





# Our role and purpose

**We are an independent and forward-thinking community of people, where ideas and charity come together to make a difference in the fight against all cancers.**

## Our vision

### Cancer defeated

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

## Our mission

### To defeat cancer through engaging the community

Cancer Council NSW connects people and organisations to the cancer cause. Together we can build insights into the significance of cancer in our lives and contribute our talents towards the vision of cancer defeated. We work across all cancers.

The impact from our work together will be visible in changing:

- The lives of cancer patients and carers
- Scientific knowledge
- Community understanding and behaviour
- Society, policy and practice to advance cancer control.

Increasingly, people will work in organisations and live in families and social settings which advance the control of cancer and where resources (people/volunteers/pro bono) are developed globally and locally to meet the challenges of cancer.

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## Annual Report contents

Message from the Chair	2	Our management	28
Message from the CEO	3	Thank you	32
Financial summary	4	Summarised financial report	36
Strategic Priorities	6	Our governance	44
Our people	16	Our structure	46
Our organisation	20	Publications	52
Our Board	24	Submissions	55

# Who we are

**At Cancer Council NSW, we believe that the enormous capability residing in communities can be unlocked to beat cancer. The greatest impact can be achieved by treating cancer as a social issue rather than purely as a health issue.**

The incidence of cancer in our community is extensive. The most recent figures available show that more than 36,000 new cases of cancer are expected to be diagnosed in NSW each year. Cancer has the largest disease burden in this state and is the greatest source of premature death. Tragically, there are 13,227 cancer deaths in NSW annually, representing 29 percent of all deaths in the state.

The impact of cancer as a very personal concern is reinforced every day within our organisation. Witnessing the human cost of cancer unites our staff, volunteers, donors and communities all over NSW. We are constantly reminded that every person diagnosed with cancer is a loved one, friend, parent, child, sibling, colleague and valued part of a community.

The good news is that the rate of survival from cancer has increased substantially over the past 25 years and NSW is now among the best in the world. In each decade since our inception, Cancer Council NSW has been a key agent for critical shifts in cancer control which have contributed to this fall in cancer death rates. However, there remain a significant number of high-mortality cancers – such as brain, liver, oesophageal and pancreatic – and we are strongly committed to researching and fighting these cancers through major investments and key partnerships.



- 5** To expand the opportunities available for people to contribute to our work by giving money or fundraising

1



- To drive major advances in research, ensuring no cancer is ignored

2



- To ensure the NSW community acts to prevent cancer and/or detect it at a curable stage

## Our Strategic Priorities



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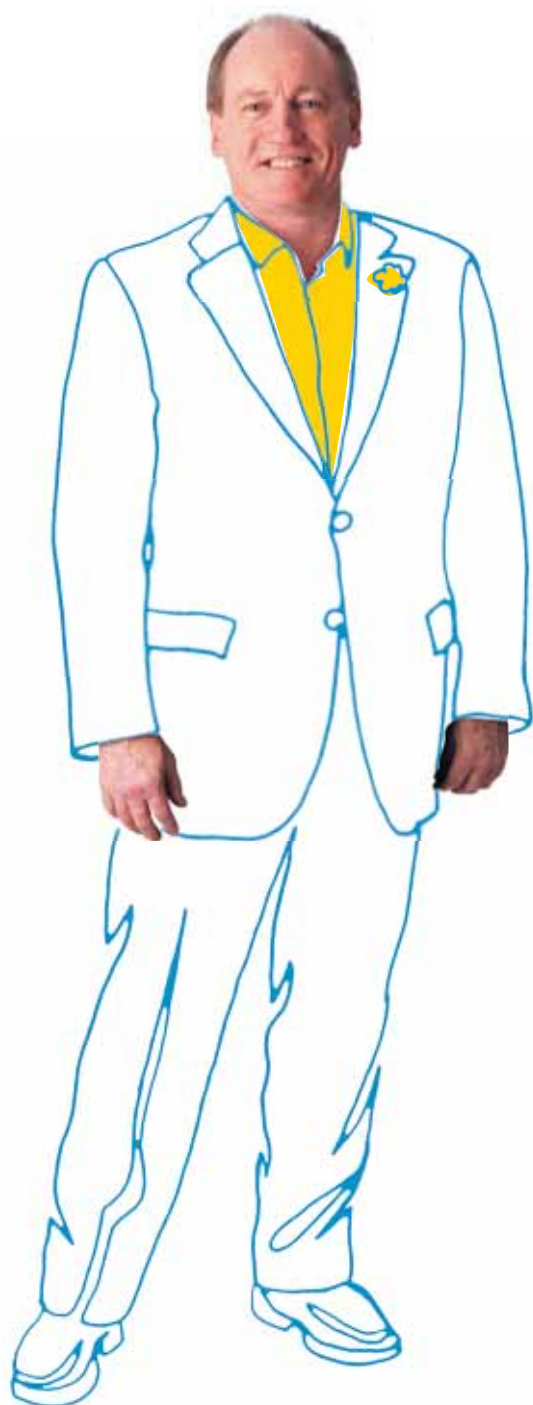
- To ensure no one faces a cancer diagnosis alone

3



- To give the NSW community a voice on issues and entitlements around cancer

# Making a connection



## It has been a significant year for Cancer Council NSW.

Our 2005–2009 strategic plan has been reviewed and as a result we set the organisation's strategy for the next five years.

Reviewing Cancer Council's achievements since 2005 showed intense growth in the organisation, including new programs, innovative research and engagement strategies. We have recognised the constant need to adapt so that we could meet the needs of the community and the changes in the cancer landscape. We implemented changes in technology and we embraced new ways of engaging communities, fundraising and researching.

You can read a summary report of our five-year achievements on our Cancer Council NSW website at **[www.cancercouncil.com.au/annualreport2010](http://www.cancercouncil.com.au/annualreport2010)**. I am sure you will be impressed by the list, which is by no means exhaustive, but certainly reflects the many initiatives taken by the organisation in this five-year period.

### Looking ahead

Developing the strategy for the next five years started with research, analysis, debate and planning, to ensure we would understand and meet the needs of the NSW people, drive innovation, and advance our mission to defeat cancer through engaging the community.

We have developed our organisation's brand – who we are and what sets us apart as an organisation. We hold a distinctive position that supports our aspiration to beat cancer in all its forms. Working across all cancers is one of our key points of difference as an organisation.

The Board, Executive team and key stakeholders were all heavily involved in developing the new *Strategic Directions 2010–2014*, which can be read online at **[www.cancercouncil.com.au/strategicdirections](http://www.cancercouncil.com.au/strategicdirections)**. This involvement was critical to ensure the strategy united us with one vision, shared goals and a common direction.

Throughout this annual report, you will see the outcomes of the work undertaken in 2009/10. You will see our statement of values, our organisational attributes and the Strategic Priorities that will drive us for the next five years.

### Our structure and Board

Cancer Council NSW is a member of Cancer Council Australia along with the other state and territory Cancer Councils. Fellow Cancer Council NSW Director, Stephen Roberts, and I are also members of the Board of Cancer Council Australia, where we contribute to its strategic decision- and policy-making activities. Through Cancer Council Australia we are able to engage in and drive national policies and initiatives that benefit the whole community.

Our Board is made up of 10 non-executive members, and we work to ensure the organisation acts in the best interests of the people of NSW with due diligence and sound governance. All Directors are unpaid, and are passionate supporters of Cancer Council NSW. You can read more about our backgrounds, roles and reporting in this annual report.

### Our common direction

I feel enormously proud to lead a Board which is strongly dedicated to Cancer Council NSW, and to be involved in an organisation so deeply committed to alleviating the burden of cancer now and in the future. We are energised by the staff, volunteers and communities who work tirelessly to make possible the achievements and developments shown in this annual report. Cancer Council NSW is a place of energy and innovation in cancer control, where we work with allies and partners, and where together we can make cancer history.

**Bruce Hodgkinson SC**  
Chair



# Making a difference

## Holding up and believing in a vision of cancer defeated takes courage and determination.

With the support of our donors, staff and volunteers, we work towards this goal each and every day because we know it can happen. I would like to thank our community for your faith in our work and your willingness to contribute to our mission.

For us to defeat cancer, the community must be engaged in our mission. To this end, we work with health and research organisations, all levels of government, businesses, communities and committed individuals who have the same passion and drive as we do.

### Community contribution and engagement

Not everyone's contribution to our cause will be the same, and this year has seen growth in the variety and scale of community contribution. This includes people making financial contributions or giving their time, skills and energy; and organisations contributing their resources and facilities or becoming partners in our programs.

The community's broad support is critical in guaranteeing our independence. Because we are not tied to government funding, we are able to focus on priorities that best serve our mission and community need.

This year has been strong from a financial perspective, achieving an income of \$67.5 million (excluding capital gains in investments). Clearly our staff, volunteers and supporters rallied together, and we outperformed our original budget projections by 14 percent. The generosity of key donors and individuals supported this achievement. We have also seen more examples of in-kind support from philanthropic organisations. Whatever the type or size of contribution, it enables Cancer Council NSW to be a force for change.

### Actively engaging communities

People who believe in the cause have the opportunity to work with us to make a real difference. Our organisational structure and focus on active community

engagement enable people from all backgrounds to come together and collaborate to beat cancer.

Our Regional Advisory Committees and Community Cancer Networks are examples of this in action. There are now 10 Regional Advisory Committees across NSW, and each provides the regional context to our strategic direction. Members come from diverse backgrounds, but all are leaders in their fields and help guide us to a new level of insight and contribution. They are supported by 30 Community Cancer Networks in localities and towns all over NSW. Members of the networks know their communities and the people in them and, within our brief, choose the most important issues for local focus.


### The contribution of our volunteers

The contribution of volunteers to our mission in 2009/10 remained outstanding. We had over 32,000 volunteers contributing to our work last year, all providing diverse skills, knowledge and commitment. They support 320 employees (excluding casuals) in delivering and extending our mission. We have also seen a significant growth in volunteers who contribute their professional skills, and you'll see such examples in this annual report.

### Thank you for your contribution

There is scarcely a person, an organisation, a profession or a community sector that does not have the capacity or opportunity to contribute directly to cancer control. I thank every person and organisation that has played a role in the past year. No matter what you have given or done, you have made a difference.

You will find additional annual report resources on our website at [www.cancercouncil.com.au/annualreport2010](http://www.cancercouncil.com.au/annualreport2010) to amplify the picture, including interviews with our Divisional Directors and expanded financial statements. Utilising technology in this way reflects our commitment to business transparency and environmental awareness.

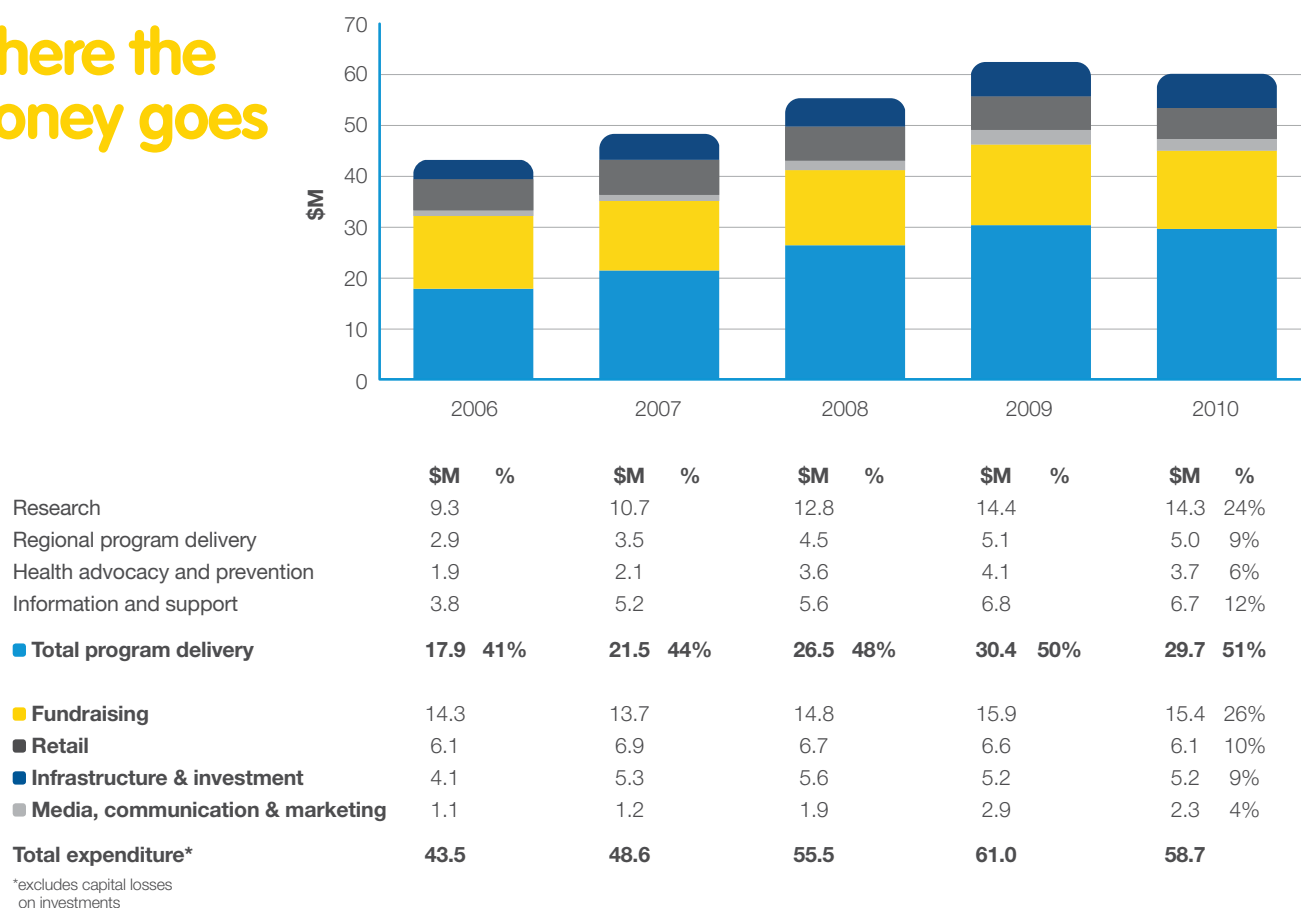


**Dr Andrew Penman AM**  
Chief Executive Officer

## Where the money comes from



## Where the money goes

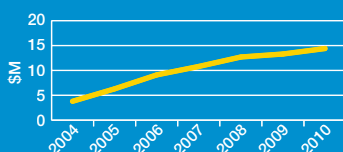


# Highlights for the year

The Sun Sound  
received

**3**  
international  
awards

## Income from regular giving



Recruitment in  
population research  
studies reached

**300,000**

## Retail net profit



**\$750K**

invested in patient  
accommodation centres  
(Lismore + Orange)

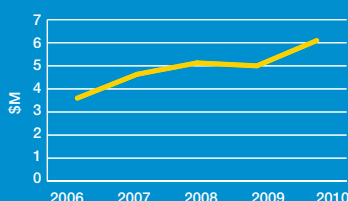
## Investment returns – 5yrs



Over **250,000**  
hours of volunteer time  
contributed, with an  
estimated value  
of more than

**\$6.5M**

## Relay income



**97,500**

children in childcare  
benefit from all 5 forms of  
sun protection thanks to  
the **SunSmart** Early  
Childhood Program



**34%**

increase in Local Governments  
with smoke-free outdoor areas

**431,000**

unique page views of our  
online **Understanding  
Cancer** publications



Grant income exceeded  
targets by

**70%** reaching  
**\$2.8M**

(see annual financial statements  
for full list of grants received)

# Strategic Priority 1

## To drive major advances in research, ensuring no cancer is ignored

Our research goal is to generate new knowledge and insights into how cancer is prevented, diagnosed and treated. We achieve our goal using a range of strategies involving our own epidemiological and behavioural research departments, and by funding external research with partners and recipients throughout Australia. We place great value on collaborations with universities and institutes across the globe, recognising that great minds can unite in the broader goal to make cancer history.



### Growing our footprint in NSW

With one-quarter of our seven million residents having been born overseas, and with one-third of Australia's Aboriginal people living in our state, NSW's large and culturally diverse population – each with a distinct cancer profile – represents a microcosm of the world. This allows us to research the underlying causes of various cancers and understand how best to prevent them.

By June 2010, we had recruited almost 33,000 people into our studies, and received nearly 16,000 blood samples for ultra-cold storage in our biobank. When combined with the 266,000 subjects in the **45 and Up Study**, and the many thousands participating in our external collaborators' projects, we have a wealth of local and international data to provide insights into the causes of cancer in the population of NSW.

### Financial commitments to research

Investment in cancer research represents our largest expenditure of donor funds. In 2009/10, we worked hard to meet our existing financial commitments to research, despite the challenges of the economic downturn. Our research budget for 2010/11 has increased to \$17 million, a strong indication of the critical role it plays in our mission.

In 2009/10, our external research portfolio consisted of over 70 grants awarded to leading Australian cancer researchers, at a cost of \$9 million. This allows us to support some of the best and brightest cancer researchers working in Australia. Our six **Strategic Research Partnership (STREP)** grants (\$250,000 per annum investment for five years) fund research into colorectal, pancreatic, brain, liver, oesophageal and hereditary cancers, many of which have high mortality and were traditionally underfunded in the research arena.

We also apply for peer-reviewed grants from the National Health and Medical Research Council (NHMRC), the Cancer Institute NSW and other foundations, which are awarded on a competitive basis, rewarding excellence and scientific merit. In 2009/10, we applied for and were awarded grants to the total of \$2.8 million, a 70 percent increase on last year. Our success rate in securing this form of funding is strong. Given that grants have long lead times between application and approval, we look forward to successful achievement of grants submitted for 2010/11.

### Key insights in 2009/10

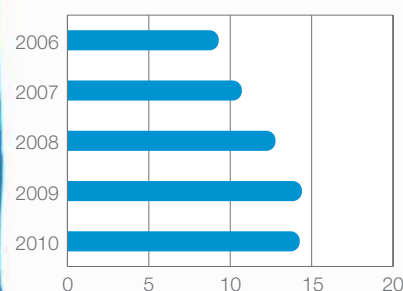
In 2009, our modelling group (part of Modellers Sans Frontières) completed two assessments of **new cervical screening technology options** for the Medical Services Advisory Committee of the Australian Department of Health and Ageing. This group contributed to key policy decisions on the optimisation of cervical screening in Australia, and guided cervical screening and human papillomavirus (HPV) vaccination approaches taken in the UK, New Zealand and China. This is just one example of how our research is informing decisions on cancer control locally and internationally.

We achieved a significant milestone in our **Cancer Lifestyle and Evaluation of Risk (CLEAR)** study, enrolling 4,000 participants into the study, and are well on the way to our target of 10,000, to gain the most comprehensive information ever gathered on the lifestyle and genetic factors that influence cancer in the NSW community.

Aboriginal people are three times more likely to die from some types of cancer and 60 percent more likely to die from all cancer types combined than non-Aboriginal people. Hence the launch of our study on **Patterns of Cancer Care for Aboriginal People in NSW (APOCC)**, conducted in collaboration with the University of Sydney and the University of NSW, to investigate why this gap exists in cancer death rates and to provide insights on how to close it. The project is funded by the NHMRC. It has had strong support from Aboriginal communities so far and we expect to further increase recruitment in 2010/11.

Researchers in our Centre for Health Research and Psycho-oncology (CHERP) made significant progress in the **Partners and Caregivers Study**, an ongoing investigation involving 547 partners and caregivers of cancer survivors. It is providing valuable insights into issues such as level of anxiety, unmet needs and the impact of care on work and financial situations. Interestingly, at six months post diagnosis, partners and caregivers have higher levels of distress than the person diagnosed with cancer.

### Research spend (\$M)



Refer to the Cancer Council NSW *Research Activity Report 2009* for more information on our research programs.



## Gaining critical insights into pancreatic cancer

Cancer of the pancreas is the fourth leading cause of cancer death in Australia. The current survival figures remain below 10 percent and have not changed significantly in 50 years. Little progress has been made in our understanding of the disease, how to diagnose it at earlier stages or in developing more effective treatments.

For these reasons, Cancer Council NSW sought to prioritise this lethal disease by making a significant commitment to pancreatic cancer research, and we are providing financial support of \$2.5 million over five years to the International Cancer Genome Consortium (ICGC). The insights gained through this ambitious project are expected to enable the broad consortium to map the pancreatic cancer genome. It will allow the development of better ways of diagnosing this cancer earlier, providing individualised treatment and, hopefully, insights into how to prevent this cancer in the future.

The project is already providing interesting insights, according to co-leader of the Australian team, Professor Andrew Biankin. "We are identifying new mutations in the pancreatic cancers we are sequencing. Locating and defining these mutations is the first step. We can then focus on unravelling their role in cancer, and the possibility of designing drugs to target them for treatment. We might be lucky and find mutations that already have drugs that target them in other cancers, such as BRAF mutations in melanoma. This could potentially bring very rapid benefits," he said.

The ICGC investment is in addition to the STREP grant awarded to Professor Biankin and his team at the Garvan Institute of Medical Research (worth \$250,000 per annum for five years). The aim of the project is to improve the diagnosis, assessment and management of pancreatic cancer patients in NSW through a coordinated multidisciplinary approach. The insights gained will improve care for this previously underfunded yet lethal cancer.

**Professor**  
Andrew Biankin



## Strategic Priority 2

### To ensure the NSW community acts to prevent cancer and/or detect it at a curable stage

Cancer Council NSW leads social and behavioural change to reduce the risk and impact of cancer, and therefore improve the health and wellbeing of people, families and communities in the state. To understand why we focus on the areas we do, look no further than the preventing cancer box below.

We are committed to three key areas of cancer prevention: tobacco control, nutrition/healthy weight and skin cancer prevention. We focus on issues of high population impact; we gather evidence of where an intervention is likely to be effective; we work in partnerships and coalitions; we engage the communities of NSW to support our programs; we look past just the individual solution to focus on more community-wide solutions; and we provide clear and measurable outcomes.

In 2009/10, there were a number of achievements in our three key focus areas, and some highlights are shown below.

#### Achievements in skin cancer prevention

Exposure to sun in the first 15 years of life is a critical risk factor in the development of skin cancer as an adult, which is why we support childhood centres, family day care centres and primary schools to adopt 'best practice' sun protection policies and practices. By the end of the 2009/10 financial year, 65 percent of all licensed childcare services and 15 percent of primary schools throughout NSW were full participants in the **SunSmart Program**, which is well on target for this influential initiative. We have significant assistance from many local volunteers who support and promote the program in their regional communities across NSW.

The issue of youth sun protection has challenged public health professionals for many years. In 2009/10, we piloted a cutting-edge youth sun-protection initiative, the **Sun Sound**, in the Sutherland and Gosford Local Government Areas. Produced by musician, Ben Lee, the Sun Sound is a short, catchy jingle played at regular intervals on loudspeakers at beaches and other outdoor venues, prompting young people to protect their skin from the sun.

Evaluation of the trial was positive, with strong understanding among young people of the Sun Sound message (84 percent), high levels of recall and recognition (80 percent) and outstanding community support for playing the Sun Sound in outdoor areas as a sun protection reminder (88 percent). Behavioural impact was strong, with 24 percent (in Gosford) and 41 percent (in Sutherland) taking positive sun-protection action when hearing the Sun Sound. Taking into account overall positive results of the trial, the initiative will be expanded further across NSW in select Local Government Areas in the summer of 2010/11.

In 2010, the Sun Sound received international recognition in the advertising and media industry for creative innovation and excellence, receiving a Gold CLIO award at the prestigious CLIO creative awards in New York, and two Silver Lion awards at the Cannes Advertising Festival in France in 2010.

#### Tackling tobacco use in disadvantaged communities

Smoking is the leading cause of preventable death and disease amongst disadvantaged groups in NSW. Rather than ignoring this troubling issue, in 2005 we launched the **Tackling Tobacco Program**, a five-year commitment to address the unacceptably high rates of smoking in disadvantaged populations.

Recognising the connections many leading organisations have in the welfare sector, we partner with non-government community social services to make tobacco-cessation support a part of their work. An \$800,000 NSW Health grant was recently received and adds to Cancer Council's own significant investment.

As part of the program's Community Initiatives Scheme in 2009/10, we have distributed 10 grants of up to \$30,000 to community service organisations to encourage the development and implementation of their own initiatives to address tobacco use and support people to quit smoking. Over the last four years, a total of 20 grants have been distributed.

Outcomes of the Tackling Tobacco Program are currently being evaluated and will be reported in 2010/11.

#### Nutrition developments

The **Eat It To Beat It** pilot program in the Hunter Region is aimed at raising awareness among parents of primary-school-aged children of the importance of increasing fruit and vegetable intake to help prevent cancer. The program was partially funded by a grant from the Department of Health and Ageing. Achievements in 2009/10 include training 35 facilitators (with 122 trained to date) and holding 83 sessions within the community about how to boost a family's fruit and vegetable consumption on a budget.

We were also a partner in **Fruit 'n' Veg Week** in primary schools, including developing and distributing resources to 233 schools in the Hunter Region. Extensive media coverage was obtained and school feedback in post-campaign evaluation was very positive.

#### Preventing cancer

##### The evidence and impact

Approximately half of all cases of cancer may be preventable by:

- Not smoking
- Maintaining a healthy body weight
- Being physically active
- Eating a healthy diet
- Limiting alcohol consumption
- Protecting ourselves against ultraviolet (UV) radiation.

## Creating connections to save lives

Mission Australia is one of the key organisations involved in our Tackling Tobacco Program. Laurie Bassett, from Mission Australia's mental health division, works with people who live in our community with significant mental illness. He and his colleagues aim to help these people rebuild their lives and find a place and purpose in their community.

"We realised that if we were to tackle the subject of smoking more effectively, we would be able to resolve many issues for our clients and significantly improve their quality of life. Look no further than the figures to understand why: up to 12 out of 30 clients in our project will die from a smoking-related illness, with cancer the key culprit.

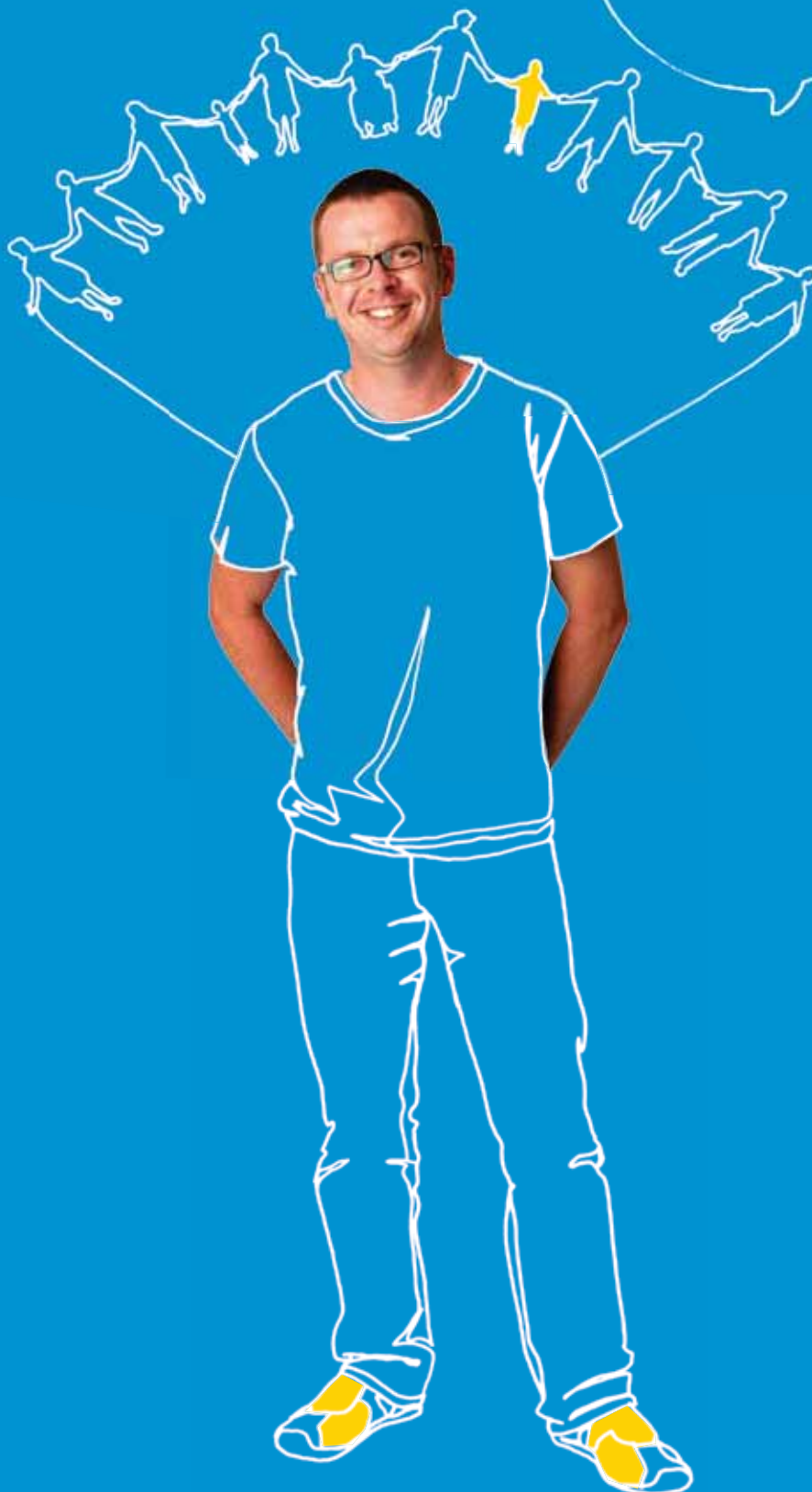
"We are very proud of the connection we have developed with Cancer Council's Tackling Tobacco team over the past three years. We have run two highly successful projects that have helped clients reduce and quit smoking. Given that up to 80 percent of our clients smoke, it was a massive opportunity for our organisations to connect and make a difference in clients' lives.

"Take for example John, who has smoked all of his adult life. Over a six-month period, with nicotine replacement therapy funded by Cancer Council NSW, John was able to reduce his smoking by 90 percent. He found there were some real benefits of not smoking: more money, better food, and feeling healthier and more confident. Through this, John has been able to become more connected in his community, and is finding meaningful activity and purpose.

"Cancer Council NSW can take a great deal of credit for this outcome. They had the foresight to be a significant initiator in helping us address this often impossible issue. By partnering with Mission Australia, Cancer Council connects with our clients, and together we can help them reconnect back with their communities.

"When we connect as a sector, good things happen and we can improve our community's quality of life. When we're talking about chronic tobacco dependence, it can be a lifesaver."

**Laurie Bassett**  
Mental Health,  
Mission Australia





## Strategic Priority 3

### To give the NSW community a voice on issues and entitlements around cancer

Despite the critical importance of medical and scientific solutions in cancer, as a society we need political will for better laws, policy and funding. We have a strong commitment to harnessing the community's drive to advocate for change, and the courage and independence to make it happen.

#### Key achievements in 2009/10

In giving the community a voice, we have created connections and networks around NSW, with **2,133 advocates** and five **Regional Cancer Advocacy Networks** made up of local community members working together to address cancer. Our advocates are passionate supporters of our campaigns, and also identify and lobby on local issues.

In 2009/10, we witnessed the outcome of a number of advocacy campaigns run over preceding years, reinforcing the impact Cancer Council NSW can have in advocating for changes in policy and practice.

The **spotlight on radiotherapy** continued in 2009/10 through ongoing advocacy and the launch of our *Roadblocks to Radiotherapy* report, detailing the impact on patients and families and common experiences in accessing radiotherapy. We celebrated the announcement of Commonwealth funding for new regional centres, including Shoalhaven, Tamworth and Central Coast, due in part to the impact of our efforts.

Community support for **smoke-free outdoor areas** has increased over the past few years, and we have been working closely with our advocates and local governments to ensure these social norms are being applied to policies across NSW. We are now seeing the outcomes of this work: in 2009/10, local

governments with policies on smoke-free outdoor areas increased by 34 percent, which means that half of all councils have adopted such a policy. There was also significant growth in the number of local governments which include smoke-free alfresco dining policies (up from 9 to 22).

Cancer Councils nationally launched the **Get Behind Bowel Screening** campaign in June 2009, and it has been strongly supported by our advocates and supporters since that time. As a web-based campaign, it provided the opportunity for almost 3,500 people in NSW to contact their Members of Parliament to seek commitment for full implementation of the National Bowel Cancer Screening Program, which could save 30 lives per week. The campaign also provided an opportunity to connect into 15 Relay For Life events, to raise awareness of bowel cancer and the significant gaps in the current screening program.

In 2010, we launched a powerful campaign called **Saving life: why wouldn't you?** in the lead-up to the NSW state election in March 2011. We investigated many of the key issues related to cancer control and prioritised five issues for future State Government action:

- More radiotherapy services across NSW
- Burden-free transport and accommodation for cancer patients
- The best possible cancer care for all – regardless of where you're treated
- Smoke-free dining and drinking at all venues
- Stronger safeguards on the sale of tobacco.

The campaign involves grassroots action at local levels, including innovative tactics such as Community Conversations and opportunities to contact MPs on mass and individual levels, and significant impact is already apparent in the months post launch.

### Strength in connections and partnerships

We recognise that to create the greatest impact on social change and community engagement, we need to harness the skills and reach of committed people and partner organisations. For those reasons, in 2009/10 we have continued our connections with leading community groups such as Cancer Voices NSW, the Coalition on Food Advertising to Children and The Parents Jury. Each of these partnerships provides critical insight, resources and additional strength to make the changes required in cancer control.

The strength of Cancer Council advocates has helped us achieve many of the outcomes listed on these pages. Our advocates are tireless campaigners at a local and state level, living out the values of Cancer Council NSW through their courage, collaboration, independence and forward thinking. We know that social change is a critical step in achieving our mission, and our many hundreds of advocates and partners provide the grassroots action and support required for that to occur.

#### Key achievements

- Established MP Liaisons (new volunteer roles) in 10 NSW electorates
- Trained 72 new advocates (up 15 percent on last year) in partnership with Cancer Voices NSW
- Increased total pool of advocacy supporters (including trained advocates) by 20 percent
- Developed tailored advocacy training for Aboriginal people in partnership with the Aboriginal Health and Medical Research Council.



## Making an impact for the Parramatta community

Smoke-free outdoor areas are a significant public health issue in NSW, and a key platform in our cancer control agenda.

The Western Sydney Cancer Advocacy Network (WSCAN) is made up of 15 committed locals who support Cancer Council NSW and advocate on important issues in Sydney's western suburbs. In early 2009, the network had a planning meeting to decide its campaigns for focus in the year ahead. Smoke-free outdoor areas topped the list, including the challenging topic of smoke-free alfresco dining.

One of the WSCAN members, Wendy Watson, describes how the network made a significant impact in Parramatta.

"I had just completed Cancer Council's advocacy training, and we were keen to put the learnings to good use by lobbying for a ban on smoking in outdoor areas in the Parramatta Local Government Area. It was a very topical issue, and we knew that thorough research, community engagement and media coverage were going to help put it on the local agenda. Through this initial work, Parramatta Council moved in July 2009 to implement smoke-free children's playgrounds and sporting fields. It was a great start, but we wanted more.

"When the issue of smoke-free outdoor dining was originally discussed with councillors, it was met with quite significant cynicism and hostility. But one supporter on council and public encouragement gave us strength. For example, we received more than 1,000 signatures on our petition and significant media coverage.

"We faced many difficulties, but our group had great courage. We knew the public supported us, and there is no evidence to show that implementing smoke-free outdoor dining results in any economic disadvantage for local business. We collaborated strongly with the team at Cancer Council, and with supporting organisations such as the Heart Foundation and Action on Smoking and Health (ASH).

"After 18 months of hard work, we celebrated Parramatta Council's decision in July this year to introduce smoke-free outdoor dining in January 2011. The decision will have far-reaching benefits for the people of Parramatta, and we were enormously proud to have had an impact on this change."

Through her advocacy work with WSCAN and experience in public health, Wendy has now secured a paid full-time position in our nutrition team.

**Wendy Watson**  
WSCAN member



## Strategic Priority 4

### To ensure no one faces a cancer diagnosis alone

Cancer is well recognised as one of the greatest challenges a person and their loved ones will face in their lives. That's why we are committed to ensuring readily available information and practical support for all cancer patients and carers during and after a cancer diagnosis. We exist to make a genuine impact on the course of cancer and the lives of those affected: ensuring 'no one faces a cancer diagnosis alone' takes courage and determination, but we work to achieve that goal each and every day.

#### Fixing the fixable

Whilst the emotional issues associated with a cancer diagnosis are well known, its practical costs are sometimes hidden and can be crippling. Access Economics has estimated that the average lifetime financial cost of cancer to a household is \$47,200 per person. For people of working age, the impact is worse – \$51,500 for females and \$137,400 for males, and as much as \$300,000 for males with brain cancer.



In 2009/10, we launched significant developments in our well-established practical and financial support programs, so that now we connect financially disadvantaged cancer patients with legal advice and financial planning.

Our own research shows that nearly 8 out of 10 hospital social workers have patients who are plagued by legal issues while coping with the stress of treatment, and at a time when many are unable to work. Through our new **Legal Referral Service**, we coordinate referrals and

match cases to more than 100 lawyers from some 30 firms that provide their services pro bono. We support financially disadvantaged patients mainly in areas such as wills, power of attorney, early access to superannuation, mortgage hardship and employment. From March to June 2010, over 90 people have been helped with their legal issues, and we expect this figure to grow significantly, given that the program has recently expanded from its pilot phase.

A similar model is applied in our **Financial Planning Services**, where we enable cancer patients to access professionals who help with rearranging finances after a cancer diagnosis. This vital program is offered thanks to AMP financial planners who provide their services free of charge to patients, and who give considerable support to people at a time when they need it.

In 2009/10, our **Emergency Financial Assistance Program** has also helped more than 2,000 people (10 percent increase on 2008/09) with much-needed grants for utility bills and vouchers for food and taxis. For many, these grants are the only way to get to treatment or put food on the table. We connect with and rely on the assistance of 300 health professionals throughout NSW – social workers and care coordinators – to assess patients for benefits and eligibility.

#### An Australian first for Aboriginal people

In Indigenous populations in Australia, limited understanding about cancer, its causes, treatments and outcomes is common. To help address this problem, Cancer Council NSW and the Aboriginal Health and Medical Research Council (AHMRC) of NSW were awarded a Cancer Australia grant to produce an Australian first – easy-to-read information for Aboriginal people affected by cancer.

In 2009/10, we launched the *Aboriginal Cancer Journeys: Our stories of kinship, hope and survival* book and supporting resources. The publications were developed after focus groups and interviews were held around NSW, giving Aboriginal people a voice to share their stories of cancer for the benefit of their communities. The storytelling format reflects the importance of oral tradition in

Aboriginal communities and provides an opportunity to dispel myths about cancer, treatment and survival.

We received exceptional support throughout development of the resources, including the involvement of around 100 people through the focus groups, interviews and an extensive review process. The publications have been universally welcomed and, since the launch in June, have proved popular. We are proud to provide relevant and culturally appropriate cancer information to Aboriginal people.



#### Information and connection through Helpline

**Cancer Council Helpline** is staffed by oncology-experienced health professionals, who provide an exceptional level of cancer information and psycho-social support to the people of NSW, including cancer patients and carers.

The number of calls from cancer patients and carers remained constant in 2009/10, although there were 16 percent fewer calls overall to the Helpline in the year. However, we noted a rise in people accessing online and web-based information and support services, such as **Cancer Connections**. In addition, an increasing number of people contacted **regional offices** and **Cancer Council Information Centres** to obtain information.

Helpline's capabilities have been expanded to create broader support for cancer patients' and carers' needs – for example, connecting them to counselling, peer support, financial planning and legal service providers. Trends show that Helpline calls are now longer and more complicated as a result of this approach, and also because of the important role our consultants play in deciphering the complex information cancer patients and carers access and receive.

## Impact when and where it's needed

"Being diagnosed with cancer has a life-changing impact, but when people live in an isolated rural area like Moree, travel to treatment and the disruption to work and family life can quickly bring matters to a crisis point.

"My connection with Cancer Council NSW is through its Emergency Financial Assistance grants, which qualified social workers can recommend be paid to people who are suffering acute hardship.

"When local people are diagnosed with cancer, they must travel at least three-and-a-half hours to Tamworth, or further afield to Coffs Harbour, Brisbane, Newcastle, Toowoomba or Sydney. Cancer treatment doesn't take just one trip – there's travel for initial diagnosis, and then for surgery, chemo or radiotherapy. I have clients who have been travelling regularly for 18 months and that level of disruption can't help but have an impact on work, family and income.

"We also have a strong Aboriginal community in Moree, and I have been able to help many people when a cancer diagnosis brings on other crises. Many Aboriginal people have very strong extended families, and we've had a number of cases where this causes immense upheaval, often because one of the family members is a carer for others, or is relied on by many for income and support. The dislocation from family members during treatment is also particularly strong for Aboriginal people because of these close ties.

"In the past year, I've been able to assist 56 clients with a grant for electricity bills or vouchers for food or petrol to get to treatment. Whilst the assistance has a significant impact on people when it really matters, it also provides me with an opportunity to connect in other ways at a critical time. I can address their psychosocial needs, refer them on for further help, or direct them to Cancer Council for support and so on. Providing someone with practical help in a crisis is hugely important, but so too is the ongoing connection it enables me to have with the clients. And often it's because of Cancer Council that this can happen.

"Travelling great distances and being away from home for cancer treatment has so many implications for patients – emotional, physical and financial. Through the support Cancer Council provides, we can lessen a little of their financial burdens. I know how grateful clients are when we can help them with grants, and what an impact it has on them at a time of real need."

### Jann Tuart

Oncology Social Worker  
Moree Community Health Centre





## Strategic Priority 5

### To expand the opportunities available for people to contribute to our work by giving money or fundraising

Without the generous support of the people of NSW, we would not be able to remain an independent organisation. Charitable giving is of critical significance in changing the cancer landscape, so it is important to us that people have a range of ways to become actively involved in our mission through giving money or fundraising.



In 2009/10, over 108,000 people organised fundraising events, pledged their support, responded to an appeal or made a bequest to us. Hundreds of thousands more supported their friends, colleagues or communities by joining in, donating money, visiting one of our retail stores or buying a daffodil.

#### A strong performing year

Overall, 2009/10 was a strong-performing year, and most income streams outperformed original budget targets, thanks to our supporters, staff and volunteers, who pulled together during continuing economic uncertainty. Our total revenue of \$67.5 million was 14 percent higher than budget, due largely to our donations, major gifts and bequest income.

#### Key highlights in fundraising

Total funds raised through our **direct marketing programs** grew to \$17 million (4 percent increase on 2008/09) and bequest funds reached \$12.4 million (up \$2.4 million). Bequests

continue to be a focus, given they provide people with the opportunity to leave a legacy beyond their lifetime.

Our **Breakthrough** program allows people to choose to donate a regular amount each month. Originally introduced in 2003, in 2009/10 the program reached \$13.7 million income (up \$1.1 million) from 45,000 regular givers, who provide the backbone of our ability to fund research breakthroughs and support services.



Our **retail outlets** provide high-quality sun-protection products to the people of NSW. Retail sales were \$7.5 million, up 8 percent on budget, which was a solid result given that one store was closed in this period. In the last five years, our retail operations have contributed more than \$7.3 million in net profit.

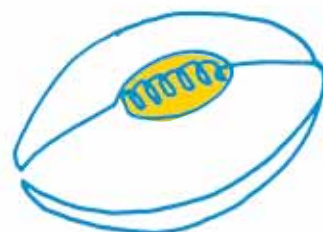
We acknowledge our **major donors** for their continued and generous support. Just one example is the Tim Cahill Cancer Fund for Children, which raised \$200,000 through Tim's support. In 2009/10, we also increased our focus on applying for grants from trusts and foundations, and on developing corporate relationships.

#### Highlights throughout our events

Our **events portfolio** (including Australia's Biggest Morning Tea, Daffodil Day, Relay For Life, Call To Arms, Girls Night In, Pink Ribbon Day, POSH and Do Your Thing) had some highlights and faced challenges in 2009/10. Most of our key events are mature and face increasing competition, yet this makes our highlights and the commitment from our supporters even more valued.

**Relay For Life** events were held in 67 local communities, with over 49,000 participants across NSW (9,000 more participants than in 2008/09). These communities raised more than \$6 million

this year for the first time in our Relay history. Gross income was up 22 percent on 2008/09, thanks to the tenacity and drive of our Relay committees, teams and staff.



**Call To Arms**, our men's event launched in 2008, continued to grow substantially. More than 4,000 teams participated in the event (almost double last year's participants) and raised \$178,000 (far exceeding the \$99,000 raised in 2008/09). We also ensured that important cancer prevention messages were promoted through the event, meaning that Call To Arms is both a fundraiser and an awareness-raising opportunity about cancer in men.

Our **Do Your Thing** fundraising program enabled individuals and organisations to take their own initiative when fundraising, with great results – more than 1,000 events were held, raising \$1.9 million (43 percent up on 2008/09). In another achievement, the Fundraising Institute of Australia bestowed its Fundraising Marketing Award on the Do Your Thing website.



**POSH**, our gala ball, raised \$1 million this year for the first time. The ongoing support of the POSH committee, corporate partners, sponsors and our guests has enabled us to raise \$7 million over the past 11 years of this event.



## Contribution counts

Rod Coy – Co-Chair of the Sutherland Shire Relay For Life – first began as a volunteer with Cancer Council NSW in 2002, after successful cancer treatment. “I heard about Relay For Life and thought, ‘This is a way for me to really make a contribution to the cancer cause’,” he said.

“My passion in this world is Relay. It’s given me an opportunity to live by my favourite saying: ‘*Quantum potes tantum aude*’ (as much as I can do, so much I dare to do). I feel enormously privileged to have a vision, work with an amazing committee and see it come to fruition. I also love the constant evolution of the event. If we think we know all the answers on Relay, we’ll be wrong, so I work hard to harness and unite the passion of staff, volunteers, committee members and the community.”

Rod believes that part of his ability to be a successful Relay Chair stems from Cancer Council’s attitude to volunteers. “Cancer Council has taken volunteerism past tokenism and into genuine partnership. This approach is a credit to the organisation’s leaders, including Andrew Penman and Julie Callaghan, because it empowers people to contribute so much more,” he said.

Julie Callaghan, Regional Manager for Central and Southern Sydney, works in close partnership with Rod and reinforces the critical role he plays. “Rod is a perfect example of the contribution volunteers make to our cause. His commitment, vision and drive are inspirational. There are no limits for Rod, and this vision and engagement drive us to achieve greater things each year, always challenging us with, ‘What more can we make of Relay?’ For Rod, the event isn’t just about raising money, but engaging the community and uniting people for cancer,” she said.

Under Rod’s leadership, Sutherland Shire’s Relay For Life has become the most successful Relay in NSW – and one of the biggest in Australia – attracting more than 6,000 participants every year and evolving into a prominent event in the local community calendar. “This year we

raised more than \$560,000, against an original budget of \$450,000, and we’ve raised \$1.7 million since the Sutherland Relay began,” Rod said.

“No matter what your skills or background, there is definitely a way you can make a contribution to Cancer Council. It’s been a huge part of my life for the past

seven years, and I’m very proud of what I’ve been able to achieve. From my own experience, when we can make a positive contribution with whatever resources we have – time, skills, thoughts, passion or money – it’s hard to find a greater sense of contentment.”

**Julie Callaghan**  
Regional Manager,  
Central and  
Southern Sydney

**Rod Coy**  
Co-Chair,  
Sutherland Shire  
Relay For Life



# Our people

**Our fundamental strength as an organisation lies in our people – staff and volunteers – and their commitment to excellence and our vision of cancer defeated. We work to foster a highly engaged, forward-thinking culture, aligned with our strategy and based on open communication, collaboration and accountability.**

## Our staff contributions

In a financial year that was marked by economic uncertainty, our 320 employees (excluding casuals) rose to the challenge. The fact that we had a strong performance and maintained most income streams is testament to their commitment and drive. Also impressive are the many ways staff engage the community, delivering innovative programs and services and always focusing on the needs of cancer patients and carers.

Our staff are employed under a variety of state and federal industrial legislation, including the Fair Work Act, Anti-Discrimination Act and the Occupational Health and Safety Act. The Fair Work Act

was introduced in 2009/10 and Human Resources staff have run workshops across the organisation to manage the implementation of these changes. Overall annual staff retention is 80 percent, which is on par with expectation given our demographic profile.

We recognise the support of our staff through career secondment and advancement, skill development, a commitment to work-life balance and flexible working practices. Due to our charity status, we are able to offer eligible staff at all levels of the organisation the opportunity to maximise the take-home value of their remuneration through salary packaging.



**Some of our staff (left to right):** Sofia Potente, Amelia Beaumont, Greg Soulos, Jessica Darlington Brown, John Davies, Lorna Allan, John Dennis, Julie Roberts, Kelly Williams, Rory Alcock, Margaret Skagias.



### The essential contribution of our volunteers

Volunteers are critical if we want to work with the broader community, and they provide a vital extension to the capacity and scope of our paid staff. In many cases, specially trained volunteers make programs possible – cancer support programs such as **Cancer Connect** and **Living Well After Cancer** are examples. Without volunteers, we would not reach thousands of people with cancer across NSW each year.

In addition to our regular active volunteers, we are also supported by many other people who work in a volunteer capacity, including students

and interns, members of our corporate employee volunteer programs, thousands of event supporters and community fundraisers, advocates and pro bono professionals. There are also many committees, taskforces and community-based groups made up of dedicated people who volunteer their time and skills to local and regional issues.

In 2009/10, more than 250,000 volunteer hours were contributed to our organisation. The value of this contribution is estimated at more than \$6.5 million (based on commercial market rates for the work performed). This impressive figure is testament to our volunteers' commitment and illustrates

our efforts to effectively harness their experience and skills in programs, events and campaigns.

Cancer Council recognises the National Standards for Best Practice in Volunteering, working to ensure systematic and continuous improvements not just to the process, but to the experience of volunteering.



**Some of our volunteers (left to right):** Michelle Xaio, Anuradha Thilakarathne, Carol Rhodes, Bronwyn Carroll, Shant Avakian, Robyn Ward, Otto Zeckendorf.

### Learning and development of our workforce

Learning and development at Cancer Council includes management development programs for existing and emerging leaders, middle management, frontline managers and staff. We also offer IT literacy skills and operational, interpersonal and management development modules for staff and volunteers. Many of our specialised training modules are developed and delivered in-house to ensure that we continue to develop and share our knowledge with staff and volunteers.

Careful budget management during the economic downturn meant our 2009/10 learning and development expenditure was less than the previous year, including decreased spending for conference and workshop attendance. A pilot of online learning was run, with limited success.

Each volunteer will follow a different training pathway but all volunteers will attend orientation or be sent an orientation workbook and CD. They

will receive program-specific training based on their role with Cancer Council, as required. Training in areas such as **Connect, Relay For Life** or patient transport services are examples of this.

Volunteer recognition is an important part of the way we show appreciation for their contribution. We run extensive recognition opportunities through National Volunteer Week, and hold annual thank-you parties in regional offices. All volunteers receive our *Volunteer Voice* newsletter, which acknowledges and celebrates their contribution.

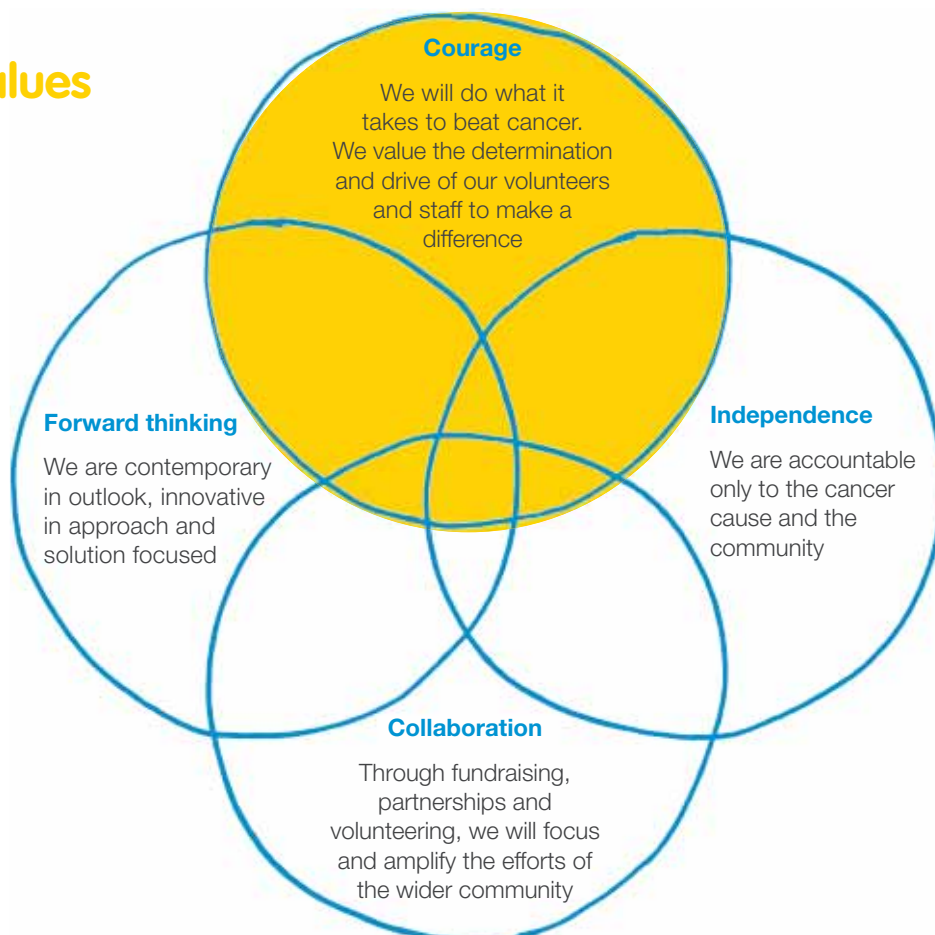
### The wellbeing of our people

We review our Workers Compensation data on a quarterly basis and we continue to have a very low rate of claims. We also have a system for reporting on and analysing incidents and injuries to ensure we initiate changes to prevent potential injuries. Ergonomic Assessment workshops for staff are run regularly, and we engage injury management specialists to conduct work-related assessments as required.

The Occupational Health and Safety (OHS) Committee takes an active role in reviewing OHS issues raised by staff. This committee met on four scheduled occasions in the last financial year, and in addition called one extraordinary meeting to address an issue which required active consultation to resolve satisfactorily.

We commenced an ongoing review of potential hazards at our Relay For Life events, including the development of a manual handling program specific to the activities involved. We have also made improvements to our safety processes for our merchandise-driven events such as **Daffodil Day** and **Pink Ribbon Day**, including revised cash-handling processes and improved manual handling and pre-event safety briefings.

## Our values



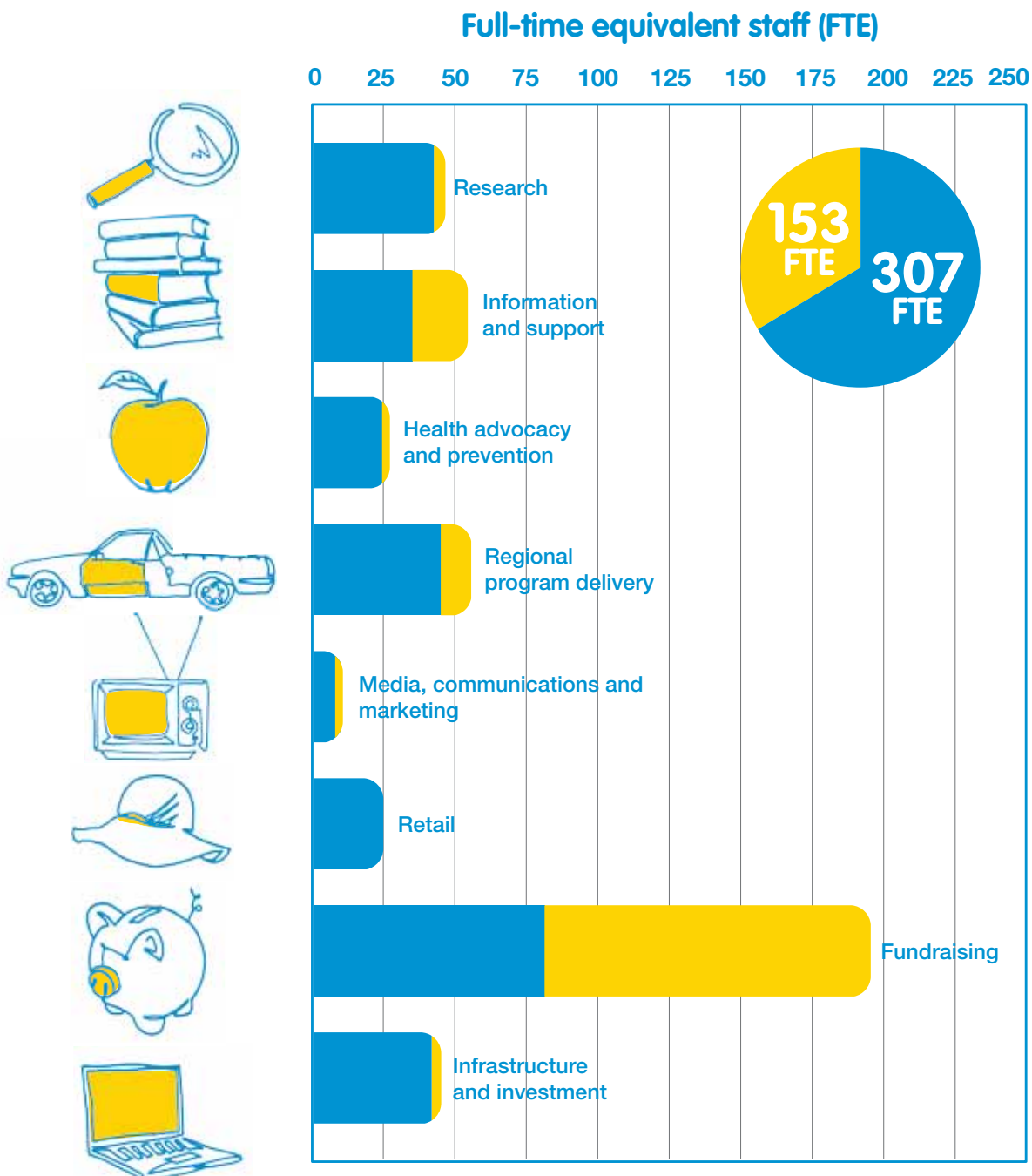


The volunteer contribution graph (below), reflects the outcomes of an organisational-wide survey of staff who worked with volunteers during 2009/10. The survey sought insights into the nature of volunteering activity, the hours contributed and the estimated dollar

value of the contribution made (including one-off volunteering for fundraising events). We have converted estimated volunteer hours into full-time equivalent staff (based on a 35-hour working week).

## Our people's contribution – paid staff and volunteer staff

● paid staff ● volunteer staff



# Our organisation, systems and infrastructure

## Stability to enable an impact

Our organisation's infrastructure – information systems, finance, administration, property and risk management – provide the strong building blocks that enable our organisation to grow and make an impact. Investing in our infrastructure, including IT and web-related capabilities, ensures we can increase our efficiencies and therefore make our vital funds go further to beat cancer.

## Investment returns strengthen our position

There was a strong recovery in our investment portfolio in 2009/10 after two years of losses due to the impact of the global financial crisis on equity markets. On advice from our investment advisors, we restructured our managed funds portfolio during the year to reduce exposure to equity markets. One year on, our managed funds have performed well, returning 14 percent per annum versus 9 percent per annum (ASX 200 return). Please refer to our investment policy online at [www.cancercouncil.com.au](http://www.cancercouncil.com.au) for more information.

## Creating efficiencies from within

Our Corporate Services team has a strong focus on cost efficiencies and finding better ways to tackle existing processes. Achievements in 2009/10 include:

- Integration of financial supporter data to allow a full history of over one million supporters across events, donations, pledges and bequests
- Significant improvements in the quality of our supporter information by removing over 100,000 duplicate records. This will assist in addressing supporter concerns over duplication in mailing
- Consolidation and virtualisation of servers to reduce operating costs

- Centralisation of our event reconciliation process, which ensures higher accuracy and more efficient processing. The fact that this is primarily resourced pro bono is yet another efficiency
- Introduction of a new corporate purchasing card for staff, which provides efficient processes and careful controls, and can often help secure significant cost savings online
- Almost complete elimination of cheque payments in favour of electronic funds transfer (EFT), to ensure a cheaper and more streamlined process for supplier payments.

## Effectively supporting our supporters and fundraisers

With so many thousands of event supporters fundraising for us every year, it's absolutely critical that we respond to their needs promptly and efficiently. In 2009/10, we received 15,700 calls from supporters (on par with 2008/09) and banked 543,000 regular donations. We have also introduced BPAY for appeals, and supporters can now pay by paperless direct debit over the phone.

We strive to provide excellence in customer service and ensure that calls to our Events Administration hotline are answered and handled promptly. A number of improvements saw a drop in supporter queries to the hotline (from 18,754 calls in 2008/09 to 14,514 calls in 2009/10). However, this has now provided us with the capacity to make more outbound supporter calls, with 77,292 supporter calls (up from 56,427 in previous year) made for retention and acquisition.

## Maximising environmental performance and minimising risk

Here are just some of our achievements to minimise our environmental footprint:

- All lighting and air conditioning across our offices are timed for consumption during business hours only, with after-hours consumption limited only to the area in use
- A range of waste streams has been created to capture, recycle or re-use office waste – i.e. paper, metal and plastics

- All fittings, appliances and IT hardware are chosen and programmed for highest efficiency
- We are also investigating and developing a business model to capture solar energy at the Woolloomooloo head office in order to create solar electricity and hot water.

In addition to the risk management principles outlined on page 45, our commitment to managing risk includes:

- Implementation of a risk management framework
- A review of the Risk Register that records and assesses all risks (from high to low)
- Running workshops to identify strategic and operational risks
- Preparation and implementation of risk mitigation and testing plans for risks rated as high
- Monitoring and enhancing control systems to manage high risks. These include review of major revenue streams; new income opportunities; and ongoing implementation of constituent relationship management system.

In February 2010, two floors of the Woolloomooloo head office suffered stormwater damage. In response, we relocated affected staff within the building with minimal loss of productivity. Information technology back-up and retrieval ensured there was no loss of data and minimal interruption to work processes.



**543,000**  
regular donations banked

# Some of our key performance indicators

Measure (SP = Strategic Priority)	2006	2007	2008	2009	2010
<b>SP1 - To drive major advances in research, ensuring no cancer is ignored</b>					
New research grants awarded	23	19	22	28	10
Total research grants funded	52	60	75	76	65
Epidemiological studies in progress	27	34	35	58	52
Total research expenditure (\$M)	10,504	10,712	12,921	14,401	14,269
Number of specimens in biobank	#	#	#	#	95,004
<b>SP2 - To ensure the NSW community acts to prevent cancer and/or detect it at a curable stage</b>					
Community grants awarded	18	75	146	123	117
Newly accredited SunSmart centres (childcare + primary)	45	287	314	1,015	850
% of Local Governments that have adopted a smoke-free outdoor area policy	*	18%	30%	38%	50%
Community Cancer Networks	*	*	*	*	30
<b>SP3 - To give the NSW community a voice on issues and entitlements around cancer</b>					
New Cancer Council advocates trained in NSW	55	89	80	78	72
Total Cancer Council advocates trained in NSW	215	294	374	381	493
Registered advocacy supporters for Cancer Council	*	*	*	*	2,133
<b>SP4 - To ensure no one faces a cancer diagnosis alone</b>					
Calls to the CCNSW Helpline	20,972	21,228	19,538	19,004	16,536
Patients and carers using the CCNSW Helpline	8,758	8,655	8,258	9,308	8,131
<i>Understanding Cancer</i> publications distributed	172,710	189,263	224,866	218,454	232,914
<i>Understanding Cancer</i> publications viewed online - unique page views	*	*	*	436,849	431,411
Financial assistance grants to cancer patients and carers	#	897	1,809	1,893	1,774
Financial assistance grants \$	#	239,684	533,083	472,000	490,102
Patient transport kilometres funded	*	167,000	303,130	834,464	706,221
Telephone Support Group sessions held	62	142	213	249	229
Patient accommodation room nights supported by CCNSW	*	*	*	20,185	20,440
<b>SP5 - To expand the opportunities available for people to contribute to our work by giving money or fundraising</b>					
Fundraising cost: income ratio	34%	32%	29%	33%	29%
Total fundraising income (\$M)	41.5	42.2	51.0	48.3	53.8
Fundraising \$ income / direct fundraising staff FTE	693,000	714,000	829,000	804,000	813,000
Relay income (\$M)	3.6	4.7	5.2	5.0	6.1
Avg \$ per Relay	87,829	88,679	88,136	72,464	90,970
Bequests - number of new estates notified during the year	68	98	98	83	104
<b>Our people</b>					
Volunteer contributions (hours captured)	*	*	*	*	258,246
Number of volunteers	*	*	*	*	32,933
Number of staff (excluding casuals)	247	270	313	317	320
Learning and development spend as % of staff costs	0.90%	1.20%	0.90%	1.20%	0.90%
<b>Our organisation</b>					
Infrastructure and investment costs as a % of total expenditure	9%	11%	9%	9%	9%
Total investment return p.a.	20%	24%	-11%	-13%	14%
Months of operations which could be funded by our investment portfolio	10.0	12.6	10.4	8.5	10.9

\* Accurate data not available for this year

# Program did not exist in this year

# Reaching out and beating cancer right across NSW

## Growing our reputation and relationships

We continue to be a leader in the cancer charity space, and do this through developing relationships with stakeholders, enhancing our reputation, and extending the reach of our communications.

In the media, we once again sustained our position as the leader in objective information on cancer-related issues, with more than 12,000 media articles in NSW, the equivalent of \$33.6 million worth of coverage.

We have extended our scope beyond traditional media, supporting Cancer Council as a social-change movement by connecting audiences across multiple communications channels. In 2009/10, this included social media such as Twitter, Facebook, YouTube, e-zines and thought leadership blogs, plus mainstream and vertical channels. We expect to see at least a 40 percent spike in online views of our content and a surge in the uptake of friends to our Facebook page, Twitter feeds and YouTube uploads linked to our brand.

Our website [www.cancercouncil.com.au](http://www.cancercouncil.com.au) attracted almost half a million unique visitors throughout the year (50,000 more than in 2008/09) and the most popular subjects were SunSmart material, our *Understanding Cancer* booklets and information on skin cancer and lung cancer.

This year, our website will also feature additional annual report resources, including interviews with our Divisional Directors and expanded financial statements. Visit [www.cancercouncil.com.au/annualreport2010](http://www.cancercouncil.com.au/annualreport2010) to view these resources.

**We rely on the generosity and contribution of the people of NSW, and we join with them to create a social movement to beat cancer. We believe that the scope and impact of cancer and its effects require us to unite with like-minded communities, organisations and volunteers. We also support the needs of diverse communities through partnerships and collaborations spanning various languages and cultural groups.**

**Every day, thousands of ordinary people are doing extraordinary things – contributing in so many different ways, big or small, to beating cancer. These people, places and ideas make us who we are – connected by our common cause.**

8

Cancer Council Information Centres staffed by 152 trained volunteers



2,133

advocates, including nearly 500 who have received special Cancer Council advocacy training



266

independent community support groups assisted by Cancer Council NSW



310

groups helping people all over NSW, from Telephone Support Groups and our face-to-face Cancer Support Groups, through to community education programs like Understanding Cancer, Working Beyond Cancer and Living Well After Cancer



10

Regional Advisory Committees



2,151

SunSmart childcare services and 360 primary schools committed to providing a safe and healthy environment that reduces the risk of skin cancer





4

Community Hubs, where people meet, connect and contribute to local initiatives



10

regional offices, focusing on the needs of local communities



32,000

Over 32,000 volunteers contributing to our work, all providing their diverse skills, knowledge and commitment



1,500

people (patients, carers, survivors, family and friends) using Cancer Connections, our online peer-support forum

8

retail outlets providing high-quality sun-protection products



120

formal partnerships with local governments, symbolising their commitment to working with us to reduce the impact of cancer in the community



706,200

patient transport kilometres funded



30

Community Cancer Networks

# Our Board

Assoc Professor  
Graham Mann

Ms Melanie  
Trethowan

Ms Jill Boehm  
OAM, Deputy Chair

Dr Patrick Cregan

Mr Bob Sendt





Mr Paul Lahiff

Dr Stephen  
Ackland

Ms Mary  
Chiew

Mr Bruce  
Hogkinson  
SC, Chair

Mr Stephen Roberts





## Our Board

### Dr Stephen Ackland MBBS, FRACP

First elected to the CCNSW Board in August 2006, re-elected December 2008.

Conjoint Professor, Faculty of Health, University of Newcastle

Staff Specialist, Medical Oncology, Calvary Mater Newcastle Hospital

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

### Ms Jill Boehm OAM, RN, DC, MMgt, FAICD

Deputy Chair of the Board, Member of the Audit and Finance Committee, Member of the Governance Committee

First elected to the CCNSW Board in August 2006, re-elected December 2008.

Ms Boehm is a registered nurse and midwife, a representative of the NSW Nurses and Midwives Board on professional and tribunal matters, and a member of the Gene Technology Ethics and Community Consultation Committee for the Federal Government. She was a founding member of the Board of the Cancer Institute NSW until March 2010. She was 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, was nominated for NSW Women's Honour Role in 2005 and is also a member of Women On Boards (WOB).

### Ms Mary Chiew

First appointed to the CCNSW Board in April 2007, re-appointed April 2010. Member of Audit and Finance Committee until February 2010.

Managing Director, Giorgio Armani Australia Pty Ltd

Ms Chiew's expertise includes marketing, communications, administration and management. Her experience also includes four years as trustee of the National Breast Cancer Foundation and she currently serves on the Board of the Salvation Army Employment Plus. As a cancer survivor, Ms Chiew brings her personal experience to CCNSW and helps to maintain a focus on the interests of cancer patients in Board discussions.

### Dr Patrick Cregan MBBS, FRACS

Member of the Remuneration Committee

Nominated to the CCNSW Board by the Cancer Institute NSW in August 2008.

Nepean Hospital Specialist Cancer Surgeon

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

### Mr Bruce Hogkinson SC

Chair of the Board, Chair of the Governance Committee, Member of the Remuneration Committee

First elected to the CCNSW Board in July 2007, re-elected October 2009.

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 practise extensively in the occupational health and safety field. Through his practice as

a barrister, he has provided advice to corporations and their boards in many legal and governance fields, including corporations law, trade practices law, statutory compliance and employment law. Mr Hodgkinson has been a member of the POSH Committee for a number of years, through which he has actively engaged in raising money for CCNSW. He has also been a member of the Board of Cancer Council Australia since 2008.

### Mr Paul Lahiff BSc (Agr), FAIM

Chair of the Investment Committee, Chair of the Remuneration Committee

First appointed to the CCNSW Board in February 2007, re-appointed February 2010.

Mr Lahiff has over 30 years experience in the financial services industry. This has included roles as Managing Director of Permanent Trustee, Heritage Building Society, Mortgage Choice and WD Scott, as well as senior executive roles with Westpac Banking Corporation (in Sydney and London) and the credit union sector. Mr Lahiff currently runs his own consulting/advisory business, and serves on a number of boards.

### A/Prof Graham Mann PhD, FRACP

Member of the Governance Committee

First elected to the CCNSW Board in August 2006, re-elected December 2008.

Associate Professor of Medicine, University of Sydney at Westmead Millennium Institute and Melanoma Institute Australia.

With funding support from CCNSW, A/Prof Mann's team 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 to establish their effects. This work has been complemented by large-scale studies into the genetic and environmental causes of melanoma in the population, as well as focused psychosocial research into the effects of melanoma risk. Through a multi-centre collaborative program supported by the National Health and Medical Research Council (NHMRC) and the Cancer Institute NSW, he helps direct translational research into the molecular abnormalities of melanomas that can now be targeted to improve its diagnosis and treatment.

**Mr Stephen Roberts BB, MBA, MAICD**

Member of the Investment Committee until resignation from committee in May 2010

First elected to the CCNSW Board in Oct 2007, re-elected November 2009.

Mr Roberts is a member of the boards of Cancer Council Australia and Social Ventures Australia Capital Fund. Professionally, he is Senior Partner and Regional Business Leader of Asia Pacific for Mercer Investments, and brings extensive business and management experience to the board. Mr Roberts is trained as a chartered accountant, and is also Chair of the POSH Committee, which engages in fundraising activities for CCNSW.

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

Chair of the Audit and Finance Committee, Member of the Remuneration Committee

First appointed to the CCNSW Board in February 2007, re-appointed February 2010.

Mr Sendt is a company director and 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 Ethical Standards Board. He was Auditor-General of NSW from 1999 to 2006 and has a strong interest in governance, accountability and strategic management.

**Ms Melanie Trethowan MB (Marketing)**

Elected to the CCNSW Board in December 2008.

Ms Trethowan has been actively involved in cancer issues since 2004. To date her roles with CCNSW include Regional Advocacy Network Facilitator, member of the Mudgee Relay For Life Committee, acting Chair of the Western Regional Advisory Committee, member of the Medical and Scientific Advisory Committee and Daffodil Day Town Manager. In June 2009, she was elected Chair of the Members Assembly. Her previous board experience includes the Central West Community College,

Kanandah Retirement Ltd and the Foundation for Australian Agricultural Women. She has completed the Australian Rural Leadership Program and is a Vincent Fairfax Fellow. Since 1996, she has operated a marketing and project consultancy business based in Mudgee.

**Company Secretary**

Ms Angela Aston.

**Meetings of Directors/ Committees:**

	<b>Full meetings of Directors</b>		<b>Audit &amp; Finance Committee</b>		<b>Investment Committee</b>		<b>Governance Committee</b>		<b>Remuneration Committee</b>	
	<b>A</b>	<b>B</b>	<b>A</b>	<b>B</b>	<b>A</b>	<b>B</b>	<b>A</b>	<b>B</b>	<b>A</b>	<b>B</b>
S Ackland	5	6	*	*	*	*	*	*	*	*
J Boehm	5	6	5	5	*	*	6	6	*	*
M Chiew	4	6	1	3	*	*	*	*	*	*
P Cregan	5	6	*	*	*	*	*	*	1	2
B Hodgkinson	6	6	*	*	*	*	6	6	2	2
P Lahiff	5	6	*	*	5	5	*	*	2	2
G Mann	4	6	*	*	*	*	5	6	*	*
S Roberts	6	6	*	*	4	4	*	*	*	*
R Sendt	6	6	5	5	*	*	*	*	2	2
M Trethowan	6	6	*	*	*	*	*	*	*	*

**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

**In attendance:**

Dr Andrew Penman AM  
CEO, Cancer Council NSW

Mr Ted Starc  
Director, Corporate Services and CFO,  
CCNSW

Ms Angela Aston  
Company Secretary, CCNSW

# Our management

**Bruce Hodgkinson SC**  
Chair



**Dr Andrew Penman AM**  
Chief Executive Officer



**Kathy Chapman**  
Divisional Director,  
Health Strategies

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

**Ted Starc**  
Chief Financial Officer  
and Divisional Director,  
Corporate Services

**Jenny Beach**  
Divisional Director,  
Statewide Services

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

**Catherine Cahill**  
Divisional Director,  
Human Resources

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



Visit our online annual report resources at  
[www.cancercouncil.com.au/annualreport2010](http://www.cancercouncil.com.au/annualreport2010) to  
watch brief interviews with our Divisional Directors.



## Our management

### Andrew Penman AM Chief Executive Officer

Dr Andrew Penman has degrees in Biochemistry and Medicine from the University of Queensland. He completed an internship with the Auckland Hospital Board and trained in internal medicine in the United States, taking the membership exams for the American College of Physicians, prior to commencing training in public health. Andrew worked in emergency medicine and primary health care training before returning to Australia in 1983. He spent 13 years with the Health Department of Western Australia, including roles as the Medical Officer in Halls Creek, Director of Public Health in the Pilbara region and Assistant Commissioner for Public Health and Chief Health Officer. In 1996, Andrew moved to NSW to work as Director of Disease Prevention and Health Promotion for the NSW Health Department, before his appointment as CEO of CCNSW in 1998.

Andrew has a broad interest in public health, in particular in the development of programs for the control of non-communicable and chronic diseases, and in the early and effective application of research into practice.

In 2010, Andrew was appointed Member of the Order of Australia (AM) for his contribution to public health as Chief Executive Officer at Cancer Council NSW.

### Manisha Amin Divisional Director, Marketing and Communications

Manisha Amin has worked in both Australia and the United Kingdom in a number of sectors, including the arts, environment, technology and education. She is currently the Director of Marketing and Communications at CCNSW, where she has responsibilities for retail, direct marketing, events, marketing services and corporate communication. Her role involves bringing in \$54 million annually in fundraising from around 180,000 donors and events participants.

Immediately before joining CCNSW, she was the Marketing and Communications Manager for Guide Dogs NSW. Manisha's experience spans a range of disciplines across the marketing spectrum, including fundraising, communications, digital media, social marketing and advocacy.

### Gillian Batt Divisional Director, Cancer Information and Support Services

Gillian Batt graduated from University College, London, with a BA (Honours) degree and has a background in performance management and health policy and planning. She spent over 20 years working in the National Health Service (NHS) and the Department of Health in England, including positions at local, regional and national level. Before moving to Sydney in 2002, Gillian had been working closely with the NHS National Cancer Director in developing and implementing the NHS Cancer Plan.

As the Director of Cancer Information and Support Services, Gillian is responsible for ensuring that cancer patients, families and carers are able to access appropriate information and support at the right time. In looking to improve support available for patients and their families, Gillian has had a particular interest in developing research into the financial impact of cancer and the supportive and practical needs of patients, carers and their families. The practical support offered to cancer patients and their families in NSW has broadened under Gillian's leadership over the past five years.

Gillian has been part of the investigation team in partnership with the University of Western Sydney and a number of other organisations in undertaking Australian Research Council-funded studies into the effectiveness of support groups, the needs of carers and the impact of cancer on intimacy and sexuality for patients and carers.

Gillian has also successfully applied for a number of grants from Cancer Australia to develop interactive models of support for people affected by pancreatic cancer, brain tumours and cancer of unknown primary (CUP). These are all unsupported cancers with poor survival rates.

### Jenny Beach Divisional Director, Statewide Services

Jenny Beach has worked for CCNSW since 1997, starting as a Regional Programs Coordinator in Orange. Since that time, she has worked as the Regional Manager in the Western Region and the Health Strategies Manager, Regional Network. She took on the role of Director of Statewide Services Division in 2006. She is a registered nurse, and prior to working with Cancer Council worked throughout rural and regional NSW as a nurse, as well as in regional media and a variety of small businesses.

Jenny was born in Western NSW and has lived there most of her life. She is a passionate advocate for services in rural and regional NSW, and believes that community connections and local leadership hold the key to creating social networks and change. Her divisional strategy is guided by the belief that the greatest difference can be made by treating cancer as a social issue, where every one of us can make a contribution to this change.

### Catherine Cahill Divisional Director, Human Resources

Catherine Cahill has over 25 years experience in human resources management. She joined CCNSW in 2009, after working in government agencies, private partnerships and publicly listed and privately owned companies. Catherine has completed undergraduate studies in Social Science and Statistics at Macquarie University and has a Diploma in Human Resources Management from the Sydney Institute of Technology. She is a certified professional member of the Australian Human Resources Institute, and has previously served on the National Committee of the Australian Association of Career Counsellors.

Catherine has established a significant track record developing and delivering both strategic and operational human resources initiatives in a diverse range of industries, including sales, manufacturing, professional services, health, government and event management. Her experience and expertise includes generalist human resources management, employment law and organisational development.

Early in her career, Catherine developed skills in occupational health and safety and injury management, and was one of the first Return to Work Counsellors when the revised WorkCover system was launched in 1991.

#### **Kathy Chapman**

##### **Divisional Director, Health Strategies**

Kathy Chapman has a Bachelor of Science degree and a Masters degree in Nutrition and Dietetics. She is currently a PhD candidate at the University of Sydney. Kathy is an accredited practising dietitian and has 18 years experience working in both public health and clinical settings. Prior to working at CCNSW, Kathy worked at Bankstown and Gosford hospitals and in medical education at the Postgraduate Medical Council. Kathy has worked at Cancer Council since 2002, and was previously our Nutrition Program Manager. Kathy was the first nutritionist employed at CCNSW and has enhanced the organisation's focus on nutrition and cancer prevention, both in NSW and nationally. Kathy is the chair of Cancer Council Australia's Nutrition and Physical Activity Committee and chair of the Coalition on Food Advertising to Children.

As Director of the Health Strategies Division, Kathy is responsible for leading the cancer prevention work of Cancer Council in tobacco control, nutrition and skin cancer, as well as advancing policy and advocacy initiatives in these areas. Kathy's experience includes developing strategic partnerships, developing and disseminating policy positions relating to cancer control, strategic research to underpin both advocacy and community-based programs, and the development, implementation and evaluation of programs to change health-related behaviours.

#### **Freddy Sitas**

##### **Divisional Director, Cancer Research**

Freddy Sitas is the Director of Cancer Research Division at CCNSW, comprising the Cancer Epidemiology Research Unit in Sydney and the Centre for Health Research and Psycho-oncology in Newcastle. Research programs include cancer causes, health service research, mathematical modelling, analytical epidemiology, behavioural science and psycho-oncology.

He obtained a BSc in 1981, an MSc (Med) in 1987 from the University of the Witwatersrand (South Africa), an MSc in Epidemiology from the London School of Hygiene and Tropical Medicine in 1987 and a DPhil in Epidemiology from the University of Oxford in 1990. Part of his work showed for the first time that *Helicobacter pylori* is a cause of stomach cancer. He returned to South Africa in 1990 to head the National Cancer Registry and in 1999 was awarded a Directorship of the South African MRC Cancer Epidemiology Research Group. In 2000, he was awarded a Readership in Epidemiology by the University of the Witwatersrand. He joined CCNSW as Director, Cancer Research and Registries in 2003. He is an Associate Professor at the Schools of Public Health at the University of Sydney and the University of New South Wales.

Freddy has published 94 papers in peer-reviewed journals, 3 theses, 15 books/reports, 11 chapters in books and 14 other publications, with a total of 3,599 citations. Freddy's interests include cancer and mortality surveillance, viruses and cancer, and tobacco-attributed disease.

#### **Ted Starc**

##### **Chief Financial Officer and Divisional Director, Corporate Services**

Ted Starc has a Bachelor of Economics from the University of Sydney, a Graduate Diploma in Business Computing from the University of Western Sydney, and a Graduate Diploma in Applied Finance and Investment from the Financial Services Institute of Australia. He is a member of the Institute of Chartered Accountants, is a registered tax agent, a senior member of the Australian Computer Society, a registered Justice of the Peace and a Fellow of the Financial Services Institute of Australia. Ted has auditing experience gained across primary, secondary and tertiary industries – ranging from small family-operated businesses to multinationals – in the technical areas of audit, taxation and accounting services.

Ted moved from auditing to the commercial arena, working in varied environments including manufacturing, wholesaling, retailing, importing, exporting, direct selling and service provision. He joined CCNSW in 1998 as Chief Financial Officer and the additional appointment to Divisional Director, Corporate Services, was made in 2008.

# Thank you

**We thank the following individuals and organisations who have supported us in 2009/10. Through their extensive and generous financial or in-kind support, they have had a significant impact on our mission. There are others who elected not to have their names published, and to whom we are also grateful.**

**Aqua Dining and Ripples  
Group of Restaurants**

**Coles**

**Andrew Cox**

**Franklins**

**The Dianne Kemp  
Foundation**

**NAB**

**Prime TV**

**Keith and Alison Ross**

**Star Track Express**

**Tour de Cure**

Active Air Rentals  
AFL NSW/ACT  
AMP  
ANZ Trustees  
Apparel Group  
Australian Army  
Avoca Beach Girls Night In Committee  
Bankwest  
Baulderstone  
Bayview Boulevard  
Big W

Bijoux Collection  
Bloomfield Foundation  
Blooms The Chemist  
BlueScope Steel  
Bonville Golf Resort  
Brown and Hurley Trucks  
Tim Cahill  
Canterbury-Bankstown Bulldogs  
Mirella Carbone  
Cargill  
C Burk Design  
Angela Cho  
Christ the King Primary School  
CHU  
CityRail  
Cleaver's  
Count Charitable Foundation  
Cronulla Sharks  
CSC  
Curves  
Daikin  
Deutsche Bank  
Eden Gardens  
Fastway Couriers  
FCB Workplace Lawyers & Consultants  
Flowers Financial Group  
Football NSW  
Foxtel  
Barbara Galvin  
Julie Giovenco  
Catherine Giunta  
Gordon and Gotch  
Harris Farm Markets  
HCF  
Bill Hicks  
Hills Shire Times  
Bruce Hodgkinson SC  
IGA  
Illawarra Honeybees  
Integral Energy  
James Tuite & Associates  
Jonah's  
Kmart  
Liberty International Underwriters  
Lumley Insurance  
Macquarie Group Foundation  
Magic Millions

Man Investments  
Manly-Warringah Sea Eagles  
Medicare  
Minter Ellison Lawyers  
Mortgage Choice  
Nerada Tea  
Nettleton Tribe  
Newsagents Association NSW  
Colleen Newton  
Next Capital  
NIDA  
NRMA  
NSW Rugby  
Parramatta Eels  
Pearsons Florist  
PMA Solutions  
QBE  
Quadrant Private Equity  
Relais & Chateaux  
Rix Creek Social Golf Club  
Stephen Roberts  
Rugby League's One Community  
Russell Investments  
Maxwell Schroder  
Servcorp Smart Office  
Shangri-La Hotels and Resorts  
Kay Sidman  
Nancy Sherry  
Skipper Jacobs Charitable Trust  
Sorbent  
SOS Print + Media  
South Sea Horizon  
Sportscraft  
St George Illawarra Dragons  
STI Lilyfield  
Sydney Water  
Tenix  
The Patronax Foundation  
The Westin Sydney  
Turner Freeman Lawyers  
UnderCoverWear  
Veolia Transport  
Westpac  
West's Tigers  
Winning Appliances  
Leanne Wood  
Woolworths

# Thank you for bequests

**Bequests reflect the foresight of generous people such as these, who believed in defeating cancer for future generations. Their final kindness will enable us to fund more life-saving research and provide vital services and programs.**

Mary Jean Allen  
Kevin Edward Alridge  
Keith Victor Armstrong  
Olga Essie Patience Armstrong  
Charles L Bartholomew  
Marie Josphe Bayliss  
May Morison Bennett  
Robert Francis Biddle  
Aileen Dorothy Blackie  
Edith May Bohr  
Rosine Ernestine Bourne  
Helen Ann Bowles  
Vera Ellen Brack  
Barry Raymond Bristow  
Nola June Brown  
Jean McIver Caldwell  
Una Jean Cameron  
Lorna Patricia Cavanagh  
Elizabeth McCheyne McKim Clark  
Catherine Gaskin Cornberg  
Kathleen Blackwell Cribb  
Douglas Gordon Bruce Cumming  
Irene Marjorie Daly  
Antje Renske De Munck  
Vera Florence Dudgeon

Eva Dundas  
Shirley Elford  
Alfred James Emmerson  
Neville Charles Finch  
James Walter Fox  
Shirley Gerlic  
Bruce Allan Gibson  
John Anthony Gilbert  
Mary Gran-Faugstadmo  
Evelyn Mildred Harris  
Jaime Marie Harrison  
Avice Winifred Harwood  
Roy Edward Heath  
Jessie Jocelyn Holder  
James Brian Hopkins  
Grace Louise House  
Ernest Kenneth Isherwood  
Brian William Jackson  
Marjorie Wilba Jeffery  
Patrick Vaughan Jeffery  
Dorothea Mary Jezzard  
Gladwys Madge Leach  
Ruth Mary MacCarthy  
Allan John McClenaghan  
Shirley Love McGrane  
Ruth Isabelle Mackey  
Doris May Maskey  
Stanley Morley Mather  
Theodoros Ilias Mavromattes  
Winifred Isobel Mitchell  
Lexie Eunice Morell  
Hazel Doreen Nagle  
Marion Nelson  
Mona Frances Nesbitt  
Bruce Anthony O'Callaghan  
Agnes Argyle Pank  
Raymond Kemp Perrott  
Joyce Ethel Perry  
Elizabeth Anne Petersen  
Wilhelmina Theodora Pieck  
George Edward Portors  
Bernard John Pusch  
Edith Margaret Richardson  
Gay Lucille Roberts  
Kalju Saks  
John Alfred Scattergood

George Alroy Scheuner  
Mary Vimala Selvam  
Josephine Shank  
Dorothy May Hamilton Sharp  
Ronald Grenfell Shearwin  
John Oswald Shepherd  
William Clarence Sneddon  
Mary Frances Stephens  
Mary Betty Stokes  
Joyce Sugars  
Sheila Mary Suters  
Brunhilde Auefemii Sztajgman  
David Sztajgman  
Lewis John Taylor  
Dorothy Reavley Tinsley  
Ermione Tonna  
Evelyn Rose Turrell  
Leonard Arthur Tyler  
Kenneth James Unwin  
Ivy Viant  
Frederick Robinson Vines  
Alan James Walker  
John Harold Wallington  
Pauline Hilda Walsh  
Rita Waterman  
Joan Muriel Whitfield  
Clive Raymond Wilshire  
Marion Woods





Together  
we can  
beat cancer

## Volunteer with us

Our volunteers are exceptional people, giving time, giving skills and giving hope. You may have specialist skills or expertise, you may want to provide peer support for patients or carers, or perhaps you'd like to help with administration or fundraising efforts. There are so many ways to volunteer your time and energy. If you'd like to find out more about opportunities for you or your organisation to volunteer with us, email [volunteervacancies@nswcc.org.au](mailto:volunteervacancies@nswcc.org.au) or call **(02) 9334 1813**.

## Join a Relay For Life

Relay For Life is a unique, overnight fundraising event that brings communities together in the fight against cancer. Whether you are a cancer survivor, a carer, someone supporting friends or loved ones, or simply wanting to make a difference, Relay For Life empowers everyone who participates. You can register your own team, or join an existing event. Visit [www.relay.cancercouncil.com.au](http://www.relay.cancercouncil.com.au) for more information.

## Join a research study

From time to time, we conduct research studies on people drawn from the NSW population. Studies range in type from questionnaire-based surveys, focus groups and interviews to other types of research. You can register online at [www.cancercouncil.com.au/joinastudy](http://www.cancercouncil.com.au/joinastudy) by providing a few relevant details, or call the special Join a Research Study number on **(02) 9334 1398**. Please note that study participants will not necessarily be cancer patients.

## Call our Helpline

For information about any aspect of cancer, our Cancer Council Helpline **13 11 20** is an excellent starting point. The Helpline is a free and confidential telephone information and support service (local call cost applies). It is staffed by oncology-experienced health professionals, who provide an exceptional level of cancer information and support to the people of NSW.

## Join a fundraising event

Hosting or joining a fundraising event is a fantastic way to raise funds to defeat cancer and have a great time with your friends, family or workmates. More than 31,00 people hosted or organised a fundraising event or activity for us last year. Our events are some of the most popular and well-recognised in Australia – Daffodil Day, Australia's Biggest Morning Tea, Girls Night In and Pink Ribbon Day to name a few. Visit our website at [www.cancercouncil.com.au](http://www.cancercouncil.com.au) to see when and how you can get involved.

## Give regularly

Through our Breakthrough regular giving program, you can give an amount each month or each quarter, which can be deducted from your bank account or credit card.

Your regular gift will help to fund support services and current research studies into defeating cancer, as well as future projects.

Visit our website or phone **1300 780 113 (toll free)** to sign up as a regular giver.

## Visit us online

Our website has had a major redevelopment, and we invite you to visit [www.cancercouncil.com.au](http://www.cancercouncil.com.au) to get informed, get support, get involved or make a change.

## Take action

Speak out, tell your story and get involved – visit [www.canceraction.com.au](http://www.canceraction.com.au) to learn more or take action about cancer issues. Actions speak louder than words, which is why this website provides you with various ways to take action based on your passion, time commitments or preferences for involvement.

## Remember us in your will

You can help us beat cancer by including a gift in your will to Cancer Council. It is a simple process that will make a real difference to the lives of people affected by cancer and to the health of future generations. If you do decide to include a gift in your will, please use the following wording:

*'I bequeath to The Cancer Council NSW (ABN 51 116 463 846) for (its general purposes) or (its research purposes) (the residue of my estate) or (a specified sum) or (specified items) free of all duties, and the receipt of the Secretary or other authorised officer for the time being shall be a complete and sufficient discharge for the executor(s).'*

For more information, contact Mella Moore by email at [bequests@nswcc.org.au](mailto:bequests@nswcc.org.au) or phone **(02) 9334 1900**.

## Our summarised financial report

This summarised financial report is an extract from the full financial report for the year ended 30 June 2010. The financial statements and disclosures in the summarised financial report have been derived from the *Full Financial Report for the year ended 30 June 2010*.

This following summarised financial report reflects our commitment to business transparency and environmental awareness. A commentary is provided from page 41 to assist members in understanding the summarised financial report.

For a full understanding of the financial performance, financial position and financing and investing activities of Cancer Council NSW (CCNSW), please see the full financial report and auditor's report on our website at [www.cancercouncil.com.au/annualreport2010](http://www.cancercouncil.com.au/annualreport2010)



The full financial report and auditor's report is available online at [www.cancercouncil.com.au/annualreport2010](http://www.cancercouncil.com.au/annualreport2010)



An extract from the full financial report is printed on the following pages.



This reflects our commitment to environmental awareness and business transparency.

# Statement of comprehensive income

For the year ended 30 June 2010

	2010 \$'000	2009 \$'000
<b>Revenue</b>		
Fundraising income	53,750	48,290
Retail income	7,523	7,953
Interest and investment income	2,278	2,249
Grant income	2,827	1,808
Other revenue	1,113	1,147
<b>Total revenue</b>	<b>67,491</b>	<b>61,447</b>
Increase in fair value of investment property	30	—
Gain on sale of managed funds	5,407	—
<b>Total income</b>	<b>72,928</b>	<b>61,447</b>
<b>Expenses</b>		
Fundraising expenditure	15,405	15,872
Retail expenditure	6,081	6,567
Research	14,269	14,401
Regional program delivery	4,962	5,078
Health advocacy and prevention	3,719	4,140
Information and support	6,725	6,798
Media, communication and marketing expenditure	2,272	2,856
Infrastructure and investment	5,263	5,269
Decrease in fair value of managed funds	—	5,809
<b>Total expenses</b>	<b>58,696</b>	<b>66,790</b>
<b>Surplus/(deficit) before income tax</b>	<b>14,232</b>	<b>(5,343)</b>
Income tax expense	—	—
<b>Surplus/(deficit) for the year</b>	<b>14,232</b>	<b>(5,343)</b>
<b>Other comprehensive income</b>		
Decrease in fair value of available-for-sale financial assets	(2,303)	—
Decrease on revaluation of land and buildings	—	(2,863)
<b>Total comprehensive income for the year</b>	<b>11,929</b>	<b>(8,206)</b>



# Statement of financial position

As at 30 June 2010

	2010 \$'000	2009 \$'000
<b>Assets</b>		
<b>Current assets</b>		
Cash and cash equivalents	9,065	11,695
Trade and other receivables	1,698	1,417
Inventories	1,136	978
Financial assets	5,000	–
<b>Total current assets</b>	<b>16,899</b>	<b>14,090</b>
<b>Non-current assets</b>		
Investment properties	300	270
Financial assets	39,162	31,575
Property, plant and equipment	18,456	19,295
<b>Total non-current assets</b>	<b>57,918</b>	<b>51,140</b>
<b>Total assets</b>	<b>74,817</b>	<b>65,230</b>
<b>Liabilities</b>		
<b>Current liabilities</b>		
Trade and other payables	2,254	4,451
Provisions – employee benefits	1,374	1,367
<b>Total current liabilities</b>	<b>3,628</b>	<b>5,818</b>
<b>Non-current liabilities</b>		
Provisions – employee benefits	449	601
<b>Total non-current liabilities</b>	<b>449</b>	<b>601</b>
<b>Total liabilities</b>	<b>4,077</b>	<b>6,419</b>
<b>Net assets</b>	<b>70,740</b>	<b>58,811</b>
<b>Funds</b>		
General funds	61,280	48,614
Restricted funds reserve	8,839	7,273
Available-for-sale financial assets reserve	(2,303)	–
Asset revaluation reserve	2,924	2,924
<b>Total funds</b>	<b>70,740</b>	<b>58,811</b>

# Statement of changes in funds

For the year ended 30 June 2010

	General funds	Restricted funds reserve	Available-for-sale financial assets reserve	Asset revaluation reserve	Total funds
	\$'000	\$'000	\$'000	\$'000	\$'000
<b>Opening balance as at 1 July 2008</b>	<b>54,463</b>	<b>6,767</b>	–	<b>5,787</b>	<b>67,017</b>
Transfer to/(from) reserves	(506)	506	–	–	–
Total comprehensive income for the year	(5,343)	–	–	(2,863)	(8,206)
<b>Closing balance as at 30 June 2009</b>	<b>48,614</b>	<b>7,273</b>	–	<b>2,924</b>	<b>58,811</b>
<b>Opening balance as at 1 July 2009</b>	<b>48,614</b>	<b>7,273</b>	–	<b>2,924</b>	<b>58,811</b>
Transfer to/(from) reserves	(1,566)	1,566	–	–	–
Total comprehensive income for the year	14,232	–	(2,303)	–	11,929
<b>Closing balance as at 30 June 2010</b>	<b>61,280</b>	<b>8,839</b>	<b>(2,303)</b>	<b>2,924</b>	<b>70,740</b>

## 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.

### Available-for-sale financial assets reserve

The available-for-sale financial assets reserve is used to record changes in the fair value of financial assets classified as available-for-sale. Amounts are reclassified to surplus or deficit when the associated assets are sold or impaired.

### Asset revaluation reserve

The asset revaluation reserve is used to record increments and decrements on the revaluation of CCNSW land and buildings.

# Statement of cash flows

For the year ended 30 June 2010

	2010 \$'000	2009 \$'000
<b>Cash flows from operating activities</b>		
<b>Receipts</b>		
Receipts from supporters and funding sources (inclusive of GST)	62,055	58,116
Receipts from grant funding	2,827	1,808
Dividends, franking credits and interest received	930	1,016
	<b>65,812</b>	<b>60,940</b>
<b>Payments</b>		
Payments to suppliers and employees (inclusive of GST)	59,468	58,698
	<b>59,468</b>	<b>58,698</b>
<b>Net cash inflow from operating activities</b>	<b>6,344</b>	<b>2,242</b>
<b>Cash flows from investing activities</b>		
Proceeds from sale of financial assets at fair value through profit and loss	37,167	—
Proceeds from sale of property, plant and equipment	326	243
Proceeds from sale of available-for-sale financial assets	23	—
Payments for purchase of available-for-sale financial assets	(40,326)	—
Payments for purchase of held to maturity investments	(5,000)	—
Payments for purchase of property, plant and equipment	(1,164)	(2,379)
<b>Net cash outflow from investing activities</b>	<b>(8,974)</b>	<b>(2,136)</b>
Net increase/(decrease) in cash and cash equivalents	(2,630)	106
Cash and cash equivalents at beginning of year	11,695	11,589
<b>Cash and cash equivalents at end of year</b>	<b>9,065</b>	<b>11,695</b>



# Commentary on statement of comprehensive income

The result for the financial year ended 30 June 2010 was a surplus of \$14.2M compared with a deficit of \$5.3M in the previous year. This result was achieved through strong income growth and constrained expenditure in a year that began with great uncertainty regarding the impact and extent of the global financial crisis on our supporters and their ongoing capacity to support CCNSW.

## Income

**Total income** increased by \$11.5M or 19% from last year (\$61.4M to \$72.9M), an excellent result in an uncertain economic climate.

**Fundraising income** increased by \$5.5M or 11% from last year (\$48.3M to \$53.8M). Bequest income was a standout, up on last year by \$2.4M or 23%. Our Breakthrough regular giving program posted another year of growth, up on last year by \$1.1M or 9%. However, not all areas experienced growth, with our direct mail result decreasing by \$0.5M or 16% from last year.

Of our fundraising events, Relay For Life income was the standout performer, up on last year by \$1.1M or 22%, firmly establishing itself as Cancer Council's biggest event in both income and participation levels. Pink Ribbon Day and Pink Ribbon Events also posted significant growth with their combined result up on last year by \$0.7M or 36%, whilst Daffodil Day posted modest growth in income of \$0.2M or 5%.

Other mass participation events, Australia's Biggest Morning Tea (ABMT) and Girls Night In (GNI), both experienced decreases in registrations and income from last year, with ABMT down on last year's income by \$0.4M or 8% and GNI also down on last year by \$0.4M or 14%. Post-event analysis was conducted to

investigate reasons for these declines in order to improve their performance in future years.

**Investment income** increased by \$5.5M or 250% from last year (\$2.2M to \$7.7M). This growth was achieved thanks to the recovery in the global financial markets during the year, and recoups the losses posted last financial year as a result of the global financial crisis. Our investment policy is closely monitored by our Board and the Investment Committee, which take a long-term view of our investments. During the year our investment portfolio was restructured within this policy, under the guidance of our investment advisors, Mercer, to provide greater diversity in our investments and reduced volatility in the portfolio.

**Retail income** decreased by \$0.4M or 5% from last year (\$7.9M to \$7.5M). This is a strong result given the closure of our Sydney CBD store in January 2009 due to the Westfield Centrepoin redevelopment.

**Grant income** increased by \$1.0M or 56% from last year (\$1.8M to \$2.8M). This result is primarily due to funding being received for a new skin cancer study from the National Health and Medical Research Council (\$0.7M) and two new Smoking Care projects from NSW Health (\$0.4M). A full list of grant income is published in Note 3 of our full financial statements.

## Expenditure

**Total expenditure** decreased by \$8.1M or 12% from last year (\$66.8M to \$58.7M). This result is due to the inclusion of investment losses last year and also reflects a year of cautious spending, with few new projects approved due to uncertainty in funding. With greater certainty and confidence heading into the new financial year, the Board has approved an increased expenditure budget of \$68M for 2010/11.

**Investment losses** of \$5.8M were recognised in expenditure last year, with no losses being posted to expenditure this financial year. This is the primary contributor to the decrease in total expenditure from last year. With the restructure of our investment portfolio during the year, our new managed fund

investments have been designated as available-for-sale. This will mean future gains and losses due to market fluctuations will be booked to reserves in our accumulated funds and will not impact directly on future income or expenditure. This change in policy is consistent with the Board's long-term view of our investments.

**Fundraising expenditure** decreased by \$0.5M or 3% from last year (\$15.9M to \$15.4M). This decrease is mostly attributed to lower than expected recruitment levels and associated costs for our Breakthrough regular giving program.

**Retail expenditure** decreased by \$0.5M or 7% from last year (\$6.6M to \$6.1M). This result is due to the closure of our Sydney CBD store as well as improved supplier relationships delivering savings in cost of goods sold.

**Research expenditure** decreased by \$0.1M or 1% from last year (\$14.4M to \$14.3M). This is due to some significant long-running research projects being completed during the year and a reduced number of new projects being approved. This plateau in our research expenditure is in line with other expenditure areas and is considered temporary, given a research expenditure budget of \$17M is planned for the 2010/11 year.

**Media, communication and marketing expenditure** decreased by \$0.5M or 20% from last year (\$2.9M to \$2.3M). This result is primarily due to the discontinuing of our Cancer Council Outreach Service in 2009.

Other areas of expenditure decreased marginally from last year with no material changes in activity to note.

Overall, CCNSW's strong financial result provides a solid foundation for continued growth and, most importantly, the ability to continue delivering cancer research, support and prevention programs into the future.

# Commentary on statement of financial position

## Assets

**Total assets** increased by \$9.6M or 15% from last year (\$65.2M to \$74.8M). This increase is as a result of a top-up of our managed fund portfolio, net growth in our managed funds and increases in cash levels (incorporating term deposits), all of which were funded from higher than expected income.

**Cash and cash equivalents** decreased by \$2.6M or 22% from last year (\$11.7M to \$9.1M). This is primarily due to \$5M in unbudgeted income being invested for terms greater than 3 months to maximise interest returns. These funds are classified as financial assets rather than cash and cash equivalents.

**Trade and other receivables** increased by \$0.3M or 20% from last year (\$1.4M to \$1.7M). This is primarily due to an income distribution from Cancer Council Australia for the year ended 30 June 2010 being recognised in June but not received until early July 2010.

**Inventories** increased marginally by \$0.1M or 10% from last year (\$1.0M to \$1.1M). This is primarily due to stock required for our new Rouse Hill retail store which opened in May 2010.

**Financial assets** increased by \$12.6M or 40% from last year (\$31.6M to \$44.2M). This is due to \$5M in cash being deposited for terms greater than 90 days; a \$3.2M top-up of our managed funds in December 2009; net growth in our managed funds of \$3.1M; and distributions of \$1.3M being reinvested.

## Property, plant and equipment

decreased by \$0.8M or 4% from last year (\$19.3M to \$18.5M). There were no major additions during the year, therefore this movement represents normal asset turnover and depreciation charges during the year.

## Liabilities

**Total liabilities** decreased by \$2.3M or 36% from last year (\$6.4M to \$4.1M). This is due to a decrease in trade and other payables, and a net decrease in employee benefits from last year.

**Trade and other payables** decreased by \$2.2M or 49% from last year (\$4.5M to \$2.3M). This is primarily due to payment of the final instalments for research grants earlier this year than last year.

## Provisions – employee benefits

decreased by \$0.2M or 10% from last year (\$2.0M to \$1.8M). This is primarily due to compulsory annual leave for staff during the extended Christmas shutdown in January 2010.

## Funds

**Total funds** increased by \$11.9M or 20% from last year (\$58.8M to \$70.7M). This increase is mainly due to the surplus for the financial year.

Our restricted funds reserve, which forms part of this total fund balance, increased by \$1.6M or 22% from last year (\$7.3M to \$8.8M) and represents growth in the net fundraising proceeds received with a restricted use attached. These funds are held in reserve until spent on an appropriate project in accordance with our donors' requests.

Our available-for-sale financial assets reserve has a deficit balance of \$2.3M, representing unrealised losses in the value of our managed funds at 30 June 2010.

There was no movement in our asset revaluation reserve during the year with the balance remaining at \$2.9M.

# Audit report



## Independent Auditor's Report

To the members of The Cancer Council NSW

### Report on the Summarised Financial Report

We have audited the accompanying summarised financial report of The Cancer Council NSW (the company), which comprises the statement of financial position as at 30 June 2010, and the statement of comprehensive income, statement of changes in funds and statement of cash flows for the year ended on that date, and related notes, which have been derived from the financial report of the company for the year ended 30 June 2010. We expressed a qualified auditor's opinion on that financial report in our independent auditor's report dated 18 October 2010.

#### *Directors' Responsibility for the Summarised Financial Report*

The directors of the company are responsible for the preparation and fair presentation of the summarised financial report.

#### *Auditor's Responsibility*

Our responsibility is to express an opinion on the summarised financial report based on our procedures which were conducted in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements.

#### *Basis for Qualified Auditor's Opinion*

Cash from donations and other fundraising activities is a significant source of revenue for the company. Although the company 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 summarised financial report of the matter referred to in the qualification paragraph, the information reported in the summarised financial report, is consistent, in all material respects, with the financial report from which it was derived. For a better understanding of the scope of the audit, this auditor's report should be read in conjunction with our audit report on the financial report.

PKF  
Paul Bull  
Partner

Sydney  
18 October 2010

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# Our governance

## Governance principles

### 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 at [www.cancercouncil.com.au](http://www.cancercouncil.com.au). In particular, the purpose and role of the Board is to:

- Set the directions and strategies of CCNSW, 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 that is compliant with the *Corporations Act 2001*, the company's Constitution and good practice.
- Protect, promote and preserve CCNSW'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 Chief Executive Officer (CEO).

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

The Remuneration Committee of the Board evaluates 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 a senior executive is the performance plan negotiated in July each year, which is reviewed in January/February, with a final evaluation conducted in July of the subsequent year.

In February this year, the Board completed a formal evaluation of CCNSW's strategic plan and laid the foundations for and principles upon which CCNSW's new strategic plan was developed.

The Board also considered and endorsed the findings of a strategy review by Cancer Council Australia.

### Principle 2: Structure the Board to add value

The majority (6 of 10) of the Board members are independent Directors. Of the remaining Directors, Ms Jill Boehm OAM (until March 2010) and Dr Patrick Cregan had a material contractual arrangement through a Memorandum of Understanding signed with the Cancer Institute NSW, and both Associate Professor Graham Mann and Dr Stephen Ackland are involved as investigators on research grants funded by CCNSW.

Membership of the Board of Directors as determined by CCNSW's Constitution comprises six Core Directors elected by the Members Assembly, one Core Director nominated by the Cancer Institute NSW and up to three Directors who are co-opted by the seven Core Directors. The Co-opted Directors are selected for their substantial skills and experience in philanthropy, finance or marketing, which will, in the opinion of the Core Directors, enhance the skills mix of the Board.

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.

Effective December 2008, the Board, the Members Assembly and CCNSW Members passed a resolution to amend CCNSW's Constitution to change the quorum requirement for a Members Assembly meeting to 50 percent of the members appointed to the Members Assembly at the time of a meeting. However, we are still awaiting a response from the office of the Minister Assisting the Minister for Health (Cancer). The Minister's approval is required to render the amendment effective.

The Board undertakes a formal process to evaluate its own performance and that of its Committees and individual Directors.

The process for electing the Members Assembly is described in the Constitution, which is available on our website ([www.cancercouncil.com.au](http://www.cancercouncil.com.au)).

The Board has the power to, and does when appropriate, seek independent professional advice.

This year, the Governance Committee has reviewed CCNSW's Constitution and has recommended a number of amendments to the Constitution for the consideration of the Members Assembly and CCNSW Members in 2010/11.

### 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, personal conflicts of interest for Board members.

CCNSW Directors are not paid for their services; however, they may be reimbursed for expenses incurred (travelling, accommodation etc) as a result of attending meetings of the Directors or otherwise in the execution of their duties. Directors may also be paid a fee for services where they are asked to perform extra services or undertake other work for CCNSW beyond or outside the Directors' ordinary duties.

#### Principle 4: Safeguard integrity in financial reporting

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

- Report to the Board of CCNSW, with 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 CCNSW.
- 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 CCNSW.
- Review the Audit and 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 are evaluated by the Board.
- Review the organisational policies that relate to its Charter and report to the Board.

The Audit and Finance Committee is chaired by an independent Director who is not the Chair of the Board, and comprises three Board members. In February 2010, the Board approved a change to the Audit and Finance Committee Charter that would amend the membership of the Committee, reducing Board membership from three to two and appointing an external person with appropriate expertise. Approval has been sought from the Minister to amend the Audit and Finance Committee Charter and Committee membership. Ministerial approval is pending.

The Board appointed an internal auditor, Oakton, following an open tender process.

In May this year, Mr Stephen Roberts accepted the position of Senior Partner and Regional Business Leader for Mercer Investments, as a consequence of which he resigned from his role on CCNSW's Investment Committee. He remains a member of the Board of CCNSW.

#### Principle 5: Make timely and balanced disclosure

CCNSW 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 2001*, and through the Annual General Meeting.

#### Principle 6: Respect the rights of "stakeholders"

As of May 2010, CCNSW had 87 (73 Ordinary and 14 Organisational) formal members. It also recognises a broader responsibility to its community of supporters, who include donors, consumers and volunteers. CCNSW communicates with these stakeholders via its website, various newsletters and face-to-face meetings throughout the year. Stakeholders can address questions to CCNSW 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 met once, on 8 December 2009.

#### Principle 7: Recognise and manage risk

On behalf of the Board, the Audit and Finance Committee is authorised to oversee the adequacy and effectiveness of the accounting and financial controls, including CCNSW's policies and procedures to assess, monitor and manage business risk. CCNSW has a three-year internal audit plan to address relevant risks.

Internal auditors conducted reviews on Statewide Services Division regional offices and hubs; retail operations; training, learning and development; the Marketing Services Unit; new events development process; grants management and administration; back-office support for major events; volunteer engagement within programs; and risk management and business continuity roll-out.

The Investment Committee is responsible for developing and monitoring investment policies and in 2009/10, the Committee updated the Investment Policy to include a new Spending Policy. In December 2009, CCNSW's Investment Asset Class mix was also reviewed and the Board agreed to invest surplus funds through an Implemented Manager Solution. This enabled the Committee to take advantage of the change in investment opportunities and to optimise investment return.

#### 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 April 2010, the Remuneration Committee agreed to undertake the broader responsibility of understanding succession planning for CCNSW and therefore developed terms of reference for succession planning for senior management.

#### Cancer Council NSW

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

#### Privacy at Cancer Council NSW

CCNSW's commitment to security and confidentiality includes complying with the *National Privacy Act 1988* (Cwlth), specifically in relation to the amendments made by the *Privacy Amendment (Private Sector) Act 2000* (Cwlth) (Privacy Act), and, where applicable, the *Health Records and Information Privacy Act 2002*. CCNSW's Privacy Steering Committee oversees the review/revision of privacy documentation as needed, receives information about changes to privacy legislation, discusses privacy issues arising and endeavours to ensure members of staff are properly informed on relevant privacy matters for their units.

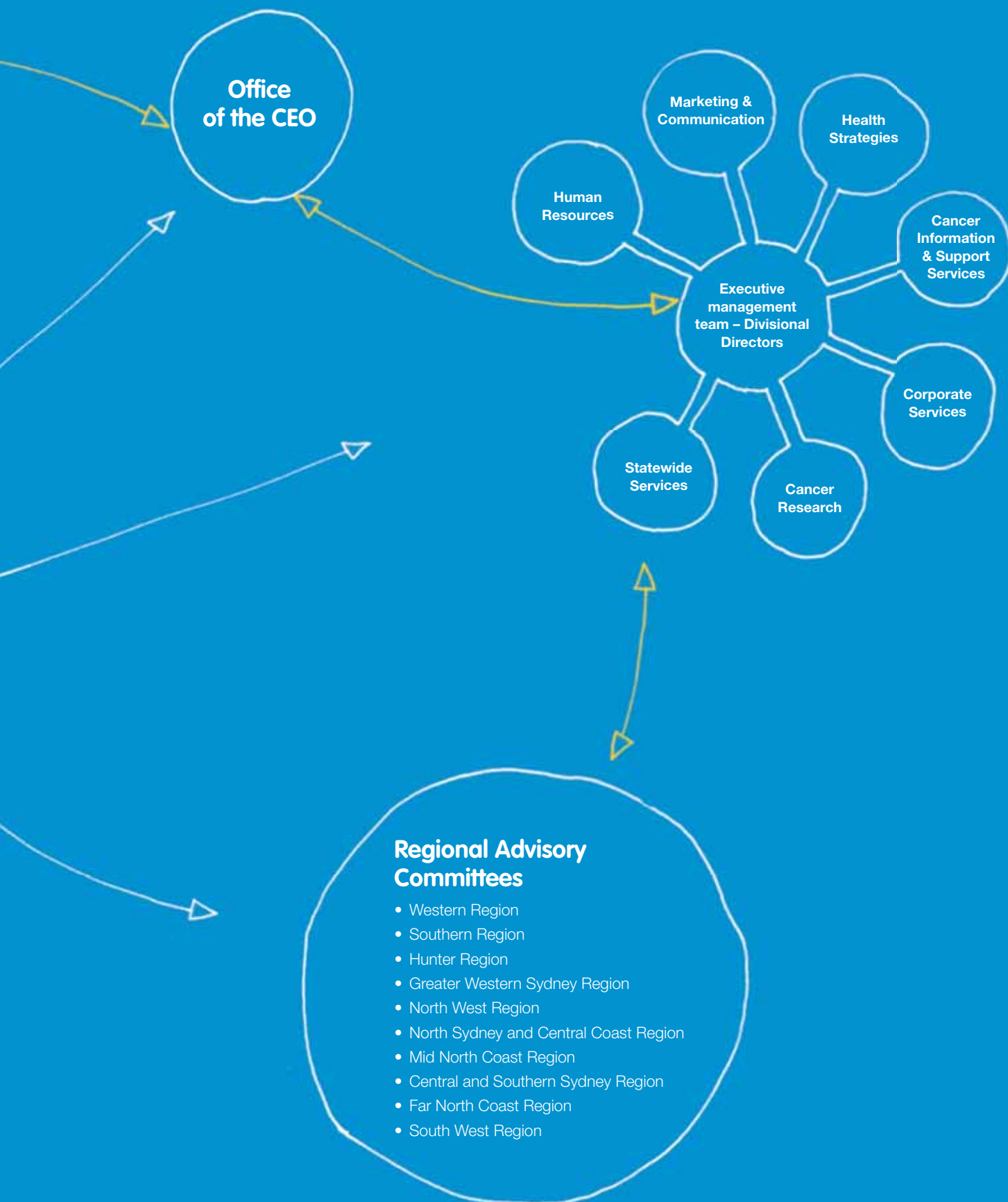
A final data-classification exercise, planned for completion this year, is awaiting the further development of the organisation's Security Policy, which is being revised to include the development of a new CRM (Constituent Relationship Management) system.

During 2008/09, 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.

# Our structure







## Members Assembly

### Cancer Institute NSW nominees

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  
Ms Roberta Higginson, Cancer Voices NSW

### Health Organisation nominees

Assoc Professor Michael Back OAM  
Royal Australian and New Zealand College of Radiologists  
Dr Stephen Clarke, Royal Australasian College of Physicians  
Ms Beverley Lindley, Royal Australasian College of Surgeons  
Ms Catherine Johnson, Cancer Nurses Society of Australia  
Mr Richard Lawrence, Royal Australian College of General Practitioners

### Research Organisation elected representatives

Dr Anna deFazio, Westmead Institute for Cancer Research

### Minister's nominees

Ms Michelle Sparkes

### Cancer Council Australia nominees

Mr Keith Cox  
Professor William McCarthy AM

### Elected Ordinary members

Ms Sally Carveth  
Ms Kathy Chapman  
Ms Natalie Flemming  
Ms Vivienne Gregg  
Mr Bruce Hodgkinson  
Ms Rosanna Martinello  
Dr Kendra Sundquist  
Ms Melanie Trethowan  
Mrs Poh Woodland  
Ms Liz Yeo

## Board of Directors

Mr Bruce Hodgkinson, SC (Chair)  
Barrister, Denman Chambers

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

Ms Jill Boehm OAM (Deputy Chair)

Dr Patrick Cregan  
Clinical Director Surgery, South West Sydney Area Health Service

Assoc Professor Graham Mann  
Westmead Institute of Cancer Research

Ms Melanie Trethowan  
Consultant

Mr Paul Lahiff  
Consultant

Mr Stephen Roberts  
Consultant

Mr Bob Sendt  
Consultant and former NSW Auditor-General

Ms Mary Chiew  
Managing Director, Giorgio Armani Australia

### Audit and Finance Committee

Mr Bob Sendt (Chair)  
CCNSW Board Member

Ms Jill Boehm OAM  
CCNSW Board Deputy Chair

Ms Mary Chiew (to Feb 2010)  
CCNSW Board Member

Mr Mark Abood (from February 2010)  
Former Director of Financial Audit, Audit Office NSW

### In attendance:

Mr Paul Marsh  
Oakton

Mr Todd Dewey  
Oakton

Mr Paul Bull  
PKF

Mr Adam Beale  
PKF

Dr Andrew Penman AM  
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

Dr Patrick Cregan (from April 2010)  
CCNSW Board Member

### Investment Committee

Mr Paul Lahiff (Chair)  
CCNSW Board Member

Mr Stephen Roberts (to May 2010)  
CCNSW Board Member

Mr Doug Bartlett  
Grant Samuel & Associates

### In attendance:

Dr Andrew Penman AM  
CEO, CCNSW

Mr Ted Starc  
Director, Corporate Services and CFO  
CCNSW

Ms Elaine Beggs  
Minute Secretary, CCNSW

Ms Stephanie Weston  
Mercer Investment

Ms Jillian Reid  
Mercer Investment

Mr Craig Hughes  
Mercer Investment

### Ethics Committee

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

Ms Vivienne Gregg (to January 2010)  
Consumer Advocate

Ms Laura Jakob (to October 2009)  
Allied Health category  
Oncology Nurse and Special Projects Coordinator  
Communio Pty Ltd

Ms Meghan Carruthers  
Lawyer, Ebsworth & Ebsworth

Mr Bill McCarthy AM  
Medical Graduate with  
Research Experience  
Emeritus Professor of Surgery  
(Melanoma and Skin Oncology)  
University of Sydney

Ms Joanne Muller  
Lawyer

Ms Alice Oppen  
Laywoman

Rev David Pettett  
Minister of Religion  
Metropolitan Reception  
and Remand Centre

Mr John Tong (to December 2009)  
Layman

Dr Marianne Weber (maternity leave)  
CCNSW Staff Member  
Research Coordinator

Mr Leonardo Simonella  
CCNSW Staff Member  
Project Coordinator  
(maternity leave replacement from  
December 2009)

Ms Amanda Adrian (from August 2009)  
Laywoman

Dr John Sanders (from February 2010)  
Layman

Sister Therese Carroll (from April 2010)  
Religious Representative  
Sisters of St Joseph

Mr John Friedsam (from April 2010)  
Allied Health category  
CCNSW Staff Member  
Project Coordinator

#### **In attendance:**

Ms Angela Aston  
Ethics Executive Officer, CCNSW

Ms Stephanie Deuchar  
Ethics Secretary, CCNSW

### **Cancer Research Committee**

In the past 12 months, the Cancer Research Committee has recommended funding for 10 Research Project Grants, one Program Grant in Cancer Pharmacogenomics and six Innovator Grants. The Committee has recommended continuation of funding for 77 research projects and programs and endorsed policies in calling for new applications for Program Grants and Strategic Research Partnership Grants.

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

Assoc Professor Andrew Biankin  
Garvan Institute of Medical Research

Professor Andrew Grulich  
National Centre in HIV Epidemiology  
and Clinical Research, UNSW

Professor Don Iverson  
Faculty of Health and Behavioural  
Sciences  
Wollongong University

Assoc Professor Graham Mann  
CCNSW Board Member

Professor Bettina Meiser  
Dept of Medical Oncology  
Prince of Wales Hospital

Mr John Newsom (to March 2010)  
Consumer Representative

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

Dr Andrew Penman AM  
CEO, CCNSW

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

Dr Monica Robotin  
Director, Research Strategy Development  
Unit, CCNSW

Professor Kate White  
Director, Research Development and  
Support Unit, University of Sydney

#### **In attendance:**

Mr Ron Gale (to July 2009)  
Minute Secretary

Ms Catherine Holliday  
Manager, Research Strategy Unit  
CCNSW

Ms Nysha Thomas (to March 2010)  
Project Officer, Research Strategy Unit  
CCNSW

Ms Louise Woods (from March 2010)  
Grant Administrator and Research  
Officer, Scientific Development, CCNSW

### **Governance Committee**

Mr Bruce Hodgkinson SC (Chair)  
CCNSW Board Chair

Assoc Professor Graham Mann  
CCNSW Board Member

Ms Jill Boehm OAM  
CCNSW Board Deputy Chair

#### **In attendance:**

Dr Andrew Penman AM  
CEO, CCNSW

Ms Angela Aston  
Company Secretary, CCNSW

Chris Dawson  
Turner Freeman



## Ethics Committee

Changes to the Cancer Council Ethics Committee membership this year brought new skills and expertise, ensuring a broader membership base and a greater assurance of achieving attendance at meetings for each category as required under the guidelines in the NHMRC's National Statement on Ethical Conduct in Human Research.

CCNSW is fortunate to have leading professionals in their field as members of the Ethics Committee, and the committee has over 20 years experience in reviewing a high volume of public health and cancer research proposals. The Committee has been denied recognition as a Lead Health Research Ethics Committee (HREC) within the NSW Health System, because its workload was reduced when both the Central Cancer Registry and the NSW Pap Test Register were relocated to the Cancer Institute NSW. The Committee's performance received a positive review in July 2010 as part of the NHMRC Harmonisation of Multi-centre Ethical Review (HoMER) accreditation process undertaken for the purpose of national accreditation.

The Committee also provides advice to research staff and researchers navigating the difficulties of preparing research protocols. The Committee operates within the parameters provided by the NHMRC National Statement guidelines and CCNSW's own Privacy Management Plan.

Three committee members attended NSW Health training workshops during the year to keep the Committee informed of current issues in the ethics and research arena.

During the reporting period, July 2009 to June 2010, six new proposals were reviewed, of which five were approved and one awaits a new submission. Four of the new proposals requested access to CCNSW-held records or contacts. In addition, there were 11 requests for amendments, variations and/or additional material relating to proposals previously given ethics approval or requiring ethical advice and/or approval.

Topics included:

- Deciding the ethical issues involved in offering a financial incentive (donation to CCNSW) to encourage more men with a family history of prostate cancer to complete an online questionnaire
- Identifying the research competences required and developing an appropriate training package for volunteers to assist in oncology research
- Evaluating the success of a training program for volunteers to assist in undertaking health research
- Determining the current views, policies and practices regarding smoking within community sector organisations in NSW via a telephone survey
- Appraising the ethics of recruiting potential research participants via the CCNSW website
- Examining the usefulness/outcomes of Mindfulness-Based Cognitive Therapy for persons with cancer
- Estimating the quality-adjusted life year (QALY) weights for health states associated with cervical cancer
- Investigating the uptake of smoking-care training by community service organisations, and evaluating the resulting changes noted in staff working in these organisations and in client smoking behaviours subsequent to the training.

## 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 four research proposals:

- Trends in cervical cancer incidence and mortality in NSW migrant women 1972–2006
- Research Extension Program (REP) – evaluating a program using volunteers to aid health research delivery

- Cervical Cancer And Prevention Utilities Study (CCAPUS) – estimating a set of QALY weights for 10 hypothetical health states associated with human papillomavirus (HPV) disease, prevention and treatment
- The use of routinely collected data to examine patterns of cancer care and outcomes – examining patterns of hospital care for persons with cancer in NSW.

Following 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 was formed and is available to provide advice and support to the Research Review Committee.

## Regional Advisory Committees

### Central and Southern Sydney

Jan Hatch  
Carolyn Grenville  
Gary Moore  
Myna Hua  
Dr Bernard Stewart  
Judith Jeffery  
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# Publications

Alam N, Robotin MC, Baker D. Epidemiology of primary liver cancer in Australia. *Cancer Forum*. 2009;33(2):88-92.

Arya F, Egger S, Colquhoun D, Sullivan D, Pal S, Egger G. Differences in postprandial inflammatory responses to a 'modern' v. traditional meat meal: a preliminary study. *Br J Nutr*. 2010;104(5):724-8.

Banks E, Canfell K. Invited commentary: hormone therapy risks and benefits – The Women's Health Initiative findings and the postmenopausal estrogen timing hypothesis. *Am J Epidemiol*. 2009; 170:24-8.

Banks E, Canfell K. Recent declines in breast cancer incidence: mounting evidence that reduced use of menopausal hormones is largely responsible. *Breast Cancer Res*. 2010;12:103.

Banks E, Reeves GK, Beral V, Balkwill A, Liu B, Roddam A. Hip fracture incidence in relation to age, menopausal status and age at menopause: prospective analysis. *PLoS Med*. 2009;6(11):e1000181. Epub 2009 Nov 10.

Bauer J, Read J, Chapman K. Addressing the nutritional needs of patients undergoing treatment for cancer: a dietitian's view. In: Robotin M, Olver I, Girgis A, editors. *When cancer crosses disciplines: a physician's handbook*. London: Imperial College Press; 2009.

Benson VS, Green J, Pirie K, Beral V for the Million Women Study Collaborators (incl Canfell K). Cigarette smoking and risk of acoustic neuromas and pituitary tumours in the Million Women Study. *Br J Cancer*. 2010;102:1654-6.

Bonevski B, Campbell E, Sanson-Fisher RW. The validity and reliability of an interactive computer tobacco and alcohol use survey in general practice. *Addict Behav*. 2010;35:492-8.

Boyes A, Girgis A, Lecathelinais C. Brief assessment of adult cancer patients' perceived needs: development and validation of the 34-item Supportive Care Needs Survey (SCNS-SF34). *J Eval Clin Pract*. 2009;15:602-6.

Boyes AW, Girgis A, Zucca AC, Lecathelinais C. Anxiety and depression among long-term survivors of cancer in Australia: results of a population-based survey. *Comment. Med J Aust*. 2009;191:294-5.

Boyes A, Hall A, Zucca A, Girgis A. Supportive Care Needs Survey: Supplement 2: Reference data for cancer survivors 5-9 months post-diagnosis. Newcastle: Centre for Health Research and Psycho-oncology; 2010.

Boyes A, Hodgkinson K, Aldridge L, Turner J. Issues for cancer survivors in Australia. *Cancer Forum*. 2009;33:164-7.

Boyes A, Zucca A. Evaluation of Cancer Council NSW Telephone Support Groups: satisfaction and impact. Report prepared for Cancer Council NSW. Newcastle: Centre for Health Research and Psycho-oncology; 2009.

Butow PN, Sze M, Dugal-Beri P, Mikhail M, Eisenbruch M, Jefford M, Schofield P, Girgis A, King M, Goldstein D. From inside the bubble: migrants' perceptions of communication with the cancer team. *Support Care Cancer*. 2010. doi: 10.1007/s00520-010.0817. Epub 2010 Feb 19.

Cancer Council NSW. Roadblocks to radiotherapy in NSW: stories behind the statistics. Sydney: Cancer Council NSW; 2009.

Cancer Council NSW. Saving life: why wouldn't you? An agenda for cancer control – 2011 and beyond. Sydney: Cancer Council NSW; 2010.

Canfell K. Monitoring HPV vaccination programmes. Invited editorial. *BMJ*. 2010 March 24; 340:c1666.

Canfell K, Banks E, Clements M, Kang YJ, Moa A, Armstrong B, Beral V. Sustained lower rates of HRT prescribing and breast cancer incidence in Australia since 2003. *Breast Cancer Res Treat*. 2009;117:671-3.

Castagna F, Potente S, Garofano R. Empowering students: exploring multimedia literacy through youth culture using a skin cancer prevention curriculum resource. *Metaphor*. 2009 December.

Chapman K, James EL, Read J. The benefits of nutrition and physical activity for cancer survivors. In: Robotin M, Olver I, Girgis A, editors. *When cancer crosses disciplines: a physician's handbook*. London: Imperial College Press; 2009.

Chapman K, Kelly B, King L. Using a research framework to identify knowledge gaps in research on food marketing to children in Australia. *Aust N Z J Public Health*. 2009;33:253-7.

Chen FC, Jackson P, Kippen S., James E. Media reporting of the suicide phenomenon in Taiwan: a content analysis. *Environmental Health*. 2009;9:44-53.

Gallagher TH, Girgis A. Discussing adverse outcomes with patients. In: Kissane DW, Bultz BD, Butow PM, Finlay IG, editors. *Handbook of communication in oncology and palliative care*. United Kingdom: Oxford University Press; 2010.

George J, Robotin M. Invited editors, *Cancer Forum*, 2009,33(2).

George J, Robotin M. Overview: hepatocellular carcinoma – the future starts now. *Cancer Forum*. 2009,33(2):83-7.

Girgis A, Breen S, Stacey F, Lecathelinais C. Impact of two supportive care interventions on anxiety, depression, quality of life, and unmet needs in patients with non-localised breast and colorectal cancers. *J Clin Oncol*. 2009;27:6180-90.

Girgis A, Butow P. Cancer survivorship: research priorities at the national and international levels. *Cancer Forum*. 2009;33(3):194-7.

Girgis A, Cockburn J, Butow P, Bowman D, Schofield P, Stojanovski E, D'Este C, Tattersall MH, Doran C, Turner J. Improving patient emotional functioning and psychological morbidity: evaluation of a consultation skills training program for oncologists. *Patient Educ Couns*. 2009;77:456-62.

- Girgis A, Lambert S. Caregivers of cancer survivors: the state of the field. *Cancer Forum*. 2009;33(3):168-71.
- Glasson C, Chapman K, James E. Fruit and vegetables should be targeted separately in health promotion programmes: differences in consumption levels, barriers, knowledge and stages of readiness for change. *Public Health Nutr*. 2010;1-8. Epub 2010 June 25.
- Hardy LL, Kelly B, Chapman K, King L, Farrell L. Parental perceptions of barriers to children's participation in organised sport in Australia. *J Paediatr Child Health*. 2010;46(4):197-203.
- Hawkins Y, Ussher J M, Gilbert E, Perz J, Sandoval M, Sundquist K. Changes in sexuality and intimacy following the diagnosis and treatment of cancer: the experience of informal cancer carers. *Cancer Nursing: An International Journal for Cancer Care*. 2009;32(4):271-80.
- Holliday C, Robotin M. The Delphi process: a solution for reviewing novel grant applications. *Int J Gen Med*. 2010;3:1-6. Available from: [http://www.dovepress.com/articles.php?article\\_id=4963](http://www.dovepress.com/articles.php?article_id=4963)
- James E, Ward BW, Dickson-Swift VA, Kippen SA, Snow PC. Best practice in research methods assessment: opportunities to enhance student learning. In: Garner M, Wagner C, Kawulich B, editors. *Teaching research methods in the social sciences*. Surrey, UK: Ashgate Publishing Group; 2009.
- James EL, Flood V, Armstrong B, Stacey F. Diet, physical activity and cancer – the evidence. In: Robotin M, Olver I, Girgis A, editors. *When cancer crosses disciplines: a physician's handbook*. London: Imperial College Press; 2009.
- James EL, Stacey F, Chapman K. The etiology of cancer – diet and physical activity. *Cancer Report of Asian-Pacific Region*. 2010.
- Jiang J, Liu B, Sitas F, Li J, Zeng X, Han W, Zou X, Wu Y, Zhao P. Smoking-attributable deaths and potential years of life lost from a large, representative study in China. *Tob Control*. 2010;9:7-12.
- Jiang J, Liu B, Sitas F, Zeng X, Chen J, Han W, Zou X, Wu Y, Zhao P, Li J. Case-spouse control design in practice: an experience in estimating smoking and chronic obstructive pulmonary disease deaths in Chinese adults. *J Formos Med Assoc*. 2010;109:369-77.
- Jiwa M, Mitchell G, Sibbrit D, Girgis A, Burridge L. Addressing the needs of caregivers of cancer patients in general practice: a complex intervention. *Qual Prim Care*. 2010;18:9-16.
- Jiwa M, O'Shea C, McKinley RK, Mitchell G, Girgis A, Sibbrit D, Burridge L, Marthe Smith, Chan She Ping Delfos W, Halkett G. Developing and evaluating interventions for primary care: a focus on consultations in general practice. *Australasian Medical Journal*. 2009;1:3-7.
- Johnson C, Girgis A, Paul C, Currow DC, Adams J, Aranda S. Australian palliative care providers' perceptions and experiences of the barriers and facilitators to palliative care provision. *Support Care Cancer*. 2010. Epub 2010 Feb 16.
- Johnson K, Jones S, Iverson D. Guidelines for the development of social marketing programmes for sun protection among adolescents and young adults, *Public Health*. 2009;123 suppl 1:e6-10. Epub 2009 Sept 13.
- 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 Paediatr Child Health*. 2009;45(9):493-7.
- 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 Promot Int*. 2009;24(2):120-9.
- Kralikova E, Bonevski B, Stepankova L, Pohlova L, Mladkova N. Postgraduate medical education on tobacco and smoking cessation in Europe. *Drug Alcohol Rev*. 2009;28:474-83.
- Kypri K, Walsh RA, Sanson-Fisher R. Australian universities' open door policies on alcohol industry research funding (letter). *Addiction*. 2009;104:324-9.
- Lei WK, Yu XQ. Survival analysis on Population-based Cancer Registry of Macao SAR, 2003–2005. Sydney, Australia: Cancer Council NSW; WPRO, World Health Organisation; 2009.
- Ma RW, Chapman K. A systematic review of the effect of diet on prostate cancer prevention and treatment. *J Hum Nutr Diet*. 2009;22(3):187-99.
- Mayosi BM, Flisher AJ, Lalloo UG, Sitas F, Tollman SM, Bradshaw D. The burden of non-communicable diseases in South Africa. *Lancet*. 2009;374:934-47.
- Medical Services Advisory Committee (incl Canfell K SMLJCPKY). Automation-assisted and liquid-based cytology for cervical cancer screening. Assessment Report 1122. Canberra: Department of Health and Ageing; 2009.
- Medical Services Advisory Committee (incl Canfell K SMLJCPKY). Human papillomavirus triage test for women with possible or definite low-grade squamous intra-epithelial lesions. Assessment Report 39. Canberra: Department of Health and Ageing; 2009.
- Paul C, Girgis A, Anniwell L, Paras L, Lecathelinais C. Outcomes of solarium industry efforts to improve compliance with recommended practices: a clear case for formal regulation. *Photodermatol Photoimmunol Photomed*. 2009;25(4):185-90.
- Paul CL, Mee KJ, Judd TM, Walsh RA, Tang A, Penman A, Girgis A. Anywhere, anytime: retail access to tobacco in New South Wales and its potential impact on consumption and quitting. *Soc Sci Med*. 2010 Aug;71(4):799-806. Epub 2010 May 25.
- Paul CL, Ross S, Bryant J, Hill W, Bonevski B, Keavy N. The social context of smoking: a qualitative study comparing smokers of high versus low socioeconomic position. *BMC Public Health*. 2010;10:211.



- Potente S, Coppa K, Williams A, Engels R. Legally brown: using ethnographic methods to understand sun protection attitudes and behaviours among young Australians. *Health Education Research*. In press 2010.
- Ringland CL, Arkenau HT, O'Connell DL, Ward RL. Second primary colorectal cancers (SPCRCs): experiences from a large Australian Cancer Registry. *Ann Oncol*. 2010;21:92-7.
- Robotin M, Jones S, Biankin A, Waters L, Iverson D, Gooden H, et al. Defining research priorities for pancreatic cancer in Australia: results of a consensus development process. *Cancer Causes Control*. 2010;21(5):729-36. Available from: <http://www.mdlinx.com/hemeonclinx/news-article.cfm/3019534>
- Robotin M, Kansil M, Howard K, George J, Tipper S, Dore GJ, et al. Using a population-based approach to prevent hepatocellular cancer in New South Wales, Australia: effects on health services utilisation. *BMC Health Serv Res*. 2010;10:215. Available from: <http://www.biomedcentral.com/1472-6963/10/215>
- Robotin M, Olver I, Girgis A, editors. *When cancer crosses disciplines: a physician's handbook*. London: Imperial College Press; 2009.
- Rotter T, Kinsman L, James E, Machotta A, Gothe H, Willis J, Snow P, Kugler J. Clinical pathways: effects on professional practice, patient outcomes, length of stay and hospital costs. *Cochrane Database Syst Rev*. 2010;3:CD006632. doi:10.1002/14651858.CD006632.pub2.
- Saunders C, Gooden H, Robotin M, Mumford J. As the bell tolls: a foundation study on pancreatic cancer consumers' research priorities. *BMC Res Notes*. 2009;2:179. doi:10.1186/1756-0500-2-179. Available from: <http://www.biomedcentral.com/1756-0500/2/179>
- Simonella L, O'Connell DL, Vinod SK, Delaney GP, Boyer M, Esmaili N, Hensley M, Goldsbury D, Supramaniam R, Hui A, Armstrong B. No improvement in lung cancer care: the management of lung cancer in 1996 and 2002 in New South Wales. *Intern Med J*. 2009;39:453-8.
- Sitas F, O'Connell D. *The ABC Women's Health Study*. Sydney: Cancer Council NSW; 2009.
- Sitas F, O'Connell DL, Jamrozik K, Lopez AD. Smoking questions on the Australian death notification form: adopting international best practice? *Med J Aust*. 2009;191:166-8.
- Sitas F, O'Connell D, van Kemenade CH, Short MW, Zhao K. Breast cancer risk among female employees of the Australian Broadcasting Corporation in Australia. *Med J Aust*. 2010;192(11):651-4.
- Smith DP, Banks E, Clements MS, Gardiner RA, Armstrong BK. Evidence-based uncertainty: recent trial results on prostate-specific antigen testing and prostate cancer mortality. *Med J Aust*. 2009;191:199-200.
- Smith DP, Clements MS, Wakefield MA, Chapman S. Impact of Australian celebrity diagnoses on prostate cancer screening. *Med J Aust*. 2009;191:574-5.
- Smith DP, King MT, Egger S, Berry MP, Stricker PD, Cozzi P, Ward J, O'Connell DL, Armstrong BK. Quality of life three years after diagnosis of localised prostate cancer: population-based cohort study. *BMJ*. 2009;339:b4817.
- Sundquist K, Robotin M. What matters to patients and to carers. In: Robotin M, Olver I, Girgis A, editors. *When cancer crosses disciplines: a physician's handbook*. London: Imperial College Press; 2009.
- Sweetland S, Green J, Liu B, Berrington de GA, Canonico M, Reeves G, Beral V. Duration and magnitude of the postoperative risk of venous thromboembolism in middle aged women: prospective cohort study. *BMJ*. 2009;339:b4583.
- Tipper S, Penman AG. The NSW HBV and liver cancer pilot program: an update on the 'B Positive' Project. *Cancer Forum*. 2009;33(2):129-33. Available from: [http://www.cancerforum.org.au/Issues/2009/July/Forum/NSW\\_HBV\\_and\\_liver\\_cancer\\_pilot\\_program.htm](http://www.cancerforum.org.au/Issues/2009/July/Forum/NSW_HBV_and_liver_cancer_pilot_program.htm)
- Turner J, Hodgkinson K, Boyes A. Cancer and the psycho-oncologist. Psychosocial well-being of cancer survivors. In: Robotin M, Olver I, Girgis A, editors. *When cancer crosses disciplines: a physician's handbook*. London: Imperial College Press; 2009.
- Tzelepis F, Paul CL, Walsh RA, Wiggers J, Duncan SL, Knight J. Active telephone recruitment to quitline services: are nonvolunteer smokers receptive to cessation support? *Nicotine Tob Res*. 2009;11:1205-15.
- Tzelepis F, Paul CL, Walsh RA, Wiggers J, Knight J, Lecathelinais C, Daly J, Neil A, Girgis A. Telephone recruitment into a randomised controlled trial of quitline support. *Am J Prev Med*. 2009;37:324-9.
- Vinod SK, Simonella L, Goldsbury D, Delaney GP, Armstrong B, O'Connell DL. Underutilisation of radiotherapy for lung cancer in New South Wales, Australia. *Cancer*. 2009;116:686-94.
- Waller A, Girgis A, Currow D, Lecathelinais C, Sibbritt D. Evaluation of a palliative care needs assessment intervention. *Support Care Cancer*. 2009;17:975.
- Waller A, Girgis A, Johnson C, Mitchell G, Yates P, Kristjanson L, Tattersall M, Lecathelinais C, Sibbritt D, Kelly B, Gorton E, Currow D. Facilitating needs-based cancer care for people with a chronic disease: evaluation of an intervention using a multi-centre interrupted time series design. *BMC Palliat Care*. 2010;9:2.
- Walsh RA, Tzelepis F, Stojanovski E. Australian superannuation funds and tobacco investments: issues for DAR readers. *Drug Alcohol Rev*. 2009;28:445-6.
- Yu XQ. Socioeconomic disparities in breast cancer survival: relation to stage at diagnosis, treatment and race. *BMC Cancer*. 2009;9:364.
- Yu XQ, Chen WH, O'Connell DL. Improved survival for non-Hodgkin lymphoma patients in New South Wales, Australia. *BMC Cancer*. 2010;10:231.
- Zucca AC, Boyes AW, Lecathelinais C, Girgis A. Life is precious and I'm making the best of it: coping strategies of long-term cancer survivors. *Psychooncology*. 2010. doi: 10.1002/pon.1686. Epub 2010 Feb 11.

# Submissions

- Preliminary Submission to Council of Australian Governments (COAG) and the Australia and New Zealand Food Regulation Ministerial Council Review of Food Labelling Law and Policy – November 2009
- Submission to Council of Australian Governments (COAG) and the Australia and New Zealand Food Regulation Ministerial Council Review of Food Labelling Law and Policy – May 2010
- Submission on behalf of the Coalition on Food Advertising to Children (CFAC) to the review of the Commercial Television Industry Code of Practice – September 2009
- Cancer Council NSW submission re: NSW Public Health Bill consultation – April 2010
- Cancer Council NSW submission re: NSW Rural and Remote Health Plan – September 2009
- Cancer Council NSW submission re: NSW State Plan 2009 Review – August 2009
- Cancer Council NSW submission to the Commonwealth Health and Hospitals Fund Advisory Board on behalf of Hospital-Allied Accommodation Australia on the Draft Guiding Principles and Evaluation Criteria for Regional Cancer Centres – Patient and Carer Accommodation – October 2009.
- Submission to the Mid-Western Regional Council re: Smoke-free Outdoor Areas Policy – February 2010
- Submission to Warringah Council re: Smoke-free Outdoor Areas Policy – April 2010
- Submission to Willoughby City Council re: Smoke-free Outdoor Areas Policy – April 2010
- Submission to Greater Taree City Council re: Smoke-free Outdoor Areas Policy – February 2010.

## Regional campaign submissions

### Central and Southern Sydney

- One submission to Leichhardt Council regarding promotion of smoke-free policy and enforcement.

### Mid North Coast

- 39 community letters sent from people in the Manning Valley to the Minister for Health, Nicola Roxon, about the need for an onsite medical oncologist in Taree.

### Hunter

- Three face-to-face meetings with the Minister McKay regarding Get Behind Bowel Screening, Saving life: why wouldn't you? and young adult treatment centres
- One face-to-face meeting with Sharon Grierson MP regarding Get Behind Bowel Screening
- One face-to-face meeting with Craig Baumann MP regarding Saving life: why wouldn't you? campaign
- One face-to-face meeting with George Souris MP regarding Saving life: why wouldn't you? campaign
- One face-to-face meeting with Matthew Morris MP regarding access to radiotherapy
- One submission to the Program of Appliances for Disabled People (PADP) review for lymphoedema subsidies (our submission was quoted in the final report)
- One submission to the State Government regarding the Muswellbrook Oncology Service
- One submission and face-to face-meetings with Hunter New England Area Health Service regarding the haematology service cut backs.

### North West

- One face-to-face meeting with Peter Draper MP to discuss the MP Liaison Program (Lorna Dunstan)
- One face-to-face meeting with Richard Torbay MP to discuss the MP Liaison Program (Jo Porter)
- One face-to-face meeting with Kevin Humphries MP to discuss the MP Liaison Program (Anne Weekes)
- One face-to-face meeting and media story in *Northern Daily Leader* with Tony Windsor MP to discuss the Get Behind Bowel Screening campaign (Narelle Langfield, Regional Advocacy Network)
- One face-to-face meeting with Peter Draper MP to discuss Saving life: why wouldn't you? campaign (Lorna Dunstan)
- One face-to-face meeting with Richard Torbay MP to discuss Saving life: why wouldn't you? campaign (Jo Porter)
- One face-to-face meeting with Kevin Humphries MP to discuss Saving life: why wouldn't you? campaign (Anne Weekes).

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500 Oxford Street  
Bondi Junction NSW 2022  
Ph (02) 9369 4199  
Fax (02) 9369 3199

### Cancer Council

#### Miranda

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

### Cancer Council

#### Rouse Hill

Shop GR102  
Rouse Hill Town Centre  
Windsor Rd, Rouse Hill, NSW 2155  
Ph (02) 8814 7031  
Fax (02) 8883 2734

### Online Store

<http://shop.cancercouncil.com.au>







**Cancer Council  
Helpline**

**13 11 20**

[www.cancercouncil.com.au](http://www.cancercouncil.com.au)

153 Dowling Street  
Woolloomooloo NSW 2011

**Donations Hotline**

1300 780 113

[feedback@nswcc.org.au](mailto:feedback@nswcc.org.au)

[www.cancercouncil.com.au](http://www.cancercouncil.com.au)