bartlett M, Tracey E, Kaldor J, Law MG, Dore GJ. Liver cancer and hepatitis B and C in New South Wales 1990-2002: a linkage study. ANZ J Public Health 2007; 31(5): 475-482.
16. Newman C, Treloar C, Brener L, Ellard J, O'Connell D, Butow P, Supramaniam R, Dillon A. Aboriginal Patterns of Cancer Care: a five-year study in New South Wales. Aboriginal & Islander Health Worker Journal 2008; 32(3): 6-7.
17. Supramaniam R. New malignancies among cancer survivors: SEER cancer registries, 1973-2000. J Epidemiol Community Health 2008; 62: 375-376.

Appendix 10

The Health Strategies Division and Cancer Council trained advocates made submissions to the following government inquiries/summits:

Inquiry into NSW Government State Plan Reporting – Legislative Assembly Public Accounts Committee – NSW Parliament (December 2007)

Closing the Gap: Overcoming Indigenous Disadvantage inquiry (August 2007)

Inquiry into better support for carers (June 2008)

2020 Summit – Australian Government (April 2008)

In collaboration with Cancer Council Australia:

Cost of Living for Older Australians Inquiry (July 2007)

Senate IPTAAS/Patients Assisted Travel Schemes (PATS) Inquiry (September 2007)

National Health and Hospitals Reform Commission (May 2008)

Health Services Division Publications:

Kelly B, Bochynska K, Kornman K, Chapman K. The Internet food marketing on popular children's websites and food product websites in Australia. Public Health Nutrition (March 2008)

Kelly B, Chapman K. The extent and nature of food marketing in children's magazines. Health Promotion International (September 2007)

Chapman K. Nutrition priorities for people living with cancer. Nutrition and Dietetics (September 2007)

Health Services Division Reports:

No Transport, No Treatment. Community transport to health services in NSW – Advocacy Unit (ISBN 978-1-921041-62-4)

Healthy Food Basket: Cost, availability and quality survey – Nutrition Unit (ISBN 978-1-921041-69-3)

Appendix 11 **Shops**

Bondi Junction

Shop 5042 Westfield
Oxford Street Bondi Junction 2022
Tel: (02) 9369 4199
Fax: (02) 9369 3199

Chatswood

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

Miranda

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

Kotara

Shop 106 Garden City
Cnr Park Avenue and Northcott Drive
Kotara 2289
Tel: (02) 4965 5171
Fax: (02) 4952 2604

Hornsby

Shop 3010 Westfield Shoppingtown
Pacific Highway Hornsby 2077
Tel: (02) 9987 0662
Fax: (02) 9987 1778

Penrith

Shop 116 Westfield Penrith
Henry Street
Penrith 2750
Tel: (02) 4722 6560
Fax: (02) 4722 6530

Sydney

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

Warringah Mall

Shop 349 Level 1
Warringah Mall
Cnr Condamine Street and
Old Pittwater Road
Brookvale 2100
Tel: (02) 9939 2668
Fax: (02) 9939 2208

Appendix 12 **Glossary**

Research Types

Basic Research

Seeks to understand the biology of cancer and the mechanisms by which cancers arise eg cell and tissue cultures, animal models.

Behavioural Research

Looks at how our behaviour can affect our chances of getting cancer eg surveys of prevalence of smoking: SunSmart behaviours.

Clinical Research

The goal is to find out what causes human disease, and how it can be prevented and treated eg observation of people or review of records to discover what has already happened to people.

Epidemiological Research

Deals with the occurrence, distribution, and control of disease in a population eg cross sectional surveys, or cohorts where people are followed over time to see who gets a disease.

Health Services Research

Examines the quality of health care in the real world eg quantitative and qualitative investigations on health care services including observation, surveys and interviews.

Psychosocial Research

Looks at the psychological and social impact that cancer has on people, their family and those around them eg focus groups, interviews and questionnaires.

Cancer Screening (Early Detection)

The search for disease in the absence of symptoms eg DNA discoveries as the basis for new tests, or the development of more accurate screening tests.

Translational Research

Transformation of knowledge obtained from basic research into diagnostic or therapeutic interventions that can be applied to the treatment and prevention of disease or quality of life eg identifying potential therapeutic targets through assessment of human tissue, development of molecular imaging techniques.

Events

In kind support and sponsorship are 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

National Australia Bank

Daffodil Day and Pink Ribbon

Day banking and statewide merchandise outlets

Coles and Sorbent

National support of Daffodil Day

Franklins, HCF, IGA, Spar and N Newsagents

Daffodil Day statewide merchandise outlets

UnderCoverWear, Playstation

Singstar, Curves, Yahoo!7 Lifestyle,

Nova, Paramount, Mecure, GEON,

20:20 Brand Action, Coles

Sponsors of Girls Night In 2007

TNT, Sass + Bide, Curves, Big W,

Best & Less and Jeanswest

National support of Pink Ribbon Day

Nerada Tea, Nova FM and Nescafé

Support of Australia's Biggest

Morning Tea

The many hundreds of businesses who support their local Relay For Life events; allowing staff to volunteer for Cancer Council and making donations for the cause.

The following corporate sponsors greatly contribute to the success of POSH:

Bonville Golf Resort

Emirates

J Farren-Price

Jonah's

Keystone Hospitality

Nida

PMA Solutions

The Human Enterprise

The Westin

Voyages

Winning Appliances

POSH Corporate Partners 2008

Active Air

Allco Finance Group

Bruce Hodgkinson sc

Cleaver's

Daikin

Deutsche Bank

James Tuite & Associates

Lend Lease

Liberty

Lumley

Macquarie Group Foundation

Man Investments

Minter Ellison Lawyers

NAB

Nettleton Tribe

Quadrant Private Equity

Russell

Servcorp

Sportscraft

Service Seeking

Turner Freeman Lawyers

Tenix

Westpac Institutional Bank

Winning Appliances

Volunteering

We'd like to thank the following companies for their participation in our corporate employee volunteering program.

American Express

ANZ

ANZ Capital

ANZ Sydney Airport

BT Financial Group

Bausch & Lomb

Bayer

CGU Insurance

Citigroup

Commonwealth Bank

E*Trade Australia

Ernst & Young

Esanda

E-Trade

GE

GIO

HSBC

IAG

Johnson Controls

Kitty Hawk USN

Lexis Nexis

MLC

Mastercard

Microsoft

National Australia Bank

Nielsen

NRMA

Optus

PricewaterhouseCoopers

Rabobank

Reserve Bank

Sabre Pacific

Sabre Travel

SC Johnson

Suncorp

Suncorp Metway

Suncorp/GIO

Total Advertising

US Consulate

Vero

Vero Credit Control

Westpac

Zuji Pty Ltd

Cancer Council NSW

We honour and acknowledge the generosity of people who have remembered Cancer Council NSW in their will. Their final gesture will enable us to fund more life-saving research and continue to provide vital services and support for the people of NSW. Every bequest brings us closer to a cure for cancer in our children's lifetime.

A

Barbara Adams
Enid Merle Allen
Elisabeth Arps
Elva Mavis Arundel
Mavis Gwendolyn Ashworth
Hilda Mary Aubusson

B

Elizabeth Joyce Barker
Bill & Joy Barrie Foundation
Marion Beattie
Bruce Ernest Belmont
Mavis Jean Best
Margret Belle Blair
Leslie Peter Bohr
Maisie Browne
Mackenzie Bonnet
Peter Borrell
Josephine Alice Bowyer
Margaret Fay Brown
Elsie Robards Burton

C

Douglas Keith Callaghan
Theresa Jean Caplice
Gwendoline Hazel Carter
Lillian Cash
Barbara Chasney
Elizabeth Chourlianis
Morson Alexander Clift
Verna Joy Cole
Barbara Joan Cooper
John Ross Cooper
Ann Eva Coughlan
Nancy June Cox
Frederick Arthur Crimson
Russell Cummins

D

Anne Elizabeth Dashwood
James Patrick Deegan
Keith Woodbridge Dennett
Geoffrey William Drover

E

Patricia Ann Edwards
Anne Beith Edwards
Edna Joyce Elliott
Francis Elrington

F

Zoya Filimonoff
Clive Charles Fletcher

G

Kenneth Percival Francis Gavin
Sarah Godfrey
William Arthur Hugh Gordon
Charlotte Emma Gough
Donald Ainslie Grinham

H

Minnie Florence Hall
Vera May Halliwell
Daphne Hannon
Maureen Lynn Harvey
Elise Herrman
Neville Vernon Huntington

I

Frances Emily Isles

J

Elizabeth Seavington James
Merrilee Anne Vilja Jones
Rose Ellen Jones

K

Ina Eileen Keenan
Maurice Charles Kindon
Alan Leslie Kurthi

L

Florence Marion Lansborough
Kathleen Mary Lee
Elma Lillian Rae Lesslie
Nicolas Liondas
Georgina Constance Lisle

M

Joan A MacIntosh
Aileen Phyllis McDonald
Evelyn May McLean
Mary Dick McPherson
Hazel Marlan
Kenneth Seymour Marshall
Eleanor Fitzgeralds Martin
Raymond Bruce Menzies
Sydney Thomas Metcher
Ronald Charles Millingen
Oliver Oswald Minty
William Cyril Moffatt
Dinah Morris
William James Morrow
Haddon Raymond Munro

N

Donald John Nairn
Douglas McMillan Nicol

O

Margaret Ann O'Neil
Violet Marion Ovens

P

Irwin Courtney Palmer
Jean Margaret Parkes
Marilyn Anne Pettet
Joyce Edith Phillips
Beryl Ruth Phillips

R

Andre Richoux
Patricia Isabelle Riley
Albert Leslie Ringstad
Bill & Patricia Ritchie Foundation
Margaret Lynn Robertson
Dorothy Isabel Robertson
Isabel Ena Rowlands
Nellie Irene Rudder
Lorna Gee Rutherford

S

Cyril Roy Saunders
Father Thomas Martin Scanlan
Eva Schaerf-Pisk
Thirza Louise Schultz
Barry John Seeber
Hella Seefeldt
Stephen Sieradzan
The Small Family
Elsie Maud Smedley
Nellie Campbell Staples
Edith Joan Stephen
Ingrid Clair Marina Steppat
Emil Surnicky

T

Dorothy Jane Thompson
Rita Thorn

U

John Uhlir
Ross Clarence Utting

W

Alan James Wain
Catherine Mildred Waldock
Gordon William Wall
Margaret Ruth Waudby
Irene Weiss
Margaret Anne Wentworth
Willi Erich Wilcke
Clyde Wise
Mary Eyre Wright

Contact details

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Centre for Health Research & Psycho-oncology (CHeRP)

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The University of Newcastle
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Wallsend NSW 2287
Locked Bag 10, Wallsend NSW 2287
Tel: (02) 4924 6372
Fax: (02) 4924 6208
email: cherp@newcastle.edu.au
www.cancercouncil.com.au/cherp

Greater Western Sydney Region

Rotary House
43 Hunter Street (PO Box 6226)
Parramatta NSW 2150
Tel: (02) 9687 1399
Fax: (02) 9687 1118
email: info.westernsydney@nswcc.org.au
www.cancercouncil.com.au/westernsydney

Community Hubs

Casula Hub

39 Ingham Drive (PO Box 287)
Casula NSW 2170
Tel: 02 9354 2050
Fax: 9734 0917

Penrith Hub

114-116 Henry Street
Penrith
(PO Box 4379)
Penrith NSW 2750
Tel: 02 9354 2060
Fax: 4732 5932

Central and Southern Sydney

153 Dowling Street
Woolloomooloo NSW 2011
(PO Box 572, Kings Cross NSW 1340)
Tel: (02) 9334 1900
Fax: (02) 9326 9328
email: feedback@nswcc.org.au
www.cancercouncil.com.au/metro

Northern Sydney and Central Coast

The Hive – Erina Fair
Erina NSW 2250
(PO Box 5102 Erina Fair, NSW 2250)
Tel: (02) 4336 4500
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Acknowledgements

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

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PKF East Coast Practice

Solicitors

Turner Freeman

Bankers

National Australia Bank

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