

Share.
Discover.
Change.
Grow.

Annual Report
2008/2009.



Together we are united by people; we **share** stories, insights and enthusiasm; we **discover** new ways, ideas, people and approaches; we effect positive **change** to improve, enhance and enrich the quality of cancer outcomes for more people; and we **grow** in visibility, funding and giving back to communities.

Vision

Our vision will be realised when lives are not cut short by cancer nor their quality of life diminished.

Mission

To defeat cancer through engaging the community.

Cancer Council NSW (CCNSW) exists to unite and serve the people of NSW in the quest to defeat cancer.

This aim will never waiver. In one single year – 2009 – there were more than 39,000 people diagnosed with cancer in NSW; reiterating cancer as the leading cause of premature death in the developed world.

Defeating cancer is a varied and challenging task. To arrive at a point where there is not one single life diminished by cancer,



we must invest in research to understand the cause of cancer; improve prevention, screening and diagnosis; and find a cure for cancer when it occurs.

We must ensure that when discoveries are made, they are put into practice. And we must be attuned to the needs of those affected by cancer by taking action to relieve the distress created by a cancer diagnosis.

We are an independent, philanthropic and evidence-based organisation. Above all, we lead, and are led by, people who are unified towards our goal. When we consider the action required to defeat cancer, the compelling conclusion is this: there exists no person, family, organisation or community that cannot play an important role in advancing the day when cancer is defeated.

This annual report describes our efforts during the 2008 – 2009 financial year. It also describes examples of people in NSW being alive to the cancer challenge, and the benefits that this has brought to our vision.

This year's highlights

13%

About 13 percent of the adult population in NSW now participates in one of our many collaborative studies.

\$16.4m

The funds raised through our direct marketing programs grew by 5 percent to \$16.4 million.

WON

Our pancreatic research team – the Pancreatic Cancer Network – became Australia's contribution to the International Cancer Research Consortium.

40,000 years

Our Radiotherapy Roadmap was tabled in the NSW Parliament, demonstrating that more than 40,000 years of life were lost over the last 10 years because of the lack of planning and access to radiotherapy services in NSW.

3+45

We established three new Cancer Council Information Centres in Newcastle, Liverpool and Bowral, and recruited and trained 45 new volunteers to staff them.

75,500

We rolled out the SunSmart early childhood program, ensuring that about 75,500 children in childcare (more than half of all NSW services) benefit from all five forms of sun protection.

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An inside perspective on 60 years of growth



As Chair of Cancer Council, I have the privilege of leading a talented Board team, united in their contribution to the defeat of cancer. All are strongly committed to Cancer Council's vision, mission, and give freely of their time, knowledge and expertise.

It is also a privilege to work with Dr Andrew Penman and the management team of the Cancer Council, whose dedication, energy and forward-thinking are great assets in our goal to defeat cancer.

Our sixty-year perspective has taught us that the cancer landscape changes constantly. Our impact flows from remaining flexible enough to accommodate those changes, yet still continuing to innovate and position the organisation to take advantage of discoveries and opportunities in cancer control. To facilitate this, work started with the Board and the Executive on a new strategic plan to guide the Cancer Council from 2010.

The strategic plan will position Cancer Council and our brand distinctively. Our goal is to steer Cancer Council towards a future where corporations, donors, volunteers and the public understand and become champions for our message. Our plan is to provide the ability for the community to contribute to research, advocacy and support services.

It was a challenging year in 2008/2009 with the downturn in the global economy having far reaching effects. We were not immune to the downturn, posting our second consecutive year of investment losses with a net loss of \$3.56 million in this financial year.

Total fundraising income (including bequests) was \$48.3 million which is a five percent decline from the \$51 million received last financial year, the first decline in our fundraising income in over ten years. These results are consistent with results recorded across the charitable sector in the same period. Negative growth cannot continue in a climate where cancer incidence is increasing as is the demand for our services.

Although we are a state-based organisation, we recognise the need to participate at a national level to enhance opportunities as well as bringing together the best minds in Australia to maximise the impact of fundraising and research on cancer control. We will be a facilitator, working with others in the cancer space to try and amplify effectiveness in the delivery of services, research and advocacy.

Board members were active in their contribution to events including Daffodil Day, Pink Ribbon Day, Relay For Life and Australia's Biggest Morning Tea. Board members were also material in the development and launch of two important trusts – the Brain Cancer Trust: Grey Matters, and The Tim Cahill Cancer Fund for Children. We were assisted in our fundraising for brain cancer research by a truly talented and dedicated committee whose innovation promises to develop new areas of philanthropy.

One aspect of my role which I enjoy very much is talking with people, listening to their stories and relating that to where we want to take the organisation. I take great pride in talking about the essential role Cancer Council has in our communities.

Our population is increasing as is cancer. The scale of our challenge takes into account how we leverage our infrastructure, people, programs and systems to reach the growing number of people diagnosed with cancer each year.

I do not underestimate the scale of the challenge we face in reaching our goal of a world where cancer no longer is a threat to the duration and quality of life. But I am convinced that Cancer Council is critical to reaching this goal. Our sights are set on some big achievements in the coming years: achieving permanent social change in relation to cancer prevention through campaigning and policy influence; leading a national approach to targeted strategic research into several major cancers; developing a world class bio-bank to project population research in cancer into the 21st century world of genetics; reducing further the burden of needs that accompany a cancer diagnosis; and connecting with all people across the state so that they have an opportunity to assist in the defeat of cancer.

I am proud of what we have done and what we currently do. However, it remains important to look beyond where we are to ensure that we fulfil our ongoing role as an instigator of change in the management and prevention of cancer within our diverse communities.

A handwritten signature in black ink, appearing to read 'Bruce Hodgkinson', with a long horizontal line extending to the right.

Bruce Hodgkinson sc
Chair

United in our mission, passionate about our cause



At its establishment almost sixty years ago, Cancer Council was almost alone as a charity dedicated to the cancer cause. Although there are now many cancer organisations, three features set us apart – our willingness to share the challenge and burden of cancer, our focus on change, growth and our commitment to making discoveries to lessen or remove the burden of cancer. We remain the driving force in the community's efforts to defeat cancer through the insight of our history, the vitality of our people and the depth of our infrastructure.

Share

Cancer is an experience lived in every family and community, and the prevention of cancer a challenge shared by every person. Every year, we increase our ability to share the burden of cancer, and our presence in communities grows. For example, our ten regional offices are extended by Community Cancer Networks in over twenty communities; seventy local Relay for Life Committees; and seven regional cancer advocacy groups. This reach is critical to accomplishing our mission and delivering programs that actually make a difference.

Our organisation offered services and support to over 39,000 people newly diagnosed with cancer in NSW in the last year. That massive figure could be equivalent to the number of people who live in your suburb or town, or the number of football fans filling the stadium at a popular game.

But cancer is not just an issue for the newly diagnosed. Many more people living beyond a cancer diagnosis turn to us for support. Our presence, by simply being there locally, or being accessible

by phone or web, can make a real difference in sharing that burden.

Discover

Cancer Council is an organisation with a holistic view of the cancer world and all its players. We use this perspective to discover new ways of doing things and bring people with ideas and passion together so they can collaborate towards shared goals. Just one example is our advocacy campaign for improved radiotherapy services, which shows our capacity to link people and organisations with common and specific interests and discover new ways of approaching existing issues.

Focusing on change

We faced up to challenges in social change and equality through our tobacco control programs. Having achieved success in several tobacco advocacy campaigns, we repositioned our efforts to address two continuing community challenges: smoking among disadvantaged people (the Tackling Tobacco program); and reforms to the retail tobacco sector.

Grow: where we've reached in 2008/2009

The body of this report provides detailed highlights of our mission activity in 2009 encompassing programs in cancer research, services and support for cancer patients and carers, community cancer awareness and cancer prevention, and advocacy.

Research

Our goal in research is to generate new knowledge and insights on how we can change the way the cancer challenge is managed. We continued our commitment to build world-class research assets for cancer epidemiology, and chief among these are the Cancer Lifestyle and Evaluation of Risk Study (CLEAR) and the 45 and Up studies.

The Strategic Research Partnership program (STREP) is proving an effective vehicle through which we

can direct research efforts towards the lesser studied but highly lethal cancers. These include cancer of the pancreas, liver, brain, oesophagus, bowel, plus research into hereditary cancers. Fundraising revenue is currently constraining the potential to achieve similar outcomes in the other cancers, but we remain focused and hopeful given the importance of these research opportunities.

Information and support services for cancer patients and carers

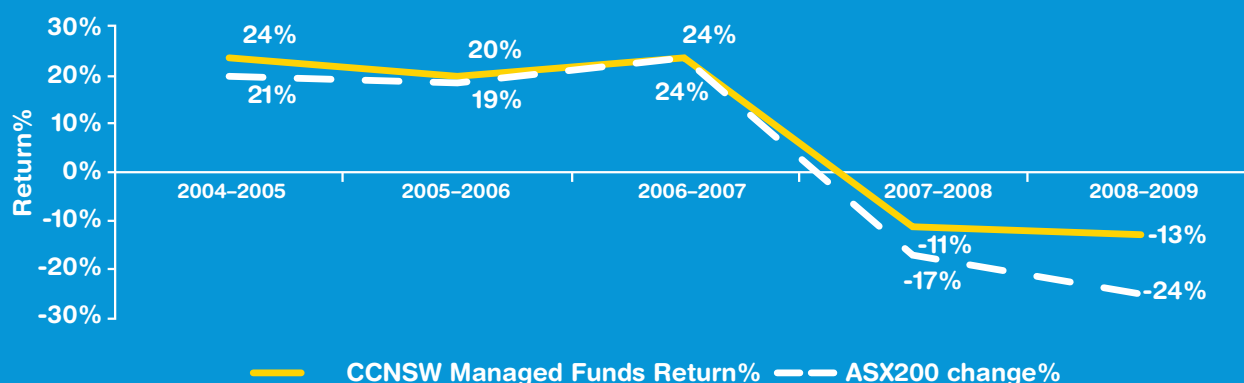
Our goal in cancer support is to address many unmet needs of cancer patients wherever they are in NSW, and at whatever stage in their cancer journey. For this goal to be achieved, it is vital that people can access our services as soon as possible following diagnosis. The opening of our first Cancer Information Centres staffed by volunteers in Calvary Mater Hospital, Liverpool Hospital and Bowral Hospital represent a major step in promoting early access to information and support.

On a less positive note, owing to declines in revenue, we were forced to suspend our Cancer Council Outreach Service. We are now examining ways in which we can deliver an equivalent



United in our mission, passionate about our cause

5 year investment returns



Our investments: the long term view

Along with the rest of the world, we have been hit by the global financial downturn, with investments experiencing two consecutive years of negative

growth. The Investment Committee together with our Investment advisors Mercers worked to minimise the impact of the downturn on our investment funds over the last 12 months, the result being a return of negative 13% compared with

the ASX200 return of negative 24%. The Board and Investment Committee take a long term view of investments and from that perspective our investments are performing well, with returns consistently outperforming the market over the last 5 years.

service with the support of our major sponsor, Coles, but at a lower cost.

Reach, access and diversity of services are crucial to our goals in cancer support. Volunteers and local partnerships, together with clever use of information and communications technology, are vital to this end. To demonstrate the extent of our footprint in communities, we have included a support services map on page 17.

Health Strategies

Nearly fifty percent of all cancers have known risk factors and are, in theory, preventable. One of our goals is to tackle preventable cancer by reducing exposure to known risk factors. Our particular focus is to engage communities to address cancer risks, and, as an organisation, to develop pathfinder projects which may become the basis for broader public health practice.

We made progress this year in two interesting areas. The prolonged use

of Hormone Replacement Therapy (HRT) has declined markedly following communication of the cancer risks associated with its use. Consistent with this we were able to demonstrate a nine percent fall in new cases of breast cancer between 2001 and 2005, in women over 50 years of age (the group mainly using HRT). We also continued our commitment to reversing the rising trend in liver cancer through the launch and patient recruitment drive for our B Positive campaign.

Through our advocacy programs, we seek to secure adoption of effective cancer control measures by governments, health services and agencies of influence. We focus on measures that are demonstrably effective in preventing cancer and improving cancer outcomes.

Two of our important advocacy projects achieved considerable impact in 2009. We witnessed significant reforms in NSW tobacco policy reforms, including prohibiting the display of cigarette

packs at point of sale. In sun protection, we were instrumental in the NSW Government acting to introduce tough new measures to reduce the potential for harm from solarium use.

Philanthropy

Cancer Council depends almost exclusively on public donations to fund our mission. It was inevitable that fundraising revenue would be impaired by the global financial crisis, considering that charitable giving is the most discretionary of all expenditure. We expect to feel the effect through subdued to static revenue growth for at least two years. We are intensely grateful for and humbled by the generosity of people who have continued to support us at a time when they could have chosen to do otherwise.

The diversity of our fundraising portfolio was a strength in constrained times. Flagship events like Australia's Biggest Morning Tea and Daffodil Day engaged

over 30,000 people in hosting or organising fundraising activities. Direct Marketing resulted in a 5 percent revenue increase to \$16.4 million. This offset to some degree a decline in unsolicited donations, memorial gifts and Relay For Life.

During this period of economic constraint we are reshaping our strategy in philanthropy, focusing on new opportunities for giving and improving the performance of established fundraising streams. However, in the short term we were forced to reduce expenditure on a number of programs. Significantly for 2009/2010 we will scale back our funding of new research project grants so that we can maintain our commitments to large strategic research projects. We have also reduced staff, and salary levels for 2009/2010 have been maintained at 2008/2009 levels.

People

At the heart of our organisation are people committed to the cause and our mission to defeat cancer.

I encourage you to read our divisional directors' review to give you a perspective and confidence in those charged with leading our organisation.

Our workforce extends beyond our 350 paid staff to include 2,400 volunteers who either work in our office, in hospitals or across services and regions with many committed people taking on roles of high impact and influence on mission. Critical to the success of our people strategy is integrating a diverse workforce into a common shared culture and vision.

We initiated "Working in Colour", a people and culture strategy to galvanise culture, brand and mission, and to develop Cancer Council's people as a powerhouse for our mission and champions of our message.

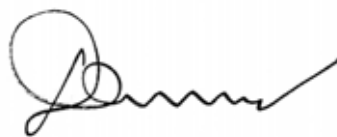
In summary

When considering the people connected to our organisation – volunteers, donors, cancer patients, carers, staff, advocates, support groups, corporations, government and the broader community – it is no idle

statement to describe Cancer Council as an organisation that connects people to ideas and to each other in the mission to defeat cancer.

Contribution to the cancer cause takes many forms. People give through fundraising and support, volunteering and advocacy. But they also donate their stories, and hold us to our goals. They keep us true through their experience and tenacity. We mould and unite their contributions to address our mission.

We will continue to share our insights and celebrate with you each advance on the path to defeat cancer. We believe cancer can be defeated within a generation, and no celebration will quite compare to the day when that goal is achieved.



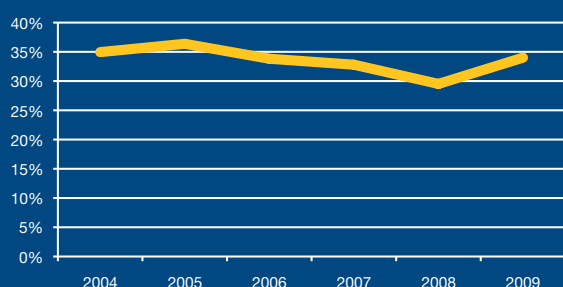
Dr Andrew Penman
CEO



5 year financial summary

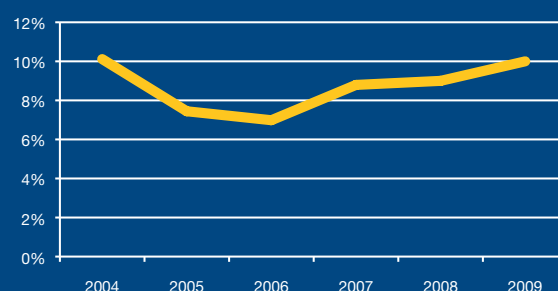
	2005 \$'000	2006 \$'000	2007 \$'000	2008 \$'000	2009 \$'000	Movement over 5 years
Income Statement						
Total Revenue	44,031	54,450	61,357	65,926	61,447	17,416
Total Expenditure	37,545	43,593	48,553	62,686	66,790	29,245
Net Result	6,486	10,857	12,804	3,240	(5,343)	
Balance Sheet						
Current Assets	9,569	18,393	12,447	14,537	14,090	4,521
Investments (shares & management funds)	18,107	21,583	40,772	36,151	31,575	13,468
Buildings and infrastructure	10,806	14,352	14,670	21,943	19,565	8,759
Total Non Current Assets	28,913	35,935	55,442	58,094	51,140	22,227
Total Assets	38,482	54,328	67,889	72,631	65,230	26,748
Current Liabilities	3,042	3,545	4,301	5,140	5,818	2,776
Non Current Liabilities	293	412	413	474	601	308
Total Liabilities	3,335	3,957	4,714	5,614	6,419	3,084
Net Assets	35,147	50,371	63,175	67,017	58,811	23,664
Accumulated surplus	30,235	35,482	50,319	54,463	48,614	18,379
Reserves	4,912	14,889	12,856	12,554	10,197	5,285
Total Equity	35,147	50,371	63,175	67,017	58,811	23,664
Cash Flow						
Cash and cash equivalents	7,013	15,669	9,930	11,589	11,695	4,682
\$ Movement	1,284	8,656	(5,739)	1,659	106	
% Movement	22%	123%	-37%	17%	1%	

Fundraising – Cost: Income Ratio



Fundraising costs include funding all of our events statewide, where health messages are promoted, cancer networks are established and information is exchanged.

Infrastructure & Investment costs as a % of Total Income



Minimising infrastructure and investment costs without compromising accountability or transparency is a key focus of the CCNSW management team.

Key Operational Results

	2005	2006	2007	2008	2009
Research					
New research grants awarded	11	23	19	22	28
Total research grants funded	37	52	60	75	76
Epidemiological studies in progress	22	27	34	35	58
Total research expenditure (\$M)	9.3	10.5	10.7	12.9	14.3
Information					
Hits on the 'Cancer Answers' website	15,402	16,095	18,175	24,526	72,000
Support & Information packs distributed	13,122	14,751	13,874	10,489	9,662
'Understanding Cancer' publications distributed	211,844	172,710	189,263	224,866	218,454
Helpline					
Calls to the Helpline	19,899	20,972	21,228	19,538	19,720
Patients and carers using the Helpline	7,705	8,758	8,655	8,258	9,308
Helpline callback service – number of calls	#	#	601	1,128	1,493
Transport, Accommodation and Financial Assistance					
Patient transport kilometers funded	*	*	*	932,930	967,573
Drivers trained to transport cancer patients	*	*	*	30	150
Patient accommodation nights subsidised by Cancer Council	*	*	*	*	20,185
Financial assistance grants to cancer patients and carers	#	#	897	1,809	1,893
Financial assistance grants (\$'s)	#	#	240,000	533,000	472,000
Other Support Services					
Telephone support group sessions held	26	62	142	213	249
Telephone support group participants	*	*	*	1,249	1,191
Cancer Council Connect – number of referrals matched	821	734	675	631	626
Cancer counselling program – number of participants	#	#	17	130	171
Health Advocacy and Prevention					
New Cancer Council advocates trained	63	55	89	80	78
New Sunsmart Childcare Centres	*	45	287	314	835
Community grants awarded	9	18	75	146	123
Fundraising & Retail					
Fundraising – cost: income ratio	36%	34%	33%	30%	34%
Fundraising income / fundraising staff FTE	595,000	693,000	714,000	829,000	804,000
Relay for Life Committees	32	41	53	59	69
Average revenue per 'Relay for Life' event (\$'s)	73,125	87,829	87,472	86,915	72,464
Average revenue per 'Relay for Life' participant (\$'s)	196	217	219	225	241
Bequests – No of new estates notified during the year	82	68	98	98	83
Retail – net profit margin	8.7%	18.0%	19.9%	17.9%	18.2%
Infrastructure					
No of registered volunteers – organisation wide	*	*	3,176	2,631	2,407
Infrastructure & Investment costs as a % of total expenditure	9%	9%	11%	9%	9%
Infrastructure & Investment costs as a % of total income	7%	7%	9%	9%	10%
Carbon emissions from electricity (Tonnes of CO ₂)	*	*	*	*	1,202,000

* Accurate data not available for this period # Program did not exist in this period

We research. Cancer Council's mission is to defeat cancer and we see research as having a vital role in providing the evidence that will inform and empower our communities to make a difference.



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



Research snapshot

NSW is a microcosm of the rest of Australia and the world with a population of 7 million, a third of the country's Aboriginal population, and a quarter of its people born abroad. Cancer Council is able to fund and conduct research into the underlying causes of cancers and how best to prevent these. Results from this research allow us to dispel myths, influence desirable changes in behaviour and inform public policy. 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 the disease.





Internal Research

With 60 scientific staff, students and volunteers working with more than 150 collaborators, we are carrying out approximately 70 research projects. The Cancer Research Division is one of the largest public health cancer research operations in Australia. We have an excellent publication record and success in attracting peer-reviewed grants and associations with universities in Australia and around the world. Combined with a reputation for training PhD and Masters students, we uphold an international standing in the research community.

The Cancer Epidemiology Research Unit (CERU) is based in the Woolloomooloo office. CERU undertakes epidemiological studies to discern patterns and relationships in cancers, to find out why certain cancers occur in some people and to understand the consequences of a cancer diagnosis. With such a diversity of lifestyles to compare, we aim to get meaningful answers to the causes of different cancers. For example, we use statistical and mathematical models to predict future scenarios in cancer prevalence and the outcomes of policy, such as the adoption of national HPV vaccination as part of future cervical screening programs.

Studies like the Cancer Lifestyle and Evaluation of Risk Study (CLEAR Study) are part of a large research program designed to discover the causes of many types of cancer. Other research, such as our "Patterns of Care" studies follow the patient journey through diagnosis and treatment, to determine whether patients are receiving treatment in line with best practice guidelines. An exciting new development is the extension of this research to Aboriginal people with cancer. Other milestones reached include the completion of recruitment for our Men's Health Study and our Pathways to Diagnosis of Thyroid Cancer Study. As a result, we are able to provide comprehensive answers to a range of questions across a spectrum of cancer control initiatives.

We also have a long-standing partnership with the University of Newcastle, through our Centre for Health Research and Psycho-Oncology (CHeRP). This centre investigates behavioural issues that affect peoples' cancer risk, including their attitudes, knowledge and high-risk behaviours, such as smoking and sun-seeking, in order to develop effective cancer prevention strategies. CHeRP also examines the psychosocial issues that affect cancer patients and their partners and caregivers, to improve the provision of support services. The end purpose is to understand the causes, management, impact of cancer and to reduce its burden.



External Research

Cancer Council also funds an external research program, allocating over \$9.04 million annually, managed by the Research Strategy and Scientific Development Unit (RSSD), headed by Dr Monica Robotin, Medical Director. This comprises 56 project grants, three program grants, six Strategic Research Partnership (STREP) and six innovator grants.

Cancer Council supports the research process through the identification and funding of specific research priorities deemed most likely to accelerate progress in cancer research. STREP grants are five-year collaborative research ventures with well-established research and clinical groups. The aim is to conduct research that will have an impact on the treatment of patients, ("translational research"), particularly

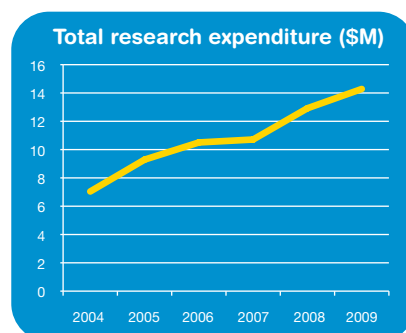
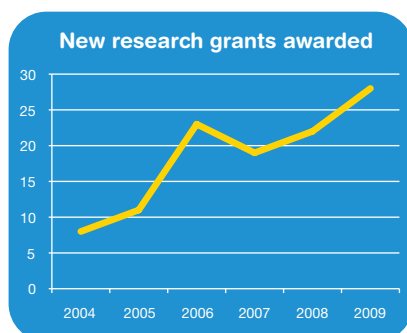
for cancers with poor outcomes and limited funding. The most recent additions to the external research funding portfolio are the Innovator grants, which are a direct result of research prioritisation in pancreatic cancer.

Our monitoring and evaluation framework for external research ensures funds are allocated to the best research, conducted in ways that maximise its potential and use resources in the best way.

The Scientific Development team within RSSD Unit is piloting and evaluating new research activities informed by research evidence and facilitates the further progression of research opportunities arising from the STREP grants. An example of this translational research is the 'B Positive' Project, a community-based Cancer Council initiative aiming to reduce the burden of disease related to chronic hepatitis B and liver cancer in at-risk populations in NSW.

Cancer Council has a consumer review panel which ranks all research funding applications using a set of consumer derived criteria. We also recruit and train people who wish to participate in the grant review process.

In order to enhance organisational capacity to conduct research, we have designed a program that provides new ways of using our volunteer workforce, supporting the enrolment of research participants and provides logistical and administrative support to our research teams.



We research



Highlights

Cancer Council's total spending on research increased by more than 10 percent in 2008-09 to \$14.3 million. About a third of this was spent on internal research including a number of collaborative studies. Cancer Council continues to contribute to more than 50 percent of all philanthropic funding for cancer research in NSW.

Highlights in Internal Research

- About 13 percent of the adult population in NSW now participates in one of our many collaborative studies.
- The ongoing CLEAR study reached 3,500 participants during the year (out of a total target of 10,000). This large collaborative study will provide a comprehensive understanding of the lifestyle and genetic factors that influence risk of cancer in people in NSW. We are building a "biobank", an ultra-low temperature facility for indefinitely storing blood samples of CLEAR Study participants so that we can examine the role of newly discovered genes in a local setting and environment.

- Building on last year's successful translation of CLEAR study materials into five community languages, this year has seen our translation program expand to include several more, such as Russian and Dutch, thanks to the help of volunteers in both NSW and abroad. We have also expanded to include a web-based recruitment process. Nothing of this scale has been carried out before.

- Surgical treatments recorded in the NSW Health Admitted Patient Data Collection have been validated against information collected in our lung, prostate and colorectal cancer studies.

- More than a quarter of a million participants (10 percent of all NSW residents aged 45 and older) have been recruited to another major collaborative venture, The 45 and Up Study. This study, led by the Sax Institute, receives collaborative funding support mainly from Cancer Council, Heart Foundation and New South Wales Department of Health and examines the effects of smoking, exercise, diet and BMI (body mass index) on a number of health outcomes, including cancer. Early findings such as knowing it takes three decades for migrants to undergo screening tests at the frequency of Australian born, are already allowing us to inform policy and practice within government and the medical community.

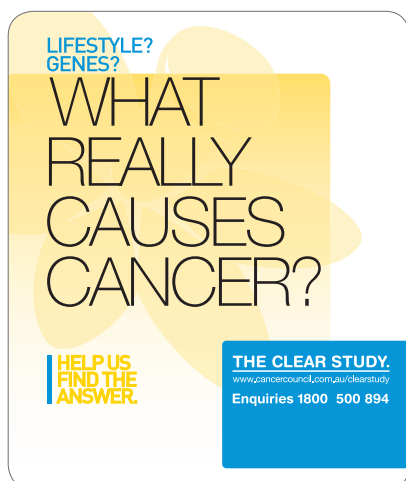
- The cervical cancer modelling group, Modellers sans Frontières, continued their work in cervical cancer prevention evaluations. During the year, the group completed two assessments of new cervical screening technology options for the Medical Services Advisory Committee, Department of Health and Ageing. We also presented an evaluation of primary HPV DNA testing for cervical cancer prevention in China at the International Papillomavirus Society Meeting in Sweden. The group is also actively

working on new evaluations of screening technologies in New Zealand and England.

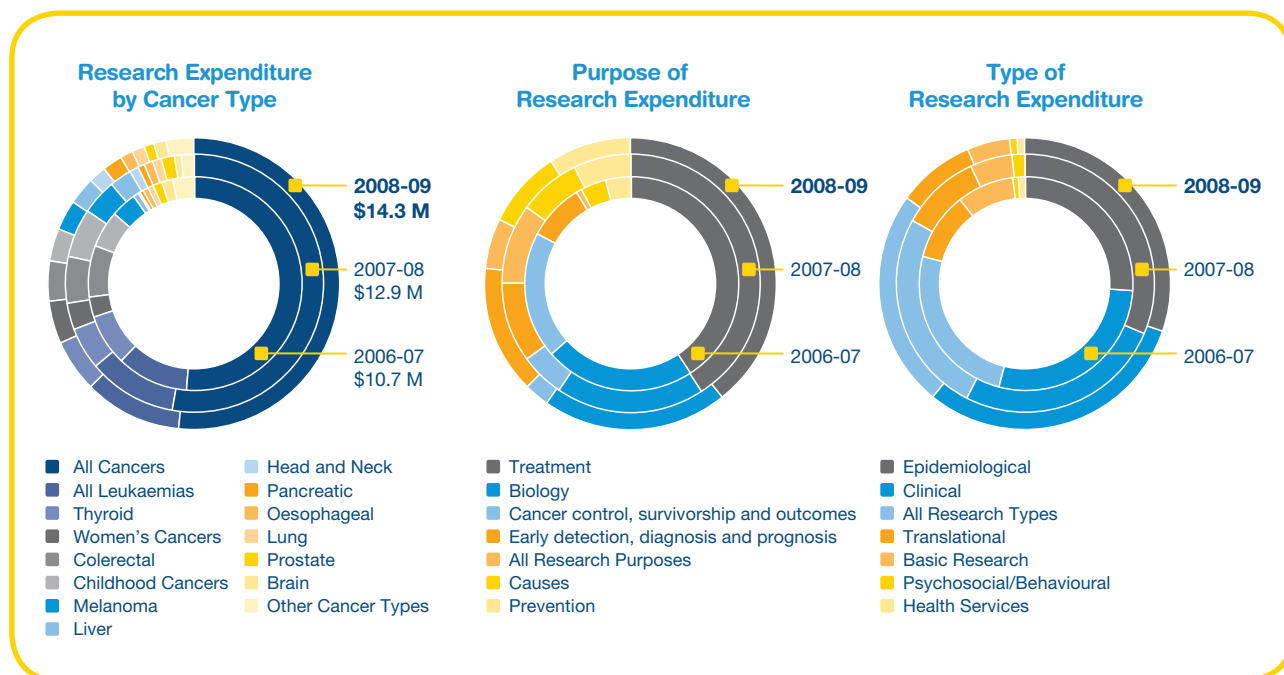
- CHeRP studies have targeted areas such as reaching socially disadvantaged people through community services to assist them to quit smoking; examining the long-term physical, mental, emotional and financial impact on cancer survivors as well as on their partners and caregivers; and helping cancer survivors to increase their physical activity. We are also collaborating on a national study examining psychological impacts, unmet needs and barriers to care among people from minority ethnic backgrounds.
- During the year, the Cancer Research Division produced 53 publications, a list of which is included in Appendix 8.

Highlights in External Research

- During 2008/2009, the three STREP Grant teams funded since 2006 (conducting research in pancreatic, colorectal and familial cancers) completed a research prioritisation process, seeking to identify the research directions most likely to advance scientific knowledge and provide benefits to patients in their respective fields. In pancreatic cancer, six new Innovator grants were funded as a result of this process. Additionally, the pancreatic research team (Pancreatic Cancer Network), led by Professor Andrew Biankin was successful in their bid to be Australia's representative in the International Cancer Research Consortium, which seeks to document the genetic code of the most common cancers.



Research three year analysis



- Members of the general public continued to provide critical input into research funding, with another successful round of review of all competitive grant applications submitted for the 2009 funding round. A total of 30 new people completed the consumer training process, with Cancer Council providing training for its own consumer group, as well as for the Australian Gastro-intestinal Tumour Group (AGITG) and for Cancer Australia.
- As part of the 'B Positive' Project, the RSSD team collaborated in the development of an economic model seeking to identify the costs and benefits that can accrue from offering a population-based screening and surveillance pilot program for chronic hepatitis B and liver cancer among high-risk communities in New South Wales. The study confirmed that the prevention program can deliver a program that is cost-effective and prevents liver cancer. Informed by these findings, the project commenced patient recruitment in

southwest Sydney in 2009. This collaboration between Cancer Council, hospital clinicians, general practitioners, researchers and community organisations also provides resources and educational opportunities for the at-risk communities and for medical practitioners wanting to improve their knowledge about viral hepatitis and how to prevent liver cancer in infected people.



Future Goals

- Develop a national focus on funding research that addresses significant cancers and integrates potential research approaches at the same time
- Retain focus on flagship CERU projects such as CLEAR, and 45 and Up studies
- Extend CHERP's involvement in examining quality of care prevention and detection and survival impacts on patients and carers
- Translate research evidence into practice through new initiatives such as the RSSD Unit 'B Positive' Project

We prevent the preventable.

During a busy year characterised by leadership change, our Health Strategies Division (HSD) achieved important advances in cancer control and adjusted its programs to optimise efficiency and impact in a tighter economic climate.

We completed strategic planning to better position ourselves for the long-term in the larger external landscape of public health while, internally, we developed stronger strategic partnerships, especially with Statewide Services and Research Divisions, to ensure community reach and evidence-based cancer-prevention solutions.

Our core mission is 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 HSD: the Nutrition Unit, Skin Cancer Prevention Unit, Tobacco Control Unit and Policy & Advocacy Unit.



Highlights

Nutrition

- The first independently conducted piece of Australian consumer research on front-of-pack food labelling in collaboration with other public health and consumer organisations resulted in a face-to-face survey of 790 shoppers to test the performance of traffic-light food labels versus the food industry's preferred system of percentage daily intake. This research clearly indicated that traffic-light labelling is the more effective front-of-pack food labelling system, allowing consumers to quickly and easily make healthier food choices when grocery shopping.
- The Nutrition Unit was awarded an Australian Research Council (ARC) Linkage Grant in partnership with the Prevention Research Centre at the University of Sydney, to examine food-related sports sponsorships. This project will determine the

scope and pervasiveness of food company sports sponsorship, followed by a pilot study to determine the effectiveness of a framework to reorient sport sponsorship to be more health oriented.

- Four comprehensive submissions about television food advertising directed at children were coordinated on behalf of the Coalition on Food Advertising to Children (CFAC) for the Australian Senate in response to the Protecting Children from Junk Food Advertising Bill proposed by the Greens; the Australian Communications and Media Authority on the draft Children's Television Standards; and the SA and QLD Government Inquiries, where these states are considering legislation to reduce the amount of advertising of unhealthy food aimed at children, in the face of slow federal action on this issue.
- The continued growth in membership of Parents Jury, an online network of parents raising awareness about factors affecting children's health and advocating for changes to improve children's nutrition and levels of physical activity. These include a campaign to reduce junk food marketing to children, healthy choices for school canteens, and activity-friendly neighbourhoods and advertising awards. By June, NSW had 1200 members. The annual Parents Jury Fame and Shame Food Marketing Awards were announced in October 2008, including the parents choice award for healthy food marketing; pester power award; smoke and mirrors award (where a food ad does not tell the full story); school food bully award (for food marketing that infiltrates the school community); and techno hack award for internet marketing. Parents Jury also supported a



Professor Jeanette Ward,
Director
Health Strategies

campaign featuring a humorous video of a character called Shamburger to highlight the similarity between door-to-door salesmen coming into homes unannounced and junk food advertising on television. The clip ends with a call to action to the viewer, asking them to send an email to the Health Minister supporting a ban on junk food advertising to children.

- Continual monitoring of the cost and availability of healthy food in NSW through our 'Healthy Food Basket' Survey conducted with the help of Statewide Services and volunteers.
- The Eat It To Beat It pilot nutrition program in the Hunter region aimed to develop awareness of the importance of increasing fruit and vegetable intake to help prevent cancer. To date, 92 program facilitators have been trained, and 62 'Fruit and Veg \$ense' sessions have been held in the Hunter region. Through these sessions, parents are learning how to feed their families more fruit and vegetables while on a budget. The Fruit and Veg Fundraising Strategy, replacing unhealthy fundraisers such as chocolate drives, continues to be popular in primary schools throughout the Hunter region. So far, 62 primary schools have signed up to the strategy with more than 5313 fruit and veg boxes sold, resulting in a profit of \$26,565 for participating schools.

Skin Cancer Prevention

- In December 2008, the Skin Cancer Prevention Unit released the new unbranded music video clip aimed at influencing social norms and engaging young people in talking about skin cancer, using social media and entertainment. This was a new approach to address persisting

high levels of at-risk behaviour in a traditionally hard-to-reach group and is informed by a three year ARC linkage research collaboration and ethnographic research. Evaluation has demonstrated the short-term impact of the initiative and track indicators such as reach, level of engagement and sentiment and topic of conversations on-line.

- The November 2008 launch of the SunSmart schools program with the NSW Minister for Education began a first phase of tailored support to 385 early adopter schools of which 177 schools already have SunSmart status.
- The statewide implementation of the SunSmart early childhood program ensured about 75,500 children (more than 50 percent of all NSW services) in childcare benefit from all five forms of sun protection (refer to case studies).

Tobacco Control

- Implemented training and tailored resources for use in the community welfare sector to change organisational policies about tobacco use to encourage people to stop smoking. We released funds through the second round of Community Initiative Scheme (CIS) grants and continued our peak partnership with NCOSS (New South Wales Council of Community Services). We are now working with over 100 community service organisations or programs to support them to provide pro-quitting environments for their clients
- We continued support for Building Research Evidence to address Aboriginal Tobacco Habits Effectively (BREATHE) Project. This action research project which is being undertaken by the Aboriginal Health & Medical Research Council (AHMRC) has placed Aboriginal tobacco control project workers in six communities.

Policy and Advocacy

- 80 submissions to revise the Radiation Control Amendment (sun-tanning units) and other advocacy actions ensured that this legislation better protects people from this cancer-causing technology by requiring signed informed consent, training for clinic staff and age restrictions among other necessary requirements.
- Submitted a comprehensive report, Budget Initiatives for Cancer Control, which presented seven key proposals to the NSW Government to guide its revenue-raising options and budget spending to improve cancer services and public health interventions in NSW.
- Submitted a comprehensive report Radiotherapy Roadmap which demonstrated that more than 40,000 years of life were lost over the last 10 years because of the lack of planning and access to radiotherapy services in NSW. The release in June 2009 of the Auditor-General's report reinforced these recommendations and provides a public accountability for change.

- Four advocacy training workshops were held. We also delivered a tailored advocacy training workshop for young adults in collaboration with CanTeen in June 2009. During 2008/2009 a total of 100 people participated in training workshops. There are now nearly 400 trained cancer advocates across NSW.
- Local campaigns, spearheaded by Regional Advocacy Networks (RAIN), tackled issues such as designated smoke-free areas for cancer patients at hospitals, smoke-free outdoor policies by local councils, local radiotherapy services, transport assistance, securing visiting specialist services, and internet access for patients in hospital to reduce isolation.

Our leadership team takes this opportunity in the Annual Report to thank all staff and volunteers who contributed to Health Strategies Division this year.



Future Goals

- Complete the Local Government Strategic Review later in 2009 which will establish the next generation of cancer control programs with this important community sector
- Continue collaboration with the AHMRC to ensure self-determination in health advancement by indigenous communities
- Consolidate support for community sector organisations to provide smoking care for disadvantaged populations
- Increase sun protection for children and adolescents including new contributions to what works and why
- Establish a comprehensive policy agenda in the lead-up to the 2011 State election
- Tighter regulation of unhealthy food marketing and tobacco retailing
- Stronger links between research and policy in our organisational and program decisions

We provide support and information. With more than 39,000 people in NSW diagnosed with cancer last year, the need for accurate, appropriate and timely information and support is more important than ever. Our commitment is clear: to provide the right support to the right people at the right time.



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

Over the past five years, the Cancer Information and Support Services Division (CISS) has been developing a range of services and information with the aim of meeting the varied needs of cancer patients, carers and families.

We know that people access information in a variety of ways – we try to facilitate that by making our information available in print, on the website and over the phone. We also have a number of CDs and DVDs covering a range of conditions and common issues for patients and their families and carers.

The Cancer Connections website (www.cancerconnections.com.au) was launched last year and has more than 1000 subscribers who can post questions and start discussion threads, set up their own blog and access specific sites for carers, young adults and support group leaders.

All of our information is written in clear and easy to understand language. With 50 titles to choose from, the *Understanding Cancer Series* provides information on many different types of cancers, their treatments (both conventional and complementary) and more generic issues such as diet and emotions.

Our key focus areas in practical support are financial assistance, transport, accommodation and in-home support for cancer patients and their carers.



Highlights

Patient Accommodation Review

We spoke to more than 200 patients, carers, health professionals and accommodation providers about what is required to improve access to hospital-allied patient accommodation. The summary report *Accommodating Change*, contains 14 recommendations which are currently being addressed. In collaboration with community groups, we are working to establish new facilities in Lismore, Orange and Newcastle. Improving patient accommodation is a large-scale long-term initiative that can only be achieved by harnessing the power of the community and collaborating closely with health services and accommodation providers.

Transport Strategy

Transport to treatment is difficult for many patients and carers. We help out in many ways including the provision of mini-buses and cars, financial assistance to help with transport costs and advocating for better contribution from governments.

Cancer Council Information Centres

This year marked the establishment of Cancer Council Information Centres in hospitals and treatment centres around NSW. By collaborating with hospitals, we're able to improve access to information and support services for patients, carers and their families at the time of treatment.

Three Cancer Council Information Centres have been established at the Calvary Mater Newcastle, Liverpool

Cancer Therapy Centre at Liverpool Hospital and the Southern Highlands Private Hospital Specialist Centre in Bowral. A total of 45 volunteers have been recruited and trained to provide patients and carers with social support and to direct them to appropriate information and support services.

Agreements with several other hospitals are being negotiated and it is expected that up to 10 new Cancer Council Information Centres will be opened in the 2009/10 financial year.

Helpline

There was a 13% increase in patients and carers using the helpline in 2008/2009 from 8,258 to 9,308, increasing our reach to cancer patients, family members and carers throughout NSW. The Telephone Support Group program has extended its service to include a volunteer peer support group for men under 55 years old with prostate cancer (refer to case studies).

Cancer Patients' Legal Service

Collaboration with the Public Interest Law Clearing House (PILCH) NSW, we provide free legal services to cancer patients and their carers in a range of areas including powers of attorney, early access to superannuation, mortgages, employment and discrimination. The service is available through hospitals as well as through the Cancer Council Helpline.

Interactive services

Live online forums were hosted with experts talking with people about their experience of cancer, and answering their questions on topics such as nutrition, sexuality, pancreatic cancer, and young adult survivor issues.

Community Education and Information Programs

More than 600 people across NSW attended Understanding Cancer and Living Well after Cancer programs, the face-to-face information days for cancer survivors and their families. Most of these programs are facilitated by trained volunteers, who are also cancer survivors.

Cancer Council Connect

More than 600 newly diagnosed cancer patients were matched through the Cancer Council Connect program putting them in touch with a trained volunteer who has undergone similar diagnosis and treatment. A formal evaluation was conducted by CHERP and completed in March 2009. Results showed clients have a high degree of satisfaction, including contact with program staff, and volunteers perceived their role as a positive and rewarding one.



Future Goals

- Expand practical support including financial services to help more people cope with the high cost of cancer by improving access to financial counselling, planning services and through the provision of no interest loans
- Trial a new service to coordinate bookings and schedules to

support the many patients and carers when they need to travel and stay away from home for treatment

- Develop a more tailored approach to supporting patients and carers through the Cancer Helpline and offering access to a broader range of services



We take a state-wide approach. Statewide Services' key focus is connecting people and communities to engage in our mission to defeat cancer.

Our engagement with communities will change people's perspective on cancer and equip them with the necessary insight and support services to work together to achieve our mission.

Community engagement at Cancer Council is a long-term commitment and a distinctive way of working. We are community-funded, community-led and community-focused.

We trust ordinary Australians in a spirit of mutual respect to identify local issues, develop strategies, support people and deliver programs.

This has been an exciting year of growth and we are beginning to see our people and facilities in a higher number of communities and locations. There is a greater focus on shaping the agenda for change, acting in the public arena and becoming local drivers for cancer prevention, support and connection in communities.

There are 10 regional offices supporting communities across the state in metropolitan, regional, rural and remote areas. They expand further into communities through Hubs, Community Cancer Networks, Cancer Information Centres and volunteers, all committed to achieving change in the world of cancer.

Our priorities included: improving the capacity of cancer control programs through strategic partnerships; cancer information and support; health services; regional capacity development through volunteer programs, involvement and staff development; brand management to shape community perception and communication and income generation. Above all, we continued to grow and deepen our work within communities.

We were responsive to change and future needs, and focussed on supporting the development of capacity and ownership of the changing cancer agenda.



Highlights

- Ten advisory committees across the state who guide and monitor the regional priorities and teams, build regional public profile and provide local directions.
- Allocation of regional grants administered by the advisory committees to support groups and initiatives addressing local needs.
- Developed Community Cancer Networks from more than 20 communities across the state.
- Launched Hills and Erina Hubs: realising a significant increase in the number of volunteers and delivery of programs in cancer support.
- Connecting Communities forums were conducted in most regions, bringing together people interested in committing to action and change, presenting the latest research, updates and skills development.
- Management of Relay for Life in regions, an event that remains significant for its ability to engage with all communities, offering opportunities to be involved in raising funds, prevention messages, and supporting people in our communities.
- There has been a strong focus on recruiting volunteers to significant positions in all regions across the state, including an exciting partnership agreement with University of Western Sydney covering a diversity of roles.
- The Culturally and Linguistically Diverse (CALD) program, in its early stages of a community development approach, has achieved significant involvement from many communities highlights include the launch the Cancer Council on Location initiative.
- The Cancer Connections website was launched in Arabic, Chinese (both simplified and traditional), Vietnamese and Spanish.
- In practical support, and in line with community needs, additional transport services are being supported on the Central Coast and in Western NSW, and training for drivers has been enthusiastically embraced in many regions.
- Practical in-home support programs are now operating in Eurobodalla and the Clarence Valley.
- The volunteer community speakers program was revised and is now a popular program for volunteers wanting to contribute, and for community groups and workplaces accessing it as a service. Many speakers have registered and are being trained from CALD communities, as well as from communities across NSW.



**Jenny Beach, Director
Statewide Services**

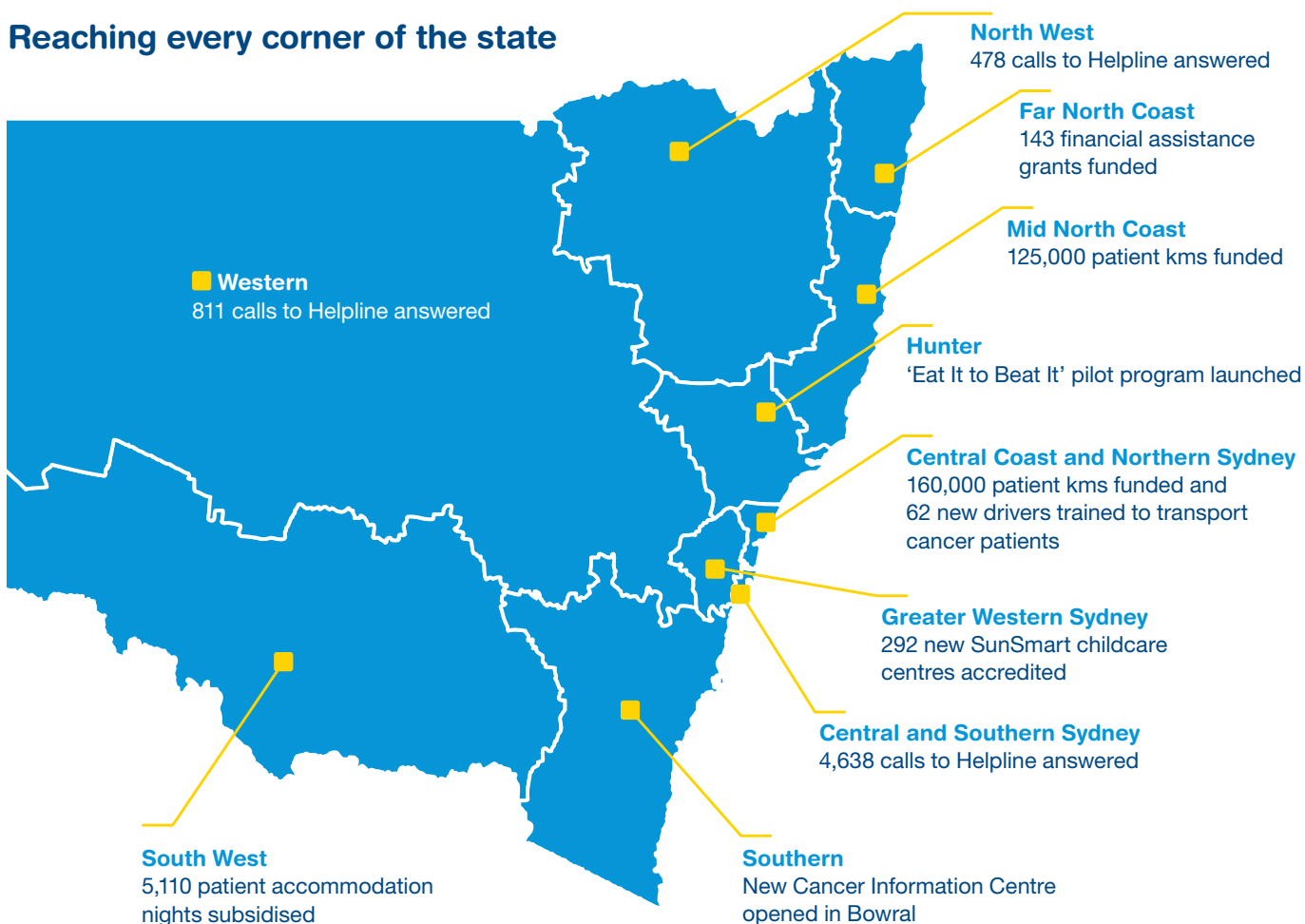
- In a demonstration of managing our brand and working with local relevant needs, the commitment of up to \$500,000 (dependent on local Relay for Life income) for the Care West Lodge in Orange has been met with enthusiasm by communities across the western region.
- The Local Government Partnership program continued to expand with new Councils joining us, committing to smoke-free areas, staff development and policy review.
- Advocates are supported and trained through most regions, and recognised for their strength in achieving changes and improvements to services – essentially making treatment more accessible for people in their communities.



Future Goals

- Build capacity in communities across NSW to join in the defeat of cancer
- Build strategic partnerships
- Reduce risk through prevention and advocacy
- Grow the number of home-support initiatives
- Improve brand management and profile; working more actively on communication and understanding of the role, process and outcomes of research. We will be doing this through specific regional research partnerships in some areas, regional recruitment to the CLEAR study, and increasing the number of people who can communicate about research confidently. Advisory committees and community speakers will play a key role
- Build another 10 Cancer Information Centres – agreements signed, centres designed and volunteers recruited
- Support for and development of Community Cancer Networks, both in their role, local recognition, and in numbers

Reaching every corner of the state



We provide avenues for people to make a tangible difference in the defeat of cancer. Thank you to the people of NSW who continued to support us despite the tough economic climate.



**Manisha Amin, Director
Marketing and Communications**

We provide an opportunity for supporters to become actively involved in the community. Nearly 80,000 people hosted or organised some fundraising event or activity in 2008/2009. Many hundreds of people also gave one-off donations, organised their own activities, or selected Cancer Council as their charity of choice for third-party events. The 32,000 appeal supporters and 40,000 Breakthrough pledges also made a great commitment to ensure our programs continue to grow.

Bequests were responsible for a substantial part of revenue. These funds are essential for long-term funding and sustainability of research and programs. Memorial giving, where people choose to make gifts to us in lieu of flowers at a funeral, provides another way to make a difference for future generations.

Cancer Council's retail offering helps individuals and families make vital contributions. Our outlets and licensed products provides people with high-quality, affordable sun-protection including sunglasses, hats, sunscreen, cosmetics, swimwear and sunshades.

Our website (www.cancercouncil.com.au), publications, and voice in the media all play a vital role in providing the public with information on cancer, our activities and what people can do to minimise their risk. We will continue our commitment to engage with people in new and innovative ways to enable individuals to engage with us in the defeat of cancer.



Highlights

Individual Giving

- Bequest funds reached \$10 million;
- Total funds raised through direct marketing programs (excluding bequests) for the year grew by five percent to \$16.4 million;
- Supporters who pledge ongoing gifts under the Breakthrough Program contributed \$12.8 million;
- Appeals supporters contributed an impressive \$990,000 for brain cancer research;
- Memorial giving in lieu of flowers at funerals raised \$652,000.

Major gifts

- Established a major gifts unit, realising the launch of two trusts; Brain Cancer Research Fund, with Kate Waterhouse as ambassador and The Tim Cahill Cancer Fund for Children. Major gifts fundraising results will be published after the first year of operation.

Marketing strategy and brand

- In a brand awareness survey, conducted by McNair Ingenuity in October 2008, 92 percent of respondents were aware of Cancer Council. It was perceived by respondents as an organisation that is making progress, and one whose work saves lives, provides hope and makes a credible difference.
- The website attracted 446,494 unique visitors who viewed 2,153,849 pages. The most popular of which were Cancer Answers, Understanding Cancer Booklets and Skin Cancer Information.

The Cancer Council Outreach Service

- Thanks to the generous support of Coles, the Cancer Council Outreach Service (CCOS) travelled to 98 communities across NSW, opened for business on 269 days and spoke to 2,250 people face-to-face. We connected them to cancer prevention messages, support services and information for patients, their families and friends, highlighting how our investment in research is making an impact. This service will be re-developed in 2009/2010.

Events

- **Australia's Biggest Morning Tea** – Almost half a million people took part in morning teas in their workplace, community, home or school, raising over \$4.7 million (three percent down on gross income or one percent down on net income);
- **Daffodil Day** – More than 35 percent of the NSW population helped to paint the town yellow by participating in our flagship event, Daffodil Day, and bringing in over \$3.5 million (two percent down on last year). Thanks to the more than 8,000 supporters and 4,000 volunteers who helped sell the merchandise;



- **Relay For Life** reached out to more than 69 local communities and over 40,000 participants across the state. We hit the \$5 million mark for the second time in history. Gross income was down three percent on 2007/08;
- More than 2,200 sporting teams participated in our new men's event, Call To Arms, launched in June 2008, raising \$99,000 in the fight against men's cancer. Thanks to Corey Payne and Brett Hodgson from Wests Tigers who were the face of Call To Arms;
- Girls Night In is an important event that raises money for women's cancers. It was launched in 2005 and has continued to grow year on year, raising more than \$2.5 million in 2008.
- Pink Ribbon Fundraising, including merchandise sales and pink events, raised a total of \$1.8 million gross income.
- Over the past ten years, our prestigious annual gala ball POSH Auction has raised \$5.8 million. This year, 720 generous attendees raised \$858,000. Professor Ian Fraser,

Australian of the Year 2006 was our key note speaker.

- Individuals and organisations took their own initiative to do their thing through our community fundraising program and raised in excess of \$1.3 million, five percent up on 2007/2008. A record number of people participated in City2Surf and Sydney Running Festival as "Cancer Champions". We will continue to grow this program. Online donations exceeded \$400,000.

Retail

- Retail sales were down one percent to \$7.953 million. This is a solid result with one store closed and a tough retail climate. All other retail financial indicators performed well including an 86 percent result in customer service satisfaction survey.
- We sold 8000 entertainment books, the largest quantity of all charities in Australia; increased hat sales by 19 percent, now one of the most comprehensive family ranges in the country; have a sunglasses range that

now features 120 styles, up from 14 in 2000, and achieved sunscreen sales of more than \$1 million.

Communications

- We consolidated the communications team to bring together internal communication, corporate communication and the media unit. While the number of editorial articles was down five percent from the previous year, our value in terms of editorial placement and share of voice significantly increased by 6.3 million.
- Cancer Council sustained its position as a leader in objective information on cancer-related issues with 16.04 percent of the market voice (health stories only). It is our aim to grow the value of editorial coverage through uptake of key messages.

Overall, during the 2008/2009 financial year, the media unit achieved:

- \$29.3 million worth of media coverage; 11,964 articles delivering key messages; The leading cancer organisation for health stories with 16.04 percent of the market voice; The health vs. fundraising story split was 40:60.

Throughout the year our media campaigns also contributed to:

- An estimated 20 percent of Helpline calls from cancer patients and carers
- Legislative changes in tobacco control, solarium usage
- Increased participation in Cancer Council fundraising events for example, Girls Night In we mapped the spike in media to the spike in participants signing up for the event.



Future Goals

- Relaunch the Cancer Council website
- Extend our brand positioning to gain greater awareness of the depth and breadth of our services
- Relaunch CCOS in a new format to obtain greater reach into regional communities
- Continue to communicate with supporters in a relevant, meaningful and cost effective way, of the vital need for their ongoing financial support
- Trial new methods to find new ongoing supporters for the Breakthrough Program
- Continue to grow the numbers of supporters who notify us of a bequest to Cancer Council in their

will to safeguard future income and to reduce the unpredictability of this income stream

- Focus on redefining our events portfolio strategy to ensure that we meet the needs of the community
- Trial a new store model; Increase direct importation of merchandise; and increase national shared retail activities
- Grow awareness through media campaigns, internal communications, issues and event communications
- Enhance the reputation and mission of the organisation through implementation of divisional communication strategies to positively influence, involve and connect the staff and the community



We organise ourselves.

Corporate Services enables Cancer Council to be a leading and efficient not-for-profit organisation.

Corporate Services provides infrastructure for 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, 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 to the Investment, Audit and Finance Committees, balanced scorecard reporting, managing investments, board support, property acquisition, estate administration and business process improvement.

Information Systems

Information technology has a vital role in the success or failure of our mission. The teams focus on development of organisation-wide technology solutions that are flexible, re-useable and modular which support our organisation's need to adapt and grow.

Technology teams:

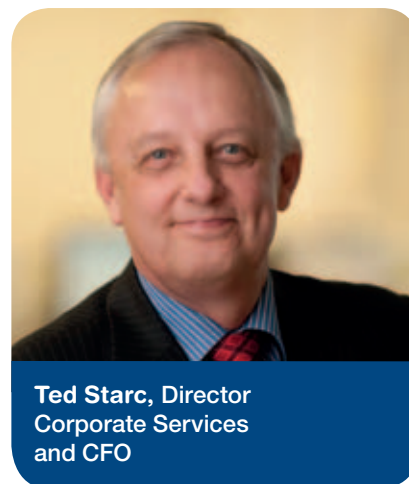
The projects team, handles project management and business analysis; the systems and infrastructure team maintains networks, servers, workstations, applications and user support; the development team, responsible for system enhancements and development of new systems and the data services team manages production databases and the data warehouse.

Human Resources & Volunteer Management

A merger of the HR and Volunteer Units this year resulted in a more uniform and effective level of strategy, service and advice for our workforce.

Our main focus is analysing critical business requirements and risks to provide services to meet needs including reviewing, designing and delivering learning and development, remuneration, performance management, reward and recognition, employee relations and recruitment and retention strategy, programs and processes.

Our workforce consists of 350 employees (including full-time, part-time and casual) and more than 2400 regular volunteers.



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

Donor and Event Processing

The many thousands of donors and the mass participation events mean efficient donor and event processing is critical to our success.

Donor and Supporter Services Unit manages 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.

Logistics and Risk

This team manages compliance with statutory requirements including OH&S, insurance, legal matters, fleet management, property management, contract management and lease negotiations. It also manages facilities, assets and operational services at the Woolloomooloo office including our green office strategy to deliver a sustainable office environment.

Environmental Measures

We have commenced measuring environmental impact through carbon emissions from electricity usage, to be extended in 09/10 to measure fuel, gas and travel. We installed energy efficient light globes, air conditioning timers, sensor and timed lighting, defaulting printers to double sided printing, reduced air travel in favour of telephony and introduced environmental considerations to supplier selection processes. We have an established waste management stream to recycle paper, metal and plastic products.





Highlights

- A new Learning and Development Framework provided programs including Orientation, IT literacy skills and operational, interpersonal, and management development modules for staff and volunteers.
- A regional training strategy allows accessibility and consistency of core training across all regions.
- A pilot study group embarked on accredited training in volunteer management through TAFE.
- We recruited and placed volunteers who contributed to business strategy and management through their roles as mentors, management coach or project managers.
- A new People and Culture program called "Working in Colour" was initiated where staff and volunteers contributed to the vision of what our workforce would look like in five years to better develop and align our People and Culture strategy with our organisational mission.
- Regional offices received new computing facilities based on a "thin-client" computing model allowing us to remove regional office servers, provide increased security and centralisation of data, and ensure regional staff have improved access to applications and technical support.
- We continued to upgrade communications with regional offices through the upgrade of network communication links and further rollout of VOIP (Voice Over Internet Protocol), reducing telephone costs.
- We undertook substantial storage and server virtualisation and consolidation initiatives to provide increased storage capability, a foundation for future business continuity and disaster recovery initiatives and significantly reduced ongoing data centre costs.

- Developments were made to our in-house Constituent Relationship Management (CRM) system. Fundamental to this has been the integration of our two major data stores (representing more than 90 percent of our constituent data), and the creation of a data warehouse for better information reporting and business intelligence solutions.
- The Finance Unit supported the Investment Committee in developing a new revised Investment Policy incorporating a Spending Policy. This Spending Policy will provide a guide to future preparation of operating budgets regarding the amount of funding to be provided from investment reserves. The Unit also assisted to develop a new policy

for the Strategic Asset Allocation of our invested funds, to better spread the risk and optimise return on investment.

- The Finance Unit worked closely with divisions to ensure process improvements, and improved the quality of management information for more effective decision-making.
- The 2007/08 Annual Report received "Top Ten" recognition at the 2008 PricewaterhouseCoopers (PwC) Transparency Awards.
- The Logistics & Risk Unit initiated a critical review of the organisation's risk profile through its Risk Register. An awareness and review program was initiated to better equip our operational unit managers in running their businesses.



Future Goals

- Progress of the Working In Colour project with emphasis on articulating strategies across the working streams
- Finalise a comprehensive review of the HR/Volunteer management to ensure we meet long term needs of Cancer Council
- Streamline current Performance Management processes and enhanced training for managers
- Review of contracts, policies and practices in line with changes to employment arrangements required by the Fair Work Act
- Develop a comprehensive Strategic Plan and Framework focussing on the next five years
- Develop a revised Balanced Scorecard for the organisation cascading down to divisional balanced scorecards and then down to operating unit/team balanced scorecards to enable a better articulation of operations
- Implement the new investment strategy to yield reasonable rate of return (4 percent over inflation) with a decreased risk profile, and increased diversification
- Increase emphasis on green office strategy, including measurement of specific outcomes, and improvements
- Further develop an organisation-wide CRM system to gain better insights into how the organisation can fully engage volunteers, donors and supporters to assist in achieving organisational mission
- More effective reporting on organisational outcomes with greater attention to measurement of Return on Investment, Key Performance Indicators and social impact, including business improvement initiatives
- Improve data capture for volunteers, including better classifications, review of job descriptions, skills assessment, training and development, and on-line delivery of training

A closer look at how we make a difference.

The following case studies reflect the extent of our reach in communities and showcases our ability to get things done.





Photo credit: Paul Mathews



Rural NSW farmer saved by Helpline

Having recently being diagnosed with throat cancer, a farmer from rural NSW called the Cancer Council Helpline. He was struggling to eat due to difficulties with swallowing.

After providing the man with much consultation and useful information, the Helpline advised him to get in touch with his GP and the local hospital for immediate support.

But, as he was depressed, he didn't contact anyone, choosing instead to sit at home and wait, perhaps for the next call or visit.

A few days after the call, the Helpline consultant was concerned and called him at home. There wasn't an answer on his home phone so she rang the local GP and explained the situation, which triggered the GP to instigate a house call.

The GP found the gentleman had not eaten for two days and was dehydrated and malnourished. He was admitted to the local hospital for further treatment and care.

He is now receiving treatment and feels positive about the choices he made to progress with treatment and his life.

The Cancer Council Helpline provides information on all aspects of cancer and helps to provide support to those who need help to get through a cancer diagnosis.

The Helpline is available for anyone, whether it is a family member, patient or friend.

Partnership with University of Western Sydney

Collaborative talks with the University of Western Sydney Department of Health Sciences started in mid 2008. The Department's Community Engagement Manager was keen to have discussions with Cancer Council on how graduate students could volunteer their time with us. The philosophy behind this approach was to ensure these young people can be placed in organisations deeply connected with people at the ground level to get a sense of wider issues in the community.

Following several meetings with key contacts at the university, an agreement was developed to further facilitate the process. Amongst the new initiatives planned, the students were given a chance to attend the Cancer Council orientation, and community events such as the Local Government Partnership Launch, providing mission support to Relay for Life events and working closely with the Regional Program Coordinator in developing links with the educational sector on nutrition and healthy lifestyle choices.

These aims were successfully achieved by the students who found the experience enriching and rewarding in many ways.

We are now in the process of signing a Memorandum of Understanding with the University of Western Sydney School of Medicine as a community partner.

The opportunities for such collaborations are extensive and provide us with the talent and energy of young students. From us they get an in depth sense of the work in the community.

The university now plays an active role in the defeat of cancer by encouraging students to have a project with us on a regular basis.

A closer look at how we make a difference



Relay for Life - Bryan beats the street to save lives

Castle Hill local Bryan Mullan donned his boots in May and walked more than 250km to raise cancer awareness.

The 57 year-old school principal made the gruelling five day hike from Orange to the Castle Hill Relay For Life.

En route, he was joined by Dr Penman CEO of Cancer Council who walked for 10km of the way – each kilometre representing a year that Relay For Life has taken place in NSW.

Bryan also visited mini Relay For Life events, hosted by primary school students in five separate towns, and received a hero's welcome after making time to speak with students in chilly conditions.

Bryan decided not to speak about cancer but instead focussed on why he was doing the walk, with the simple answer of 'because he could.'

He told students that he made up his mind to do the walk and set about achieving that goal. He said that he trained everyday and that if he can accomplish his goals at his stage of life, imagine what they could achieve.

Having experienced cancer personally, Bryan says one of the biggest problems cancer patients face when looking at treatment is distance.

Bryan Mullan

Photo credit: Joe Murphy, Hills Shire Times



He started the walk in Orange to highlight that half of the funds raised at Western NSW Relay For Life events over the next two years would be donated to Care West Lodge.

The lodge will provide accommodation for cancer patients from across western NSW who are receiving radiotherapy and chemotherapy treatment at the new hospital in Orange, due to open in late 2010.

"Cancer will affect half of all Australians during their lives, and I'm passionate about involving the whole community in the fight back against the disease," he said.

"I've been participating in the Hills Relay For Life since 2001. It's a fantastic community occasion, attended by people of all ages and walks of life."

Since his involvement, the Castle Hill Relay For Life has passed a giant milestone, raising more than \$1 million over eight events.



SunSmart children are protected against future risk

Exposure to sun in the first 15 years of life is a critical risk factor in the development of skin cancer as an adult. To protect all children in New South Wales when they are in the care of adults other than family, we designed three SunSmart Programs for specific settings: Early Childhood centres, Family Day Care centres and Primary schools.



Our goal was to protect all children aged 0 to 12 years so that their future risk of adult skin cancer is substantially reduced.

By working collaboratively with child care centres and schools who signed up, we ensured these settings adopted 'best practice' policies and delivered sun protection for children in their care.

We obtained the support of the National Childcare Accreditation Council, Departments of Education and Training and Community Services and Federation of Parents and Citizens' Associations. Child care centres and schools assisted in practical ways by volunteering in our regions. Our Skin Cancer Prevention Unit organised self-assessments, feedback, policy documents, resources and monitoring. When centres and schools completed all requirements, they were declared SunSmart and awarded signage and a certificate.

By June 2009, over 50 percent of all 3,300 childcare services were SunSmart, providing protection for an estimated 75,500 pre-schoolers in NSW. Within seven months of the launch of SunSmart Primary schools in June 2009, 135 out of 388 Phase one primary schools were SunSmart.

Phase two of the SunSmart Primary School Program begins next year to expand our support in the most needy schools.



By embracing and promoting the SunSmart Program and leading by example, I am empowering children with lifelong skills and knowledge.

Gabriela Hanousek, Carer,
Fairfield City Family Day Care



Aboriginal Patterns of Cancer Case Study

Improving Indigenous Healthcare

“Cancer is the third biggest killer of Aboriginal and Torres Strait Islanders.”

Cancer is the third largest cause of death in the NSW Aboriginal community and, for some cancers, the mortality rate is more than three times higher in Aboriginal people than in non-Aboriginal people. This study seeks to work with Aboriginal communities to identify factors that make diagnosis and treatment of cancer within these communities difficult, and to identify potential avenues of improvement.

We wanted to determine whether Aboriginal people are being diagnosed with cancer at later stages than non-Aboriginal people; to describe the

barriers to being diagnosed earlier and to access cancer care; to describe the care that Aboriginal people with cancer are currently receiving and to compare the level and types of care with that received by non-Aboriginal people.

We conducted interviews with Aboriginal people diagnosed with cancer, their carers and Aboriginal health workers to explore the perceptions and experiences of Aboriginal people dealing with cancer.

We also analysed medical records to compare surgery, chemotherapy and radiotherapy treatment patterns between Aboriginal and non-Aboriginal people and conducted a ‘pathways to diagnosis’ study in which we describe the clinical pathway that led to the diagnosis of cancer.

Findings will be disseminated to all relevant stakeholders in Aboriginal and mainstream health and to other

researchers who may be able to replicate this study in their state or territory to improve the outcome for Aboriginal cancer patients and to decrease the death rate among them, currently 60 percent higher than non-Aboriginal cancer patients.

Information from this study could enable Indigenous people to have greater control over and more involvement in making decisions in their healthcare and treatment.

Thank you

Our mission is ambitious but will be achieved sooner with the ongoing contribution of volunteers to our work. Volunteers are the true lifeblood of Cancer Council. In the last year more than 2,400 regular volunteers contributed over 47,000 hours of work, equivalent to over \$2 million in staff costs. Their time was spent in all areas of our work from advocacy and administration to research and fundraising.

Another way of looking at volunteering at Cancer Council is that for every

paid staff member we have had seven registered volunteers contributing to our ongoing projects across NSW throughout the year.

Corporate volunteering continues to be an area of focus for us with over 2,200 hours of corporate time donated during the year.

On behalf of everyone at Cancer Council we'd like to thank everyone who donated time or money to the fight against cancer this year.



Corporate sponsors

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Stephen Roberts
The Westin Sydney
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Turner Freeman Lawyers
Voyages Hotels & Resorts
Westpac
Winning Appliances

We also thank our generous supporters from the POSH committee, Master of Ceremonies Vince Sorrenti and our Platinum, Gold, Silver and Bronze friends.

This year compared to last year

↑ 34%
In volunteer dollar value

↑ 30%
In volunteer hours contributed

Thank you to our staff Karen Kalpage and son Max, Ryan Alexander and Laura Tjitradjaja and our volunteer Kevin York for agreeing to be photographed on the cover and throughout the annual report.

Bequests

We honour and acknowledge the generosity of people who have remembered Cancer Council 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.

Lloyd Allison
Julie Caroline Amos
Elva Mavis Arundel
Mavis Gwendolyn Ashworth
Ruth Auerbach
Shirley Anne Barnes
Bill & Joy Barrie
Foundation
Winifred May Batchelor
Mavis Jean Best
George Wallace Bevan
Paul Black
Leslie Peter Bohr
Valerie Ada Borchardt
Trevor William Bourke
Michel Boutros
Jean Taylor Bull
Salvatore Calcagno
Dorothy Carthew
Sandra Casella
Kurt Casper
Barbara Chasney
Morson Alexander Clift
Susan Margaret Colthorpe
John Ross Cooper
Jean Doris Costin
Ann Eva Coughlan
Russell Cummins
Keith Woodbridge Dennett
Phyllis Dorothy Docharty
Vera Jane Dowling
Iain Drever
Anne Beith Edwards
Violet Falls
Clive Charles Fletcher
Wilfred Allan Fraser
Jack Charles Squires Fuller
Walter Gibson
Pearl June Gillott
Sarah Godfrey
Elizabeth Emily Goodger
Grace Goodwin
G A Gordon
William Arthur Hugh Gordon
Alan Greenwood
Valerie Rosamond Hatfield
Gweneth Haynes
Marie Veronica Heaton
Elise Herrman

Sergije Hlistunov
Betsy Ann Holt
Olive Grace Hooper
Ivy May Horsley
Gladys Burdett Ingleton
Joanna Jakubowskyj
Thelma Gwendoline Jenkins
Myra Jones
Thomas Rudolph Jones
William Patrick Keenan
Phyllis Marie Hilda Kellie
Maurice Charles Kindon
Phyllis Kindon
Dorothy May King
Florence Marion Lansborough
Henry William Lawrence
Thelma Annie Lee
Kathleen Mary Lee
Lorraine Lindsay
Georgina Constance Lisle
Marguerite Grace Lyons
Joan A MacIntosh
Marianne Eileen Gough Martin
Norma Enid Massey Matthews
Gloria Irene McConkey
Aileen Phyllis McDonald
Marion Lindsay McIntyre
Doreen McLoughlin
Muriel Edith Mellor
Ethel Maynie Mill
Ivy Norma Mulligan
Jack Lasbury Murrell
Lilian May Nelson
George Nelson
Sandra Irene Nolan
Sybil Myra O'Brien
Alice Isabella Grace Oxley
Mavis Marjory Pallier
Eric Lisle Palmer
John Franciscus Pauwels
Norman Payne
Doreen Lila Perry
Joyce Edith Phillips
Grace Darling Phillips
Hilary Poole
Dorothy Hazel Power
Beatrice Olive Pycroft
Noreen Mary Radford
May Mathieson Rattenbury

Leon Hamilton Ravet
Marie Rich
Catherine Noella Elizabeth Robinson
Marie Norma Roden
Donna Marie Roycroft
Nellie Irene Rudder
Lorna Gee Rutherford
Owen Edward Ryan
Cyril Roy Saunders
Olive Frances Elizabeth Saunders
Betty Atkinson Schahinger
Iris Lily Schmierer
Joan Adele Shaw
Keith William George Spearman
Mollie Standish Stewart
Irene Lynette Summers
Leonie Patricia Thomas
Thelma May Towell
John Lyndon Towner
Robyn Elizabeth Trinder
Valerie Joan Van Every
Natalia Vosicky
Joan Maude Waugh
Margaret Anne Wentworth
Stanley John White
Ivy Jane Williams
Ida Williamson
Marjorie Laura Willingham
Betty Lyall Wilson
Clyde Wise
Mary Eyre Wright

Acknowledgements

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

Internal auditors

Oakton

External auditors

PKF East Coast Practice

Solicitors

Turner Freeman

Bankers

National Australia Bank

Website

www.cancercouncil.com.au

Volunteer sub editor

Grant Jones

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Directors' Report

for the year ended 30 June 2009

The directors of The Cancer Council NSW (CCNSW) present their report with respect to the results for the financial year ended 30 June 2009 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:

Stephen Ackland

Jill Boehm

Mary Chiew

Bruce Hodgkinson

Paul Lahiff

Graham Mann

Stephen Roberts

Bob Sendt

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

Vivienne Gregg was a director of CCNSW from the beginning of the financial year until her resignation on 8 December 2008.

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

Melanie Trethowan was appointed a director on 8 December 2008 and continues in office at the date of this report.

Directors' Report

for the year ended 30 June 2009

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 revenue for the financial year ended 30 June 2009 was \$61,447,000. In the same period, expenditure was \$66,790,000, leaving a deficit of \$5,343,000.

The main sources of revenue were:

\$'000

Events marketing	18,232
Direct marketing	16,408
Bequests	10,009
Retail income	7,953

The main areas of expenditure were:

Fundraising expenditure	16,234
Research	14,282
Information and support	7,983
Retail expenditure	6,567
Infrastructure and investment	6,086
Statewide program delivery	5,132
Health advocacy and prevention	4,697

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.



Clockwise from left: Dr Patrick Cregan, Ms Mary Chiew, Dr Stephen Ackland, Mr Paul Lahiff, Assoc Professor Graham Mann, Mr Stephen Roberts, Ms Melanie Trethowan, Ms Jill Boehm, Mr Bob Sendt, Mr Bruce Hodgkinson.

Information on Directors

Dr Stephen Ackland MB, BS, FRACP, GAICD

*Staff Specialist, Medical Oncology, Calvary Mater Newcastle 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. Dr Ackland 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

Ms Boehm is a registered nurse and a representative of the NSW Nurses and Midwives Board on professional and tribunal matters, a committee member of the Gene Technology Ethics and Community Consultation Committee for the federal government and is a member of the board of the Cancer Institute NSW. Awarded the medal of the Order of Australia in 2007 for service to the community through advocacy and support for people with cancer, their families and carers. Ms Boehm was nominated for NSW womens honour role in 2005.

Ms Mary Chiew

General Manager 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.

Directors' Report

for the year ended 30 June 2009

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 & 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, chairs the NSW Dept of Health Surgical Services Committee and is also a Director on the Cancer Institute NSW Board.

Mr Bruce Hogkinson SC

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, Heritage Building Society and Mortgage Choice, as well as senior executive roles with Westpac Banking Corporation (in Sydney and London) and the credit union sector. Mr Lahiff joined W D Scott, an international management consulting business, in July 2009.

Assoc 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 Stephen Roberts B Bus, ACA, Grad Dip (Securities)

As Managing Director of institutional investment services for Russell Investment Group in Australia until July 2008, 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.

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 consultancy 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.

Ms Melanie Trethowan (appointed 8 December 2008)

Melanie Trethowan has been actively involved in cancer issues since 2004. To date Melanie's roles with CCNSW include Regional Advocacy Network Facilitator, a member of the Mudgee Relay for Life committee, a member of Western Regional Advisory Committee, the Medical and Scientific Advisory Committee, Daffodil Day Town Manager, and in June 2009, Melanie was elected Chair of the Member's Assembly. Melanie's previous Board experience includes Central West Community College, Kanandah Retirement Ltd and the Foundation for Australian Agricultural Women. She has a Masters of Business

(Marketing), has completed the Australian Rural Leadership Programme and is a Vincent Fairfax Fellow. Since 1996 Melanie has operated a marketing and project consultancy business based in Mudgee.

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 & Finance Committee		Investment Committee		Governance Committee		Remuneration Committee	
	A	B	A	B	A	B	A	B	A	B
S Ackland	6	6	*	*	*	*	*	*	*	*
J Boehm	6	6	4	4	*	*	4	4	*	*
M Chiew	4	6	2	4	*	*	*	*	*	*
P Cregan (appointed 25/08/08)	3	6	*	*	*	*	*	*	*	*
V Gregg (resigned 8/12/08)	2	3	*	*	*	*	*	*	*	*
B Hodgkinson	6	6	*	*	*	*	4	4	1	1
P Lahiff	5	6	*	*	5	5	*	*	1	1
G Mann	5	6	*	*	*	*	4	4	*	*
S Roberts	5	6	*	*	5	5	*	*	*	*
R Sendt	6	6	4	4	*	*	*	*	1	1
M Trethowan (appointed 8/12/08)	3	3	*	*	*	*	*	*	*	*

A = Number of meetings attended

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

* = Not a member of the relevant committee

Insurance of officers

During the financial year, CCNSW paid a premium of \$10,000 to insure the directors' and secretary of the company and an additional \$17,000 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

for the year ended 30 June 2009

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

The company may decide to employ the auditor PKF on assignments additional to their statutory audit duties where the auditors expertise and experience with the company are important. PKF received or are due to receive the following amounts for the provision of non-audit services:

	2009 \$	2008 \$
Other assurance services —audit of regulatory statements	2,350	1,500

The directors are satisfied that the provision of non-audit services is compatible with the general standard of independence for auditors imposed by the *Corporations Act 2001*. The nature and scope of each type of non-audit service provided means that independence was not compromised.

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 35.

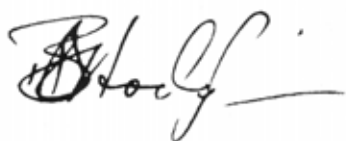
Rounding of amounts

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.

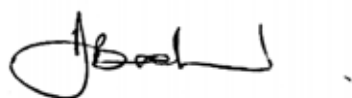


Mr B Hodgkinson SC

Director

Sydney

26 October 2009



Ms Jill Boehm OAM

Director

Sydney

26 October 2009

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 2009, 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

26 October 2009

Income Statement

for the year ended 30 June 2009

	Notes	2009 \$'000	2008 \$'000
Revenue			
Fundraising income	3, 20	48,290	51,041
Retail income	3	7,953	8,047
Interest and investment income	3	2,249	3,822
Grant income	3	1,808	1,572
Other income	3	1,147	1,444
Total Revenue		61,447	65,926
Expenses			
Fundraising expenditure		16,234	15,068
Retail expenditure		6,567	6,721
Research		14,282	12,921
Statewide program delivery		5,132	4,540
Health advocacy and prevention		4,697	4,111
Information and support		7,983	6,148
Infrastructure and investment		6,086	6,028
Decrease in fair value of managed funds	10	5,809	7,149
Total Expenses	4	66,790	62,686
(Deficit)/Surplus before income tax	4	(5,343)	3,240
Income tax expense	2 (c)	–	–
(Deficit)/Surplus for the year		(5,343)	3,240

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

Balance Sheet

for the year ended 30 June 2009

	Notes	2009 \$'000	2008 \$'000
Assets			
Current Assets			
Cash and cash equivalents	6	11,695	11,589
Trade and other receivables	7	1,417	2,129
Inventories	8	978	819
Total Current Assets		14,090	14,537
Non-Current Assets			
Investment properties	9	270	270
Financial assets at fair value through profit or loss	10	31,575	36,151
Property, plant and equipment	11	19,295	21,673
Total Non-Current Assets		51,140	58,094
Total Assets		65,230	72,631
Liabilities			
Current Liabilities			
Trade and other payables	12	4,451	3,857
Provisions	13	1,367	1,283
Total Current Liabilities		5,818	5,140
Non-Current Liabilities			
Provisions	13	601	474
Total Non-Current Liabilities		601	474
Total Liabilities		6,419	5,614
Net Assets		58,811	67,017
Funds			
General funds		48,614	54,463
Restricted funds		7,273	6,767
Asset revaluation reserve		2,924	5,787
Total Funds		58,811	67,017

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

Statement of Changes in Equity

for the year ended 30 June 2009

	General Funds \$'000	Restricted Funds Reserve \$'000	Asset Revaluation Reserve \$'000	Total Funds \$'000
Opening balance as at 1 July 2007	50,319	7,671	5,185	63,175
Transfer (to)/from reserves	904	(904)	—	—
Increment on revaluation of land and buildings	—	—	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
Opening balance as at 1 July 2008	54,463	6,767	5,787	67,017
Transfer (to)/from reserves	(506)	506	—	—
Decrement on revaluation of land and buildings	—	—	(2,863)	(2,863)
Net income and expense recognised directly in equity	(506)	506	(2,863)	(2,863)
(Deficit) for the year	(5,343)	—	—	(5,343)
Total income and expense for the year	(5,849)	506	(2,863)	(8,206)
Closing balance as at 30 June 2009	48,614	7,273	2,924	58,811

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 2009

	Notes	2009 \$'000	2008 \$'000
Cash flows from operating activities			
Receipts			
Receipts from supporters and funding sources (inclusive of GST)		58,116	59,986
Receipts from grant funding		1,808	1,572
Dividends, franking credits and interest received		1,016	1,222
		60,940	62,780
Payments			
Payments to suppliers and employees (inclusive of GST)		58,698	53,162
		58,698	53,162
Net cash inflow from operating activities	15	2,242	9,618
Cash flows from investing activities			
Proceeds from sale of financial assets at fair value through profit and loss		–	72
Proceeds from sale of property, plant and equipment		243	126
Payments for purchase of property, plant and equipment		(2,379)	(8,157)
Net cash outflow from investing activities		(2,136)	(7,959)
Net increase in cash and cash equivalents		106	1,659
Cash and cash equivalents at beginning of year		11,589	9,930
Cash and cash equivalents at end of year	6	11,695	11,589

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 2009

1. Introduction

This financial report covers The Cancer Council NSW (CCNSW) as an individual entity for the year ended 30 June 2009. The financial report is presented in Australian currency.

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

The Cancer Council NSW
153 Dowling Street
Woolloomooloo NSW 2011

A description of the nature of CCNSW's operations and its principal activities is included on page 1 of the directors' report.

The financial report was authorised for issue by the directors on 26 October 2009.

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 IFRS

The financial report also complies with International Financial Reporting Standards (IFRS), as issued by the International Accounting Standards Board (IASB).

Historical Cost Convention

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

b) Revenue Recognition

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

CCNSW recognises revenue when the amount of revenue can be reliably measured, it is probable that future economic benefits will flow to the entity and the specific criteria have been met for each activity as described below.

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.

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 at their fair value where there is a reasonable assurance that the grant will be received and that CCNSW will comply with all attached conditions.

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 initially at fair value and subsequently measured at amortised cost using the effective interest method, less provision for impairment. Trade receivables are generally due for settlement within 30 days.

Collectibility of trade receivables is reviewed on an ongoing basis. Debts which are known to be uncollectible are written off by reducing the carrying amount directly. An allowance account (provision for impairment of trade receivables) is used when there is objective evidence that CCNSW will not be able to collect all amounts due according to the original terms of the receivables. Significant financial difficulties of the debtor, probability that the debtor will enter bankruptcy or financial reorganisation, and default or delinquency in payments (more than 30 days overdue) are considered indicators that the trade receivable is impaired. The amount of the impairment allowance is the difference between the asset's carrying amount and the present value of estimated future cash flows, discounted at the original effective interest rate. Cash flows relating to short-term receivables are not discounted if the effect of discounting is immaterial.

The amount of the impairment loss is recognised in the income statement within other expenses. When a trade receivable for which an impairment allowance has been recognised becomes uncollectible in a subsequent period, it is written off against the allowance account. Subsequent recoveries of amounts previously written off are credited against other expenses in the income statement.

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.

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.

Notes to the Financial Statements

for the year ended 30 June 2009

h) Investment Property

Investment property comprises a property held for capital appreciation and or rental yields 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 10 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 carrying amount is written down immediately to its recoverable amount if the asset 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.

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 annual leave and long service leave.

Annual Leave

Liabilities for annual leave are recognised in the provision for employee benefits and are measured at the amounts expected to be paid in respect of employees' services up to the reporting date when the liabilities are settled.

Long Service Leave

The liability for long service leave is recognised in the provision for employee benefits and measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date. Consideration is given to expected future wages and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currency that match as closely as possible the estimated future cash outflows.

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* (effective from 1 January 2009)

The September 2007 revised AASB 101 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 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 1 July 2009.

AASB 2008–07 *Amendments to Australian Accounting Standards – Cost of an Investment in a Subsidiary, Jointly Controlled Entity or Associate* (effective 1 July 2009)

In July 2008, the AASB approved amendments to AASB 1 First-time adoption of International Reporting Standards and AASB 127 Consolidated and Separate Financial Statements. The Group will apply the revised rules prospectively from 1 July 2009. After that date, all dividends received from investments in subsidiaries, jointly controlled entities or associates will be recognised as revenue, even if they are paid out of pre-acquisition profits, but the investments may need to be tested for impairment as a result of the dividend payment. Under the entity's current policy, these dividends are deducted from the cost of the investment.

Notes to the Financial Statements

for the year ended 30 June 2009

3. Revenue

	2009 \$'000	2008 \$'000
Fundraising income		
Bequests	10,009	13,933
Donations	2,314	2,837
Direct marketing	16,408	15,680
Events marketing	18,232	17,335
Community fundraising	1,327	1,256
	48,290	51,041
Retail income		
Sale of Goods	7,953	8,047
Total Retail Revenue	7,953	8,047
Interest and Investment income		
Interest	695	929
Managed fund distributions	1,233	2,600
Dividends received	–	27
Imputation credits received	321	266
Total Investment Income	2,249	3,822
Grant income		
ANZ – High precision MRI based prostate radiotherapy research	–	40
Australian Broadcasting Corporation – Breast Cancer Study	179	66
Cancer Australia Support Group – Pancreatic Cancer Grant	30	30
Cancer Australia – National Telephone Support	20	10
Cancer Australia – Aboriginal Stories and Cancer Journeys	10	–
Cancer Council Australia – Alcohol and Cancer Project	22	–
Cancer Institute NSW – Patterns of Care for Indigenous People	380	–
Cancer Institute NSW – Lung Cancer treatment algorithms	36	–
Commonwealth Australia – Volunteer Grants Program	38	–
Community Development Support Expenditure Grants	33	80
Community Health – Eat it to Beat it	150	–
Greater Southern Area Health Service – Smoke Free Campaign	–	38
Lilier Lodge	4	8
Monash Institute of Medical Research – Prostate Cancer Guidelines	–	96

	2009 \$'000	2008 \$'000
National Breast Cancer Centre – Pink Pony Grant	–	10
National Breast & Ovarian Cancer Centre – Breast Cancer Modelling	12	–
NHMRC – Patterns Of Cancer Care for Indigenous People	–	431
NHMRC – Prostate Specific Antigen Cohort Study	–	60
NHMRC – Cervical Invasive Neoplasia Study	240	237
NHMRC – Equipment Grant	11	13
NHMRC – Fellowship	36	–
NHMRC – Cervical Modelling Study	98	99
NSW Health – Australian Better Health Initiative	29	–
NSW Health – Diet & Cancer Project	60	63
NSW Health – Primary & Community Based Services (Carers) Program	54	52
NZ Health Ministry – Consultancy Monies	59	–
NZ Health Ministry – HPV Prevalence study	81	–
NZ Health Ministry – HPV Vaccine Evaluation	–	38
Prostate Cancer Foundation of Australia – Prostate Cancer Guidelines	93	–
University of Sydney – MSAC Modelling Study	101	23
University of Sydney – Prostate Cancer Outcome Study	32	110
University of Sydney – Vitamin D & Prostate Cancer Study	–	68
	1,808	1,572

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 \$948,000 have been included in revenue and general funds at the 30 June 2009.

	Opening Balance 1 Jul 2008 \$'000	Receipts 2009 \$'000	Payments 2009 \$'000	Closing Balance 30 Jun 2009 \$'000
Grants				
Health Promotion	105	419	(383)	141
Contract Research Grants	532	1,389	(1,114)	807
	637	1,808	(1,497)	948

Notes to the Financial Statements

for the year ended 30 June 2009

	2009 \$'000	2008 \$'000
Other revenue		
Accommodation fees	396	336
Account Management Charge	5	5
Membership fees	3	3
Patient transport	25	37
Promotional items	67	47
Project contributions received	442	431
Seminars and conferences	9	7
Sponsorship income	200	578
	1,147	1,444
Total Revenue	61,447	65,926

4. Expenses

Surplus before income tax includes the following specific expenses:

Employee benefits expense	23,633	20,822
Depreciation		
Building	394	298
Leasehold improvements	148	122
Office furniture and equipment	826	581
Motor vehicles	273	211
	1,641	1,212
Rental expense relating to operating leases	1,404	1,322
Direct operating expenses from investment property	1	1
Decrease in fair value of managed funds	5,809	7,149
Loss on disposal of property, plant and equipment	10	148

5. Remuneration of Auditors

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

Assurance services

Audit Services – PKF East Coast Practice		
Audit and review of financial report under the <i>Corporations Act 2001</i>	40,500	39,000
Other assurance services – audit of regulatory statements	2,350	1,500
Total remuneration for assurance services	42,850	40,500

6. Cash and Cash Equivalents

	2009 \$'000	2008 \$'000
Cash on hand	26	25
Cash at bank	4,811	1,243
Deposits at call	6,858	10,321
	11,695	11,589

As at balance date cash at bank was earning interest of 2.35% p.a. (2008: 6.7% p.a.) and deposits at call were earning 4.99% p.a. (2008: 7.7% p.a.)

7. Trade and Other Receivables

Trade receivables	306	248
Provision for impairment of trade receivables	(7)	(3)
Other receivables	256	885
GST receivable	625	728
Interest receivable	14	61
Prepayments	223	210
	1,417	2,129

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 2009

Not past due	230	—
Past due 0–30 days	3	—
Past due 30–60 days	66	—
Past due 60–90 days	7	(7)
	306	(7)

Notes to the Financial Statements

for the year ended 30 June 2009

b) Movements in the provision for impairment of receivables are as follows:

	2009 \$'000	2008 \$'000
Opening balance 1 July	(3)	(29)
Additional provision	(4)	–
Unused amount reversed	–	26
Closing balance 30 June	(7)	(3)

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	978	819
	978	819

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 (2008: \$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.

10. Financial Assets at Fair Value Through Profit or Loss

	2009 \$'000	2008 \$'000
Managed funds	31,575	36,151
	31,575	36,151

CCNSW has designated its financial assets at fair value through profit or loss (refer to 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	36,151	40,772
Increase/(decrease) in fair value of managed funds	(5,809)	(7,149)
Additions	1,233	2,600
Disposals	–	(72)
Closing balance 30 June	31,575	36,151

b) Managed funds at the end of the financial year were invested as follows:

AMP SFAS Fund	9,159	11,777
BT Ethical Shares	5,441	6,811
Perpetual Investments	3,968	4,462
Mellon Global Investments	1,092	1,463
GMO Global Tactical Trust	975	951
BGI Global Ascent Fund	2,014	2,083
BT Institutional Enhanced Cash Fund	8,926	8,604
	31,575	36,151

c) Risk management

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

Notes to the Financial Statements

for the year ended 30 June 2009

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 increment/ (decrement)	940	(338)	–	–	–	602
Depreciation expense	–	(289)	(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)	(2,220)	(274)	(3,679)
Net book amount	4,345	13,188	304	2,751	1,085	21,673
Year ended 30 June 2009						
Opening net book amount	4,345	13,188	304	2,751	1,085	21,673
Additions	–	430	338	1,085	525	2,378
Disposals	–	–	–	(3)	(249)	(252)
Revaluation increment/ (decrement)	–	(2,863)	–	–	–	(2,863)
Depreciation expense	–	(394)	(148)	(826)	(273)	(1,641)
Closing net book amount	4,345	10,361	494	3,007	1,088	19,295
At 30 June 2009						
Cost or fair value	4,345	10,592	1,573	5,121	1,458	23,089
Accumulated depreciation	–	(231)	(1,079)	(2,114)	(370)	(3,794)
Net book amount	4,345	10,361	494	3,007	1,088	19,295

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 arms length transaction, based on current prices in an active market for similar properties in the same location and condition. The 2009 revaluations are based on independent assessments by members of the Australian Property Institute as at 30 June 2009. The revaluation decrement was debited to the asset revaluation reserve in equity.

12. Trade and Other Payables

	2009 \$'000	2008 \$'000
Trade creditors and accruals	4,451	3,857
	4,451	3,857

13. Provisions

Current Liability		
Employee benefits – annual leave	1,324	1,243
Employee benefits – long service leave	43	40
	1,367	1,283
Non Current Liability		
Employee benefits – long service leave	601	474
	601	474

14. Commitments

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	3,786	3,467	7,253
Research Program Grants	1,124	392	1,516
Strategic Research Partnership Grants	1,326	1,959	3,285
Innovator Grants	490	–	490
International Cancer Genome Consortium Grants	500	2,000	2,500
Research 45 & Up	300	1,200	1,500
Clinical Trials Grants	1,320	–	1,320
Total Research Grant Commitments	8,846	9,018	17,864
Rental Lease Commitments	1,216	1,980	3,196
Total Commitments	10,062	10,998	21,060

The total commitments above include input tax credits of \$1,914,545 that are expected to be recoverable from the Australian Taxation Office.

Notes to the Financial Statements

for the year ended 30 June 2009

15. Reconciliation of surplus/(deficit) after income tax to net cash inflow from operating activities

	2009 \$'000	2008 \$'000
(Deficit)/Surplus for the year	(5,343)	3,240
Depreciation	1,641	1,212
Fair value losses on other financial assets at fair value through profit or loss	5,809	7,149
Non cash managed fund distributions	(1,233)	(2,600)
Net (gain)/loss on sale of property, plant and equipment	10	148
Increase in prepayments	(13)	(23)
Decrease/(Increase) in receivables	725	(546)
(Increase)/Decrease in inventories	(159)	138
Increase in provisions	211	75
Increase in trade and other payables	594	825
Total cash inflows from operating activities	2,242	9,618

16. Key Management Personnel

a) Directors

The following persons were directors of CCNSW during the year;

Stephen Ackland

Jim Bishop (resigned 19 August 2008)

Jill Boehm

Mary Chiew

Patrick Cregan (appointed 25 August 2008)

Vivienne Gregg (resigned 8 December 2008)

Bruce Hodgkinson

Paul Lahiff

Graham Mann

Stephen Roberts

Bob Sendt

Melanie Trethowan (appointed 8 December 2008)

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
Dr Andrew Penman	Chief Executive Officer
Ted Starc	Divisional Director, Corporate Services and Chief Financial Officer
Gill Batt	Divisional Director, Cancer Information and Support Services
Jenny Beach	Divisional Director, Statewide Services
Marisha Amin	Divisional Director, Marketing & Communications
Assoc Prof Freddy Sitas	Divisional Director, Cancer Research & Registries Division
Prof Jeanette Ward	Divisional Director, Health Strategies

Other Key Management Personnel Compensation

	2009 \$'000	2008 \$'000
Short term employee benefits	1,294,261	1,278,804
	1,294 ,261	1,278,804

c) Transactions with directors and key management personnel

Two directors; Jill Boehm and Patrick Cregan, are also directors of The Cancer Institute NSW. CCNSW entered into a five year partnership agreement with The Cancer Institute NSW in 2006 which resulted in the payment of \$1,302,400 for clinical trials research and the receipt of \$275,000 for Cancer Information and Support Services provided during the year ended 30 June 2009. An additional \$61,734 was received from The Cancer Institute NSW for various projects. All of these transactions were based on normal commercial terms and conditions.

A director, Assoc Professor Graham Mann, is also a co-investigator on a CCNSW funded research project grant. The total funding for the grant is \$231,750 and is paid over three years to the University of Sydney. This grant funding concluded at the end of 2009.

The CEO, Dr Andrew Penman, was also a director of Cancer Council Australia (CCA) during the year ended 30 June 2009. CCNSW paid membership fees to CCA of \$1,783,880 during the year ended 30 June 2009. CCNSW also received distributions of \$1,756,837 from CCA for the NSW share of national fundraising campaigns.

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 2009

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: Lilier Lodge at Wagga Wagga, Blue Gum Lodge at Greenwich and Casuarina Lodge at Westmead.

CCNSW holds a 50% voting power in Lilier 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:

	2009 \$'000	2008 \$'000
Current Assets		
Cash and cash equivalents	971	971
Trade and other receivables	101	48
Total Current Assets	1,072	1,019
Non-Current Assets		
Property, plant and equipment	1,932	1,902
Total Non-Current Assets	1,932	1,902
Total Assets	3,004	2,921
Current Liabilities		
Trade and other payables	32	47
Total Current Liabilities	32	47
Total Liabilities	32	47
Share of net assets employed in joint venture	2,972	2,874
Revenue		
Accommodation fees	395	338
Interest	74	61
Grant income	4	8
Total Revenue	473	407
Expenses		
Staff	217	199
Operational costs	257	172
Total Expenses	474	371
(Deficit)/Surplus before income tax	(1)	36

19. Financial Risk Management

CCNSW financial instruments comprise cash and cash equivalents, trade and other receivables and financial assets at fair value through profit and loss. In addition CCNSW has financial liabilities comprising of trade and other payables.

The main risks arising from CCNSW financial instruments are market risk (including price risk), credit risk and liquidity risk. CCNSW does not use derivative instruments to manage risks associated with its financial instruments.

The directors have overall responsibility for risk management, including risks associated with financial instruments. Risk management policies are established to identify and analyse the risks associated with CCNSW financial instruments, to set appropriate risk limits and controls, and to monitor the risks and adherence to limits. The Audit and Finance Committee is responsible for monitoring the effectiveness of CCNSW risk management policies and processes and regularly reviewing risk management policies and systems, taking into account changes in market conditions and the company's activities. The Investment Committee is responsible for developing and monitoring investment policies.

This note presents information about CCNSW exposure to liquidity, credit and market price risk, and its objectives, policies and processes for measuring and managing risk. Further quantitative disclosures are included throughout this financial report.

CCNSW holds the following financial instruments:

	2009 \$'000	2008 \$'000
Financial Assets		
Cash and cash equivalents	11,695	11,589
Trade and other receivables	1,417	2,129
Financial assets at fair value through profit or loss	31,575	36,151
Total Financial Assets	44,686	49,869
Financial Liabilities		
Trade and other payables	4,451	3,857
Total Financial Liabilities	4,451	3,857

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.

To manage its price risk arising from investments in managed funds, CCNSW diversifies its portfolio of funds. As at 30 June 2009 CCNSW's 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 Australian Stock Exchange.

** Enhanced Cash funds – invest 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 – use a range of techniques including; 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.

Notes to the Financial Statements

for the year ended 30 June 2009

i) 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 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
2009						
Impact on income statement	(3,249)	3,249	(89)	89	(612)	612
Impact on equity	(3,249)	3,249	(89)	89	(612)	612
2008						
Impact on income statement	(4,034)	4,034	(86)	86	(675)	675
Impact on equity	(4,034)	4,034	(86)	86	(675)	675

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 forms 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 their account is put on hold and any outstanding debts passed on to professional collection services. (Refer to note 7 for details 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 2009.

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 CCNSW is the current bid price.

20. Fundraising Activities

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

	2009 \$'000	2008 \$'000
a) Details of Aggregate Gross Income and Total Expenses of Fundraising Appeals		
Gross proceeds from fundraising appeals (includes bequests)	48,290	51,041
Total costs of fundraising appeals	(16,234)	(15,068)
Net surplus from fundraising appeals	32,056	35,973
Net margin from fundraising appeals	66%	70%
b) Application of Funds for Charitable Purposes		
During the year CCNSW achieved a net surplus of \$32,056,000 from fundraising appeals, a net surplus of \$1,386,000 from retail activities, \$1,808,000 from project grants, \$1,147,000 from other income and a net deficit of \$3,560,000 from investments. Surplus available to spend on research and support programs is \$32,837,000.		
Surplus available to spend on CCNSW projects	32,837	36,988
Less:		
Cancer research	14,282	12,921
Health advocacy & prevention	4,697	4,111
Statewide program delivery (health campaigns and information and support services)	5,132	4,540
Cancer information services	2,789	1,594
Accommodation services	474	435
Multicultural information service	124	335
Supportive care	1,457	1,250
Cancer Helpline	1,006	888
Cancer Council Connect	972	789
Practical support	1,161	857
Infrastructure and Investment costs	6,086	6,028
	38,180	33,748
Net (deficit funded from reserves)/ surplus to be spent on future CCNSW projects	(5,343)	3,240

Notes to the Financial Statements

for the year ended 30 June 2009

c) Fundraising appeals conducted jointly with traders

Face to face donor acquisition

	2009 \$'000	2008 \$'000
Revenue	10,505	10,044
Total payments to trader	(2,344)	(2,689)
Other direct expenses	(795)	(794)
Gross contribution	7,366	6,561
Net margin from fundraising activities conducted with traders	70%	65%

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: 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, Community Fundraising (Do Your Thing), Work Place Giving, In Memoriam Donations, Pink Ribbon Events, Call to Arms and Daredallion.

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

e) Comparison of monetary figures and percentages

	2009 \$'000	2008 \$'000
Total cost of fundraising/Gross proceeds from fundraising	16,234/48,290 = 34%	15,068/51,041 = 30%
Net surplus from fundraising/Gross proceeds from fundraising	32,056/48,290 = 66%	35,973/51,041 = 70%
Total cost of services/Total expenditure	32,094/66,790 = 48%	27,763/62,686 = 44%
Total cost of services/Total income	32,094/61,447 = 52%	27,763/65,926 = 42%

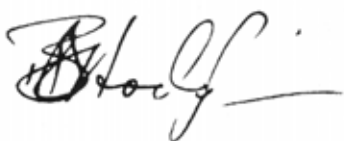
	2009 \$'000	2008 \$'000
f) Fundraising income by Appeal/Event		
Bequests		
Bequests	10,009	13,933
Appeals/events involving the sale of goods		
Daffodil Day	3,540	3,607
Pink Ribbon Day	1,407	1,379
Appeals conducted with a trader		
Face to Face pledge appeal (breakthrough)	10,505	10,044
Fundraising events		
Relay For Life	5,000	5,128
POSH Auction	858	937
Other fundraising appeals		
Direct Mail appeals	5,249	4,856
Australia's Biggest Morning Tea	4,668	4,792
Unsolicited donations	1,373	1,834
Girls Night In	2,508	1,467
Community fundraising	1,327	1,256
Work Place Giving	650	780
In Memoriam donations	652	768
Pink Ribbon Events	439	239
Call to Arms	99	21
Daredallion	6	–
Total Fundraising income	48,290	51,041

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 2009 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

26 October 2009



Ms Jill Boehm OAM

Director

Sydney

26 October 2009

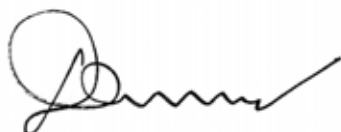
Declaration by the Chief Executive Officer

The Cancer Council NSW
ABN 57 116 463 846

Declaration by the Chief Executive Officer in respect of Fundraising Appeals

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

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



Dr Andrew Penman
Chief Executive Officer

Sydney
26 October 2009

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 2009, 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 representation 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 materials 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 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 materials 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 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 included 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.

Tel: 61 2 9251 4100

Fax: 61 2 9240 9821

www.pkf.com.au

PKF ABN 83 236 985 726

Level 10, 1 Margaret Steet
Sydney New South Wales
2000 Australia
DX 10173 Sydney Stock Exchange
New South Wales

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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.

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 2009 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 2009, 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 2009
- (c) money received as a result of fundraising appeals conducted by The Cancer Council NSW during the year ended 30 June 2009 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

26 October 2009

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 evaluation 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 executive is the performance plan negotiated in July each year, reviewed in January/February and a final evaluation conducted in July of the subsequent year.

Principle 2: Structure the Board to add value

The majority, (7 of 10), of the Board members are independent directors. Of the remaining directors, Dr Patrick Cregan and Ms Jill Boehm OAM have a material contractual interest 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.

This year, the Board, the Members Assembly, and the Cancer Council

Members passed a resolution to amend the Cancer Council Constitution quorum requirement for a Members Assembly meeting to 50% of the members appointed to the Members Assembly at the time of the meeting, and we are currently awaiting Ministerial approval for this amendment.

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

Principle 4: Safeguard integrity in financial reporting

The Board has a properly constituted Audit & 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 and accounting 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 & Finance Committee Charter annually and amend as approved 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 & Finance Committee is chaired by an independent director who is not the Chair of the Board, and comprises three Board members. The Audit & Finance Committee Charter is available on our website.

The appointment of the external auditor follows a tender process which includes potential external auditors making written and face to face presentations to the Audit & Finance Committee; selection of the preferred external auditor being assessed on a set of criteria including merit and value for money; and a recommendation 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 128 (106 Ordinary, 22 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), CCNSW 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 & Finance Committee is authorized to oversee the adequacy and effectiveness of the accounting and financial controls, including the Cancer Council's policies and procedures to assess, monitor, and manage business risk. Cancer Council NSW has a three year internal audit plan to ensure it addresses relevant risk.

The Investment Committee is responsible for developing and monitoring investment policies.

A Business Continuity and Disaster Recovery plan identifies key processes and maximum allowable business outages for each unit. In the past year, the Organisational Risk Register was updated and our occupational health and safety framework was reviewed.

This past year the Governance Committee has initiated a Legislative Compliance review to ensure the Cancer Council is across all governance compliance issues; has reviewed the company's Policy list, and is currently undertaking a detailed review of the constitution.

Our internal auditors, Oakton, conducted reviews on: the Payroll system; our external print management systems; our project management and costing processes; major events planning; Metropolitan Sydney – Northern Sydney/Central Coast Regional offices; Information Systems disaster recovery planning; and the Operational Core Controls in the Finance Unit.

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.

In preparing for a renewal of the CEO's contract this year, the Remuneration Committee undertook an in-depth review of the CEO's remuneration package, including seeking comparative information and other relevant external material.

The Cancer Council NSW

On 30 September 2005, The Cancer Council NSW began operating as a public company limited by guarantee under the provisions of the Corporations Act 2001. Cancer Council is registered with the Australian Taxation Office as a health promotion charity.

Appendix 2 Members Assembly

Cancer Institute NSW nominees

Prof Jim Bishop AO
(to April 2009)

Ms Jill Boehm
OAM

Dr Patrick Cregan

Ms Liza Carver

Cancer Organisation elected representatives

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

Mr Graham Wright
Cancer Patients Assistance Society of NSW

Mr John Newsom
(to April 2009) Cancer Voices NSW

Ms Roberta Higginson
(from May 2009)

Health Organisation nominees

Ms Beverley Lindley
Royal Australasian College of Surgeons

Ms Catherine Johnson
Cancer Nurses Society of Australia

Dr Di O'Halloran
(to Oct 2008) Royal Australian College of General Practitioners

Mr Richard Lawrence
(from Nov 2008) Royal Australian College of General Practitioners

Dr Stephen Ackland
Royal Australasian College of Physicians (to April 2009)

Prof Michael Barton OAM
Royal Australian & New Zealand College of Radiologists (to April 2009)

Assoc Prof Michael Back OAM
Royal Australian & New Zealand College of Radiologists (from May 2009)

Dr Stephen Clarke
Royal Australasian College of Physicians (from May 2009)

Research Organisation elected representatives to April 2009

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

Prof Jane Ingham
Sisters of Charity Health Service (NSW)

Research Organisation elected representatives from May 2009

Dr Anna de Fazio
Westmead Institute for Cancer Research

Minister's nominees (to April 2009)

Ms Vivienne Gregg
(to April 2009)

Ms Michelle Sparkes

Dr Greg Stewart
(to April 2009)

Ms Deborah Wilcox
(to April 2009)

Cancer Council Australia nominees

Ms Letitia Lancaster
(to April 2009)
Prof William McCarthy AM

Elected Ordinary members

Ms Sally Carveth
(from May 2009)

Ms Kathy Chapman
(from May 2009)

Ms Natalie Flemming

Mr Gary Gerstle
(to April 2009)

Ms Vivienne Gregg
(from May 2009)

Mr Bruce Hodgkinson

Prof Donald Iverson
(to April 2009)

Ms Rosanna Martinello

Mrs Regis McKenzie AM
(to April 2009)

Dr Kendra Sundquist

Ms Melanie Trethowan

Ms Anne-Louise Van Den Nieuwenhof
(to April 2009)

Mrs Poh Woodland

Ms Liz Yeo
(from May 2009)

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 (to Dec 2008)
State Coordinator, Dragons Abreast
Australia

Ms Melanie Trethowan
(from Dec 2008)
Consultant

Mr Paul Lahiff
CEO, WD Scott

Mr Stephen Roberts
Consultant

Mr Bob Sendt
Consultant and former NSW Auditor-
General

Ms Mary Chiew
General Manager, Giorgio Armani
Australia

In attendance:

Dr Andrew Penman
CEO, Cancer Council NSW

Mr Ted Starc
Director, Corporate Services and CFO,
CCNSW

Ms Angela Aston
Company Secretary, CCNSW

Audit & Finance Committee

Mr Bob Sendt (Chair)
CCNSW Board Member

Ms Jill Boehm OAM
CCNSW Board Deputy Chair

Ms Mary Chiew
CCNSW Board Member

In attendance:

Mr Paul Marsh
Oakton

Mr Todd Dewey
Oakton

Mr Ben Owens
Oakton

Mr Paul Bull
PKF

Mr Adam Beale
PKF

Dr Andrew Penman
CEO, CCNSW

Mr Ted Starc
Director, Corporate Services
and CFO, CCNSW

Ms Elaine Beggs
Minute Secretary, CCNSW

Remuneration Committee

Mr Paul Lahiff (Chair)
CCNSW Board Member

Mr Bob Sendt
CCNSW Board Member

Mr Bruce Hodgkinson SC
CCNSW Board Chair

Ms Vivienne Gregg (to Dec 2008)
CCNSW Board Member

Investment Committee

Mr Paul Lahiff (Chair)
CCNSW Board Member

Mr Stephen Roberts
CCNSW Board Member

Mr Doug Bartlett
Grant Samuel & Associates

In attendance:

Dr Andrew Penman
CEO, CCNSW

Mr Ted Starc
Director, Corporate Services and CFO,
CCNSW

Ms Elaine Beggs
Minute Secretary, CCNSW

Ms Stephanie Weston
Mercer Investment

Mr Craig Callum
Mercer Investment

Ethics Committee

Mr Jason Downing
(Chair to Dec 2008) Lawyer,
Wentworth Chambers

Assoc Professor Bettina Meiser
(Chair from Dec 2008) Non-Medical
Graduate with Research Experience,
Dept of Medical Oncology, Prince of
Wales Hospital

Mrs Maureen Bousfield
(to Aug 2008) Laywoman

Ms Vivienne Gregg
Consumer Advocate

Ms Laura Jakob
Oncology Nurse & Special Projects
Coordinator, Communio

Ms Meghan Magnusson
Lawyer, Ebsworth & Ebsworth

Mr Bill McCarthy
AM Medical Graduate with Research
Experience

Ms Joanne Muller
Lawyer

Rabbi Jacqui Ninio (to Aug 2008)
Minister of Religion, Temple Emanuel

Ms Alice Oppen
Laywoman

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

Mr John Tong
Layman

Dr Lyndal Trevena (to Dec 2008)
Medical Graduate with Research
Experience School of Public Health,
University of Sydney

Dr Marianne Weber
CCNSW Staff Member,
Research Coordinator

In attendance:

Ms Angela Aston
Ethics Executive Officer, CCNSW

Ms Stephanie Deuchar
Ethics Secretary, CCNSW

Cancer Research Committee

Professor Bruce Armstrong

(Chair) Professor of Public Health,
Medical Foundation Fellow, University
of Sydney

Dr Stephen Ackland

CCNSW Board Member

Ms Jane Bennett

Consumer Representative

Professor Andrew Biankin

Garvan Institute of Medical Research

Professor Andrew Grulich

National Centre in HIV Epidemiology &
Clinical Research, UNSW

Professor Don Iverson

Faculty of Health & Behavioural
Sciences, Wollongong University

Assoc Professor Graham Mann

CCNSW Board Member

Assoc Professor Bettina Meiser

Dept of Medical Oncology, Prince of
Wales Hospital

Mr John Newsom

Consumer Representative

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

Dr Monica Robotin

Director, Research Strategy and
Scientific Development Unit, CCNSW

Professor Kate White

Director, Research Development &
Support Unit, University of Sydney

In attendance:

Mr Ron Gale

Minute Secretary

Ms Catherine Holliday

Manager, Research Strategy Unit,
CCNSW

Ms Nysha Thomas

Project Officer, Research Strategy Unit,
CCNSW

Ms Verity Hodgkinson

(to Oct 2008) Acting Manager,
Research Strategy Unit, CCNSW

Ms Carla Saunders

(to Aug 2008)

Governance Committee

Mr Bruce Hodgkinson SC (Chair)

Board Chair

Assoc Professor Graham Mann

Board Member

Ms Jill Boehm OAM

Board Deputy Chair

In attendance:

Dr Andrew Penman

CEO, CCNSW

Ms Angela Aston

Minute Secretary, CCNSW

Appendix 4 Ethics Committee

The Cancer Council Ethics Committee underwent many membership changes this year as the six year tenure limit for members was reached. Most notably, Mr Jason Downing, barrister at Wentworth Selborne Chambers, and Chair of the Ethics Committee for six years, resigned and was replaced by Assoc Professor Bettina Meiser, Head of Psychosocial Research, Prince of Wales Hospital. Prior to Mr Downing's appointment as Chair of the Committee, he was a member in the category of lawyer for five years. We are indebted to him for his organisational continuity, professionalism and ethical integrity. Prior to being appointed Chair of the Committee, Dr Meiser was Deputy Chair from 2007 and had been a member in the category of non-medical graduate with research experience since 2003. Cancer Council NSW is fortunate to have this level of commitment evident from all members of the Ethics Committee, which provides a sound ethically-trained base from which to assess the research studies received proposing to use Cancer Council-held data that may identify individuals for research, or research proposals involving human subjects that are undertaken by Cancer Council staff. The Committee also provides advice to research staff and researchers grasping the difficulties of preparing research protocols. The Committee is guided by the NHMRC National Statement guidelines, and Cancer Council's own Privacy Management Plan.

Three committee members attended NHMRC or NSW Health training workshops during the year, ensuring the Committee is kept informed of current issues in the ethics and research arena.

During the reporting period July 2008 to June 2009, ethical approval was given to 11 proposals of which four studies were requesting access to Cancer Council held records or contacts. In addition, there were eight amendments, variations and/or additional material relating to proposals previously given ethics approval requiring ethical advice and/or approval.

Topics included:

- Identifying community attitudes to printed marketing material and public policy issues related to childhood obesity;
- Assessing the psychological morbidity and unmet needs of cancer patients from culturally and linguistically diverse backgrounds;
- Assessing how to influence individual food purchasing decisions to increase food and vegetable consumption;
- Evaluating shopping habits with regard to fruit and vegetable purchases;
- Evaluating the effectiveness of the Cancer Council Connect Program;
- Using Australian colposcopy data, analysing the data collected for a refinement of a simulation model of cervical cancer;
- Analysing data to determine the patterns of care for treatment of cervical cancer in Manitoba and construction of a detailed model of invasive cervical cancer ;
- Improving the understanding of how sun exposure, viruses and lifestyle factors combine to cause skin cancer;
- Assessing the efficacy and cost effectiveness for accessible and affordable psychological interventions for distressed Helpline callers;
- Identifying the best method for collecting skin swabs as well as testing the acceptability of a Sun and Skin Questionnaire;
- Estimating the prevalence of Human Papillomavirus (HPV) in New Zealand amongst females aged between 20-69 years with screen detected high grade cervical lesions.

Appendix 5

Internal Research Review Committee

The Research Review Committee, chaired by Professor Louisa Jorm, Director of Research, Sax Institute, provides a research review service for internal researchers and for those researchers submitting proposals for ethics approval who have not yet obtained a scientific peer review of their study. This past year, the Committee has overseen the scientific review of six research proposals:

- Developing an effective UV Alert: a qualitative study
- Targeting smoking and drinking early among vulnerable youth populations: a baseline survey
- HPV and cancer of the Oesophagus: A multi-centre collaborative reanalysis of serological and lifestyle information
- Vitamin D deficiency: a survey of the knowledge, attitudes and practices of GP's in NSW.
- The effect of socioeconomic status on the use of cancer screening tests and a decomposition of the causes of bowel cancer screening test inequalities in New South Wales
- Women and HPV Study – 2009: a proposal to examine HPV high risk prevalence in NZ women

Following rigorous review by a minimum of two external reviewers per proposal, the above proposals were approved to proceed.

A standing committee on scientific assessment established by the Cancer Research Committee to service all the scientific peer review requirements of the organisation, has been formed and a meeting schedule is being developed.

Appendix 6

Privacy at Cancer Council NSW

Our privacy challenge is to ensure the diverse range of activities undertaken at Cancer Council is taken into account and that procedures exist to protect access to, or use of, the extensive personal information collected and held by units such as fundraising, retail sales, volunteer services and research. Our commitment to the security of confidentiality remains resolute and we aim to apply best practice to ensuring privacy is protected and respected.

We aim to comply with the National Privacy Act 1988 (Cth), specifically in relation to the amendments made by the Privacy Amendment (Private Sector) Act 2000 (Cth)(Privacy Act), and, where applicable, the Health Records and Information Privacy Act (HRIIPA). The Cancer Council's Privacy Steering Committee aims to meet at least every six months to review/revise privacy documentation as needed, receive information about changes to privacy legislation, discuss arising privacy issues and to ensure members of staff are properly informed on relevant privacy matters for their units.

The privacy items identified in an internal audit undertaken in 2007 have now been resolved or completed in the past year except for a final data classification exercise, which will be included as part of the revision of the organisation's security policy due for completion by end 2009.

During 2008/2009, 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 7 Regional Advisory Committees

Western Region

Stuart Porges
Melanie Trethowan
Peta Gurdon-O'Meara
Steve Bradshaw
Melissa Cumming
Yvonne Shaw
Nancy Gordon
Maxine Stainforth
Nevin Hughes
Sonia Muir
Tim Horan

Southern Region

Narelle Shinfield
Prof Phil Clingjan
Shelley Hancock
Bill Jansens
Paul Stocker
Erica Gray
Liz Pearce
Merewyn Partland
Judi O'Brien
Jenny Beach
Chris Packer
Angela Booth

Hunter Region

Barbara Gaudry
Luke Wolfenden
Jill Lack
Laraine Cross
Bruce Peterson
Associate Professor Peter O'Mara
Kate Sommerlad
Alison Crocker
Crystal Bergermann

North West Region

Jo Byrnes
Shayne McDonald
Fiona Strang
Graeme Kershaw
Jennifer Lang
Carmel Raymond
Loretta Weatherall
Jennifer Ingall

Mid North Coast Region

Regis McKenzie, AM
Lesley Schoer
Kerrie Fraser
Grant Richmond
Kerry Child
Ros Tokley
Ken Raison
Jenny Zirkler

Far North Coast Region

John Beard
Liz Terracini
Annette Symes
Doug Stinson
Uta Dietrich
Jim Mayze
Catherine Paine
Professor Iain Graham

Greater Western Sydney Region

Kathie Collins
Dr Martin Berry
Prof Paul Harnett
Prof Jane Ussher
Christine Newman
James Butler
Alison Pryor
Gunjan Tripathi
Jenny Beach

South West Region

Emeritus Professor Ted Wolfe
Dr Janelle Wheat
Keith McDonald
Damien Williams
Dr Peter Vine
Noel Hicks
Pauline Heath
John Harding

North Sydney & Central Coast Region

Dr Chris Arhtur
Ray Araullo
Sylvia Chao
Margaret Durham
David Harris
Dr Geraldine Lake
Dr Gavin Marx
Peter Whitecross
Graham Ball

Central and Southern Region

Julie Callaghan
Dr Bernard Stewart
Carolyn Grenville
Carolyn Loton
Myna Hua
Claudia Lennon
Gary Moore
Jan Hatch
Judith Jeffery
Angela Cotroneo
Rod Coy
Katya Issa

Appendix 8 Publications

Cancer Epidemiology Research Unit

1. Banks E, Canfell K, Reeves G. HRT and breast cancer: recent findings in the context of the evidence to date. *Womens Health (Lond Engl)* 2008; 4(5):427-431.
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Centre for Health Research and Psycho-Oncology

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Research Strategy and Scientific Development Unit

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Health Strategies:

- **Improving Radiotherapy – Where to from here?**
AUTHOR: Cancer Council NSW
ISBN: 978-1-921619-069
May 2009
- **Budget Initiatives for Cancer Control (NSW State Budget 2008/2010)**
AUTHOR: Cancer Council NSW
ISBN: 978-1-921041-89-1
November 2008
- **Leading the Way to Better Laws**
AUTHOR: Susan Harris Rimmer (in collaboration with Cancer Council NSW)
ISBN: 978-1-921041-83-9
November 2008

Peer-reviewed journal articles:

- Chapman K, Kelly B, King L. (2009). Using a research framework to identify knowledge gaps in research on food marketing to children in Australia. *Aust N Z J Public Health* 33: 253-257
- Ma RW, Chapman K. A systematic review of the effect of diet on prostate cancer prevention and treatment. *J Hum Nutrition Diet* 2009 22(3): 187-199
- Kelly B, Chapman K, Hardy L, King L, Farrell L. Parental awareness and attitudes of food marketing to children: A community attitudes survey of parents in New South Wales, Australia. *J Paediatric Child Health* 2009 45(9): 493-497
- Kelly B, Hughes C, Chapman K; Chun-Yu Louie, J; Dixon, H; Crawford, J; King, L; Daube, M; Slevin, T. Consumer testing of the acceptability and effectiveness of front-of-pack food labelling systems for the Australian grocery market. *Health Promotion International* 2009; doi: 10.1093/heapro/dap012 Morley B, Chapman K, Mehta K, King L, Swinburn B, Wakefield M. Parental awareness and attitudes about

food advertising to children on Australian television. *Aust N Z J Public Health* 2008; 32(4): 341-347

- Kelly B, Chapman K, King L, Hardy L, Farrell L. Double standards for community sports: promoting active lifestyles but unhealthy diets. *Health Promotion Journal of Australia.* 2008 19(3): 226-288

Peer reviewed book chapters:

- Chapman, K, James EL, Read J, Bauer J. Diet, The benefits of nutrition and physical activity for cancer survivors. In: Robotin M, Olver I, Girgis A (editors). In consultation: when cancer crosses disciplines. *London: Imperial College Press.* 2009
- Bauer J, Chapman, K, Bauer J. Addressing the nutritional needs of patients undergoing treatment for cancer: a dietitian's view. In: Robotin M, Olver I, Girgis A (editors). In consultation: when cancer crosses disciplines. *London: Imperial College Press.* 2009
- Kelly B, Hughes C, Chapman K, Louie J, Dixon H, King L On behalf of a Collaboration of Public Health and Consumer Research Groups. Front-of-Pack Food Labelling: Traffic Light Labelling Gets the Green Light. Cancer Council: Sydney September 2008. Available at: <http://www.cancercouncil.com.au/nutrition/foodlabellingreport> ISBN 978-1-021041-815

Appendix 9 Submissions

Health Strategies

- CCNSW Submission to the National Preventative Health Taskforce inquiry – January 2009
- A Joint Submission to the National Preventative Health Taskforce by the Council of Social Service of New South Wales and the Cancer Council NSW: Reducing tobacco related harm among highly disadvantaged groups. December, 2008
- Submission to NSW Health re proposed Public Health Tobacco Regulation 2009 – Protecting children from tobacco – May 2009
- Cancer Council NSW Submission to the National Preventative Health Taskforce – January 2009
- A joint submission to the National Preventative Health Taskforce by the Council of Social Service of New South Wales and the Cancer Council NSW – January 2009
- Cancer Council NSW submission on Radiation Control Amendment (sun-tanning units) Regulation 2008 – January 2009
- Cancer Council NSW submission on Budget initiatives for cancer control to the NSW State Budget 2009/2010 – January 2009
- Cancer Council NSW submission to the General Purpose Standing Committee No.2 Inquiry into the Program of Appliances for Disabled People (PADP) – September 2008

- Published six editions of TAGlines, a newsletter of the NSW Tobacco Action Group comprising people in the community who support Cancer Council's tobacco control activity
- Cancer Council NSW and Home Hospice Submission to the Parliament of Australia House of Representatives Standing Committee on Family, Community, Housing and Youth Inquiry into better support for carers – July 2008

Submissions in collaboration with Cancer Council Australia:

- Submission from Cancer Council Australia to Food Standards Australia New Zealand (FSANZ) Consultation Paper for First Review Proposal P293 – Nutrition, Health and Related Claims – May 2009
- Submission from Cancer Council Australia to Food Regulation Standing Committee on Front of Pack Food Labelling Policy Guideline – March 2009
- Submission from Cancer Council Australia to the National Preventative Health Taskforce – December 2008
- Submission from Coalition on Food Advertising to Children (of which CCA is a member organisation) to Senate Community Affairs Inquiry on Junk Food Advertising to Children – November 2008
- Submission from Coalition on Food Advertising to Children (of which CCA is a member organisation) to the South Australian Government on Television Advertising and the Consumption of Unhealthy Food and Drinks by Children – October 2008

- Submission from Coalition on Food Advertising to Children (of which CCA is a member organisation) to the Queensland Government on Junk Food Advertising on Children's Television – October 2008
- Submission from Coalition on Food Advertising to Children (of which CCA is a member organisation) to the Australian Communications and Media Authority on the Draft Children's Television Standards 2008 – October 2008

Advocates' submissions to government inquiries/summits:

- **BurgerCorp Campaign Federal**
1832 email submissions
54 percent of the total
- **Solarium Regulations State**
72 personal submissions i.e. not standardised tick boxes;
80 percent of total submissions received over 90 percent of submissions in favour of stronger regulations

Regional work

Western Sydney

- **Smoke-free council policy**
Approx 200 personal submissions and one face to face meeting with Parramatta Council
- **Free designated parking for cancer patients at Westmead**
Three submissions to local members of parliament.
One submission to Premier; one submission to Minister for Health; one face to face meeting
- **Workforce shortages of social workers at Nepean Hospital**
One submission to Premier; one submission to Minister for Health; one face to face meeting

Central Coast

Smoke-free policy

- Gosford and Wyong councils – one submission each around promotion of policy and enforcement

Hunter

- **State**
One face-to-face meeting at community cabinet meeting with Minister for Cancer
- **Local**
200 postcard submissions to Cessnock council for adoption of smoke free policy
- **Local**
120 submissions to Maitland council for adoption of smokefree policy

Medical Oncology service

North West

- **State**
One submission and two face to face meetings with local MP on replacing a medical oncologist for Tamworth

Contact details

Cancer Council NSW Head Office

153 Dowling Street
Woolloomooloo Sydney
NSW 2011 Australia
PO Box 572
Kings Cross NSW 1340
Ph (02) 9334 1900
feedback@nswcc.org.au
www.cancerCouncil.com.au

Centre for Health Research & Psycho-oncology (CHeRP)

Wallsend Health Campus
The University of Newcastle
Booth Building
Longworth Avenue
Wallsend NSW 2287
Locked Bag 10
Wallsend NSW 2287
Ph (02) 4924 6372
Fax (02) 4924 6208
cherp@newcastle.edu.au
www.cancerCouncil.com.au/cherp

Greater Western Sydney Region

Rotary House
43 Hunter Street (PO Box 6226)
Parramatta NSW 2150
Ph (02) 9354 2000
Fax (02) 9687 1118
info.westernsydney@nswcc.org.au
www.cancerCouncil.com.au/westernsydney

Community Hubs Casula Hub

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

Cancer Council Shops

Cancer Council NSW Penrith

Shop 116, Westfield Penrith
Henry Street
Penrith NSW 2750
Ph (02) 4722 6560
Fax (02) 4722 6530

Cancer Council NSW Kotara

Shop 106 Westfield Shoppingtown
Cnr Park Ave and Northcott Drive
PO Box 388
Kotara NSW 2289
Ph (02) 4965 5171
Fax (02) 4952 2604

Cancer Council NSW Warringah Mall

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

Penrith Hub

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

Central and Southern Sydney

153 Dowling Street
Woolloomooloo NSW 2011
(PO Box 572)
Kings Cross NSW 1340)
Ph (02) 9334 1900
Fax (02) 9326 9328
feedback@nswcc.org.au
www.cancerCouncil.com.au

Northern Sydney and Central Coast

The Hive – Erina Fair
Erina NSW 2250
(PO Box 5102 Erina Fair, NSW 2250)
Ph (02) 4336 4500
Fax (02) 4367 5895
info.centralcoast@nswcc.org.au
www.cancerCouncil.com.au/centralcoast

Southern Office (Wollongong)

1 Lowden Square
Wollongong NSW 2500
Ph (02) 4225 3660
Fax (02) 4225 1700
info.southern@nswcc.org.au
www.cancerCouncil.com.au/southern

Hunter (Newcastle)

22 Lambton Road
Broadmeadow NSW 2292
Ph (02) 4961 0988
Fax (02) 4961 0955
info.hunter@nswcc.org.au
www.cancerCouncil.com.au/hunter

Cancer Council NSW Hornsby

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

Cancer Council NSW Chatswood

Shop 442, Level 4
Westfield Shoppingtown
Victoria Avenue
Chatswood NSW 2067
Ph (02) 9413 2046
Fax (02) 9413 2051

Cancer Council NSW Bondi

Shop 5042 Westfield Bondi Junction
100 Oxford Street
Bondi Junction NSW 2022
Ph (02) 9369 4199
Fax (02) 9369 3199

North West (Tamworth)

Shop 2
218 Peel Street (PO Box 1616)
Tamworth NSW 2340
Ph (02) 6766 1164
Fax (02) 6766 7053
info.northwest@nswcc.org.au
www.cancerCouncil.com.au/northwest

Far North Coast (Alstonville)

101-103 Main Street (PO Box 531)
Alstonville NSW 2477
Ph (02) 6627 0300
Fax (02) 6628 8659
info.farnorthcoast@nswcc.org.au
www.cancerCouncil.com.au/farnorthcoast

Mid North Coast (Coffs Harbour)

21 High Street
Coffs Harbour NSW 2450
Ph (02) 6651 5732
Fax (02) 6652 1530
info.midnorthcoast@nswcc.org.au
www.cancerCouncil.com.au/midnorthcoast

South West Region (Wagga Wagga)

1/37 Thompson Street (PO Box 1164)
Wagga Wagga NSW 2650
Ph (02) 6937 2600
Fax (02) 6921 3680
info.southwest@nswcc.org.au
www.cancerCouncil.com.au/southwest

Western (Orange)

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

Cancer Council NSW Miranda

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



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