



# The untold story

**Annual Report**  
2010/2011



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**Front cover:** Dr Abdul Haq has been involved with Cancer Council NSW for over 10 years, to read his story see page 24

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## 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, ideas, services and funds) are developed globally and locally to meet the challenges of cancer.





96%  
community  
funded

160,000  
supporters

352  
staff members

Cancer  
Council  
NSW

93  
research  
grants funded

9%  
investment  
return

37,153  
volunteers

More than  
\$16m  
research spend



## 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 building blocks

These pillars are the building blocks of our operations and priorities. They underpin the outcomes we seek to achieve every day in our mission to defeat cancer.

**Insight** – providing knowledge and generating evidence

**Connection** – linking people to each other and to the cancer cause

**Contribution** – from people, agencies and employees

**Impact** – making a recognisable difference

## About us

Every year, in NSW alone, more than 36,600 new cases of cancer are expected to be diagnosed – about 100 each and every day in NSW. On average, 36 people will die of the disease every day in this state, and the impacts on families, carers and communities are considerable.

All of us at Cancer Council NSW – our staff, volunteers, supporters and stakeholders – are committed to diminishing the toll wrought by every cancer diagnosis and death. We do this through world-leading research, prevention, advocacy and support, so that we can make a difference in the fight against all cancers.

“We are proud to tell the  
**often-untold stories**  
of cancer and its impact.”



Mr Bruce  
Hodgkinson SC

Dr Andrew  
Penman AM

# Message from the Chair and CEO

**As we review 2010/11, Cancer Council NSW can take pride in the successes and achievements in our mission to defeat cancer. In this second year of our current strategic plan, we have continued to focus on five priorities as outlined in this annual report, and we achieved significant milestones.**

## Our approach to beating cancer

Cancer Council NSW is almost entirely community funded, with 96% of our income coming directly from the community and investments. Fundraising remains our primary source of income to preserve our independence, and a strong investment strategy provides underpinning for our future ambitions.

We take a comprehensive approach to our mission, and are not limited by fixed notions or commitments to a single type of cancer, funding program, product or approach in cancer control. The landscape of knowledge and opportunity in cancer changes continually, and so too do our approach and our portfolio of services and initiatives. This annual report provides many examples of our responsiveness as we engage with our communities to help tackle the issues they face.

This philosophy is reinforced by our values of **independence** and **forward thinking**, of **courage** and **collaboration**. It is by practising these values that our people can have a real impact on cancer and the people cancer affects.

## Covering the breadth of cancer

The scope of Cancer Council's work surprises many, and is reflected in the myriad programs and services whereby we pursue our five Strategic Priorities. But we are not an island and only infrequently act alone. We recognise that many others are well placed to make contributions to the cancer cause and we actively seek out and partner or collaborate with them. This report outlines some of the many and wonderful collaborations we have with communities, organisations and partners across NSW and more broadly.

We know that our supporters and communities are deeply committed to research as a way of defeating cancer. The largest part of our donors' funds are committed to research and we remain the biggest financial supporter of cancer research outside of government funding agencies in NSW. By far the majority of our research funding relies on the generosity of our supporters.

Whilst research is a crucial strategy in our mission, we recognise that knowledge needs to be vigorously translated into action for our vision to be realised. Our investments in cancer prevention, support and advocacy also remain fundamental to our vision where '... lives are not cut short nor the quality of life diminished by cancer'.

We strive every day to live up to our supporters' and communities' belief in our ability to make inroads in the defeat of cancer. This annual report illustrates many ways we have done that in 2010/11.

## Our financial results and investment returns

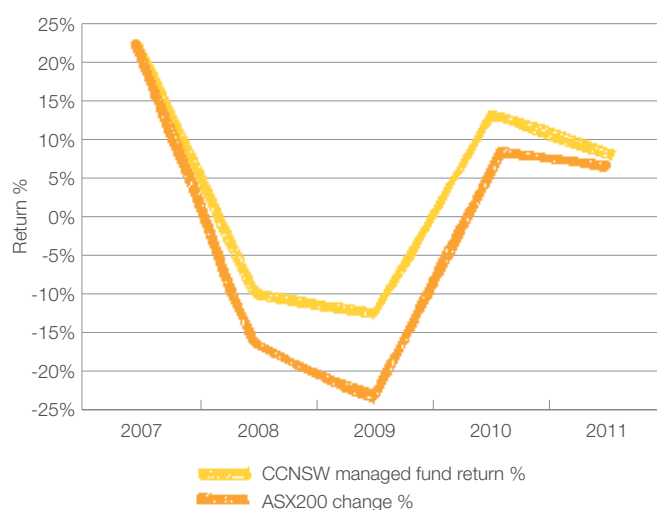
Our fundraising and income streams this year were steady, with \$67.6 million revenue (1.3% above target). Our net fundraising (excluding bequests) was 2.8% up on last year. Stability was again provided by our Breakthrough (i.e. face-to-face and door-to-door fundraising) program, which provides one of the most cost-effective income streams for the organisation. Another key fundraising source, bequests, was significantly down (20%) on the previous year – which, although disappointing, is not unexpected, given the natural fluctuations in this income stream.

Our events portfolio remains sound, achieving a 1.7% increase on 2009/10. However, many of our key events are mature, and so focus remains on reinvigorating them year on year. New growth opportunities through community fundraising have been very pleasing, as shown by a 23.6% growth in the Do Your Thing net income this year (\$1.8 million net).

The year has not been without its challenges, given reduced consumer confidence and the impact of increased savings rates. The charity space is crowded, and there are many high-profile cancer charities also seeking support, yet we remain committed to our point of difference in being for all people and all cancers.

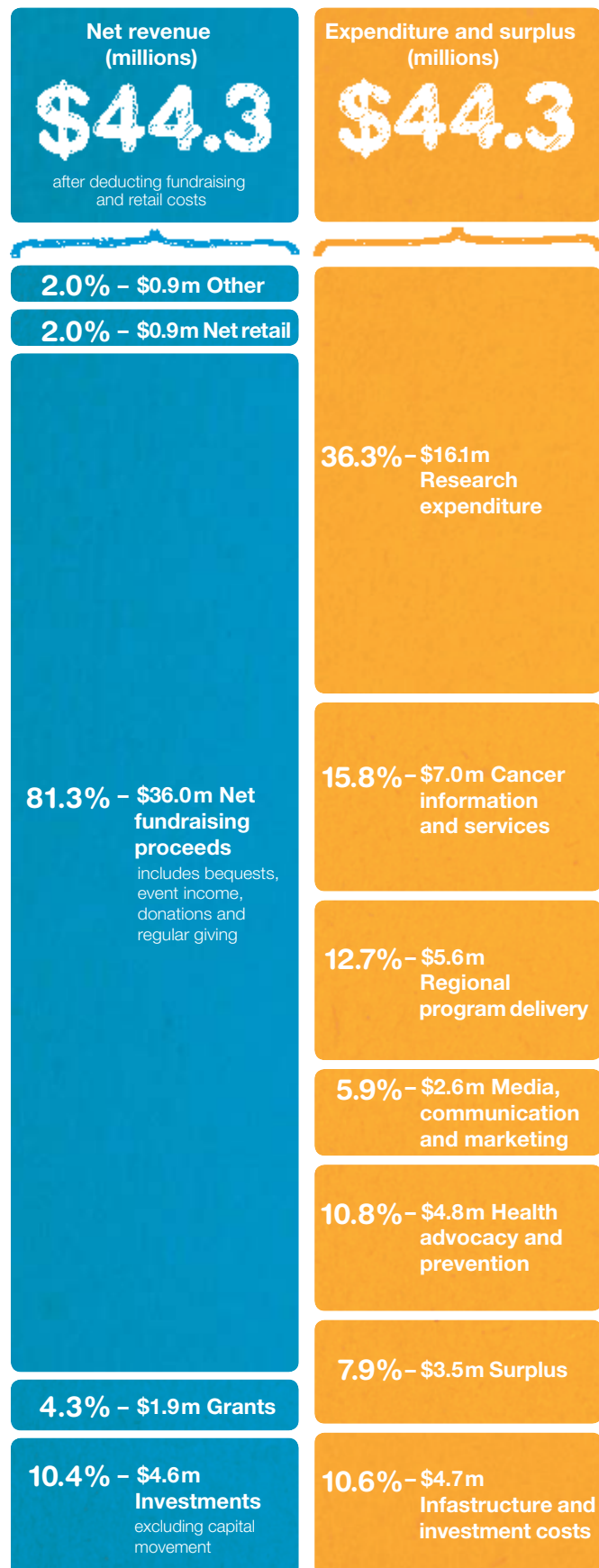
Our investment portfolio performed strongly, finishing the year with a 9% return, once again outperforming the ASX200 result for the year. **Income from investments was \$4.6m, funding 98% of our operational costs for the year**, freeing up our supporters' current donations to be directed to research, prevention and support services.

## Investment returns over five years





## Where the funds came from and where they were spent



### Transparently presenting our income and expenditure

For the first time in our annual report, we are presenting a high-level snapshot of our net revenue and how this is allocated across the organisation, throughout key program areas and communities (see diagram at left). It tells an important story of our net revenue and how we allocate the funds and resources. As the diagram is drawn to scale, it illustrates the resource allocation across our research, prevention and support services, not to mention the key role played by our regional offices and communications strategy to connect with our communities. It also reinforces the importance of our investment portfolio in supporting the costs of operating an organisation with a broad and ambitious mission.

### The untold stories

The theme of our 2010/11 annual report is 'the untold story', and it therefore features a range of ways in which we tackle those aspects of cancer or support those communities that have been relatively overlooked. As an organisation whose purpose is to make a difference in the fight against all cancers, we must continue to challenge ourselves, communities and decision-makers to invest in the cancers and communities that we don't always hear about.

In this report, you will read examples of how our research and support are addressing the more lethal cancers; connecting with people in migrant, disadvantaged or Aboriginal communities who face particular challenges; and tackling areas of real unmet need in cancer support and prevention.

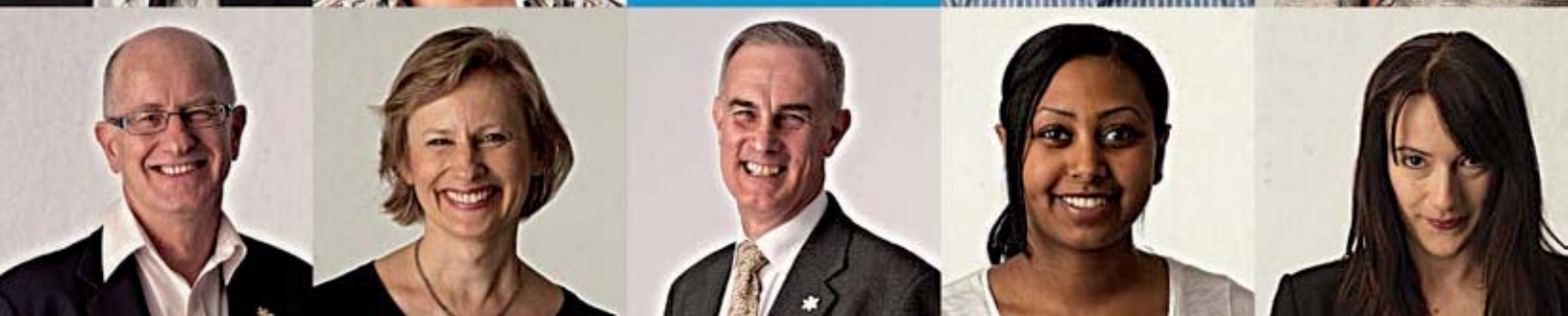
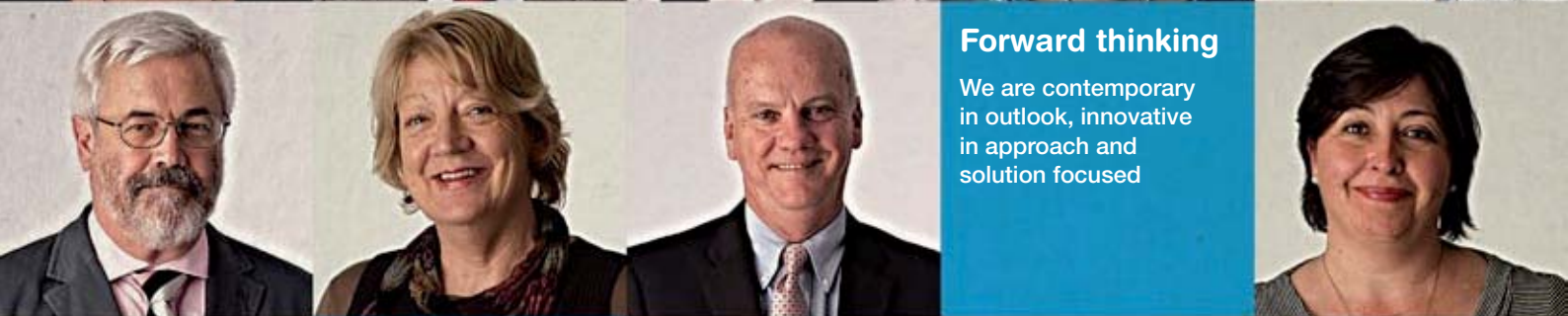
Progress takes time, and we recognise we can't do everything, but we are proud to tell the often-untold stories of cancer and its impact.

Whilst we take heart from the fall in cancer death rates in the past decade, the future poses new challenges. A 30% increase in cancer diagnoses is predicted in the next 10 years compared to the previous decade, in most part due to lifestyle and the ageing population. Our mission to beat cancer therefore remains ever more relevant, and our drive to redress the impact of the disease continues.

**Bruce Hodgkinson SC**  
Chair

**Dr Andrew Penman AM**  
Chief Executive Officer





For a full copy of our five-year strategic plan, visit [cancercouncil.com.au](http://cancercouncil.com.au) and read a copy of *Strategic Directions 2010-2014*.







"I am a product of **medical research**. Without it, I would not be **alive**."

**Medical research has helped significantly increase breast cancer survival rates, but the truth is that there are many different types of breast cancer. Some of them have no targeted treatment options available and the survival rates are very low. Sinead Forbes, mother of three, was diagnosed with an aggressive form of breast cancer at the age of 37. It was only through prior research that there are targeted options available for the type of breast cancer that Sinead had.**

By the time I was diagnosed, the cancer had entered the healthy breast tissue by 1–4mm. After my mastectomy, it was found to be in 11 lymph nodes as well. It was running like a bushfire. The HER2 protein in my body was driving it to grow really quickly and spread fast.

I was one of the lucky ones, because there are targeted treatment options available for the type of breast cancer I had.

I am a product of medical research. Without it, I would not be alive. If there can be more research into what causes cancer, and how we can control it, then that's got to be a good thing for everybody.

If Professor Chris Ormandy's team working on the triple-negative breast cancer research can pinpoint the genes that make some cancers more lethal, then women could be tested for them before treatment begins.

Just imagine the difference that could make to women with these types of cancer. If they tested positive for these genes, they could be given a greater chance of survival by being placed on more specific treatment regimes. Meanwhile, women without these genes could be spared unnecessary side effects by receiving less intensive treatment. In the longer term, these genes provide targets for the development of new therapies.

Cancer research is keeping me alive and I am indebted to it for life.

Sinead Forbes

## Investment in research over 10 years



## Strategic Priority 1

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

Cancer Council NSW is the largest funder of cancer research in the not-for-profit sector in this state. Between 2006 and 2010, we maintained a level of funding of above 36% of total expenditure (net of fundraising). In 2010/11, we invested \$16.1 million (12% up on 2009/10) through our internal and external programs.

Our focus is on funding world-class, groundbreaking research to cover all aspects of cancer, driving major advances in research, and ensuring no cancer is ignored. We have committed considerable funding into high-mortality and high-impact cancers that were traditionally underfunded in the research area.

#### Focusing on quality of life post-treatment

An estimated 22,000 Australians (7,000 men in NSW alone) are living with advanced prostate cancer, and yet, while there are many studies on survival time after diagnosis, the health-related quality of life for these men is rarely described. Our **Prostate Cancer Care and Outcomes Study** has been looking at patterns and outcomes of care for prostate cancer in NSW men aged under 70. The study recruited 1,995 participants, representative of all NSW men with prostate cancer, and assessed their quality of life for five years after diagnosis.

The widely publicised study concluded that for men with early-stage prostate cancer, general mental and physical health is rarely affected long term by their prostate cancer. However, a publication released in 2010/11 shows the type of treatment they receive carries with it specific effects that remain in the long term and may adversely affect quality of life (i.e. sexual, hormonal and urinary functions).

This study, and its findings, will now provide critical insights for clinicians and patients when making decisions about treatment and the effects of different choices on quality of life. The study's influence and insights will be long lasting, given the ever-increasing diagnosis of prostate cancer, which is now the most commonly diagnosed cancer among men.

#### Leading through research collaborations

Our focus on priority-driven research through **Strategic Research Partnerships** increases investment and discovery in poor prognosis cancers, and cancers where the level of funding does not reflect the burden of disease. In 2010/11, we funded \$3.3 million for research into priority cancers, an 18% increase on 2009/10. Many grants achieved significant milestones in their research this year.

In 2010/11, five **Program Grants** focused on high-impact and long-term studies of high scientific significance. Investment in these grants in 2010/11 was \$2.1 million (a 30% increase on 2009/10), amounting to \$10.5 million over the five-year period.

One Program Grant announced in 2010/11 was awarded to the Garvan Institute team researching **triple-negative breast cancers**. Breast cancer is well publicised and researched in Australia, but the development of effective targeted treatment for basal cell or triple-negative breast cancers has lagged behind developments in the commoner receptor-positive breast cancers. Basal cell breast cancer accounts for 15–20% of all breast cancers (more in younger women), and affected women have lower survival rates than women with other types of breast cancer. This pioneering research, valued at \$2.24 million over five years, aims to develop new treatments and personalised therapies.

### Our global collaboration and reach





### Forging a new partnership through New-3C

The **Centre for Health Research and Psycho-oncology** (CHERP), based at the University of Newcastle, was established by Cancer Council NSW in 1988, and focused on research to modify health behaviours in the community and enhance psychological wellbeing of cancer patients. In 2010/11, we reviewed our partnership with the University of Newcastle and decided to replace CHERP as an entity of Cancer Council NSW with a new Strategic Research Partnership with the University of Newcastle's Priority Research Centre for Health Behaviour. The partnership will be called the Newcastle Cancer Control Collaborative (or New-3C for short). This partnership aims to reduce preventable health risks, improve health care delivery, and reduce the burden imposed by cancer on the community.

### Addressing major health inequality in migrant communities

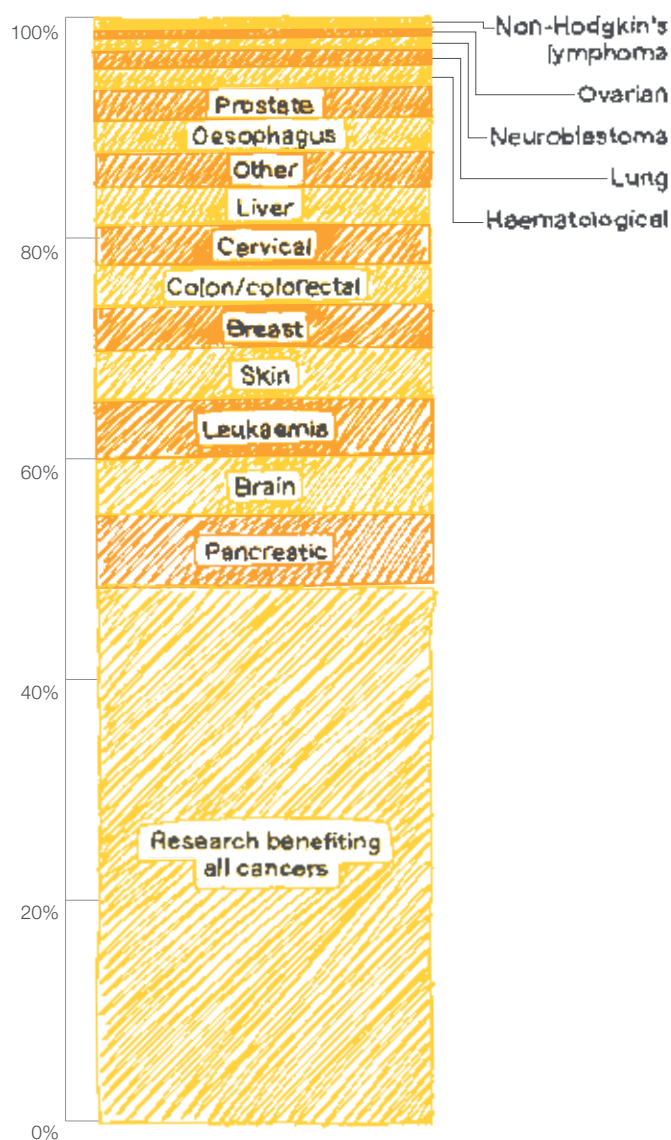
Liver cancer is the 10th-highest cause of cancer death in NSW, its survival rates are dismal, and incidence is rising faster than any other internal cancer. The impact of liver cancer is heavily concentrated among people born overseas, especially in East Asian and Pacific countries where hepatitis B is endemic. Much of the rising incidence is in NSW and around 60–80% of cases are due to chronic infection with hepatitis B virus. The development of powerful new antiviral drugs offers the potential to prevent a substantial number of these cases at affordable cost, and so our **'B Positive' Project** works with affected communities and their medical practitioners to address this inequality. All too often, hepatitis B is diagnosed for the first time when individuals present with advanced liver cancer. We hope that this avoidable tragedy will become less frequent as a result of the 'B Positive' Project.

Modelling completed as part of the 'B Positive' collaboration shows that a program of hepatitis B screening, follow-up and timely institution of antiviral medications would more than halve the number of people developing liver cirrhosis (scarring) and the number of liver cancers and liver failure diagnoses. This would lead to 300 fewer liver cancer deaths over a 50-year period in south-west Sydney alone.

Recruitment has been a considerable challenge for the program since its launch, yet we experienced a significant turnaround in 2010/11. Closer links with the Macarthur Division of General Practitioners and local GPs during the year brought about an extensive program redesign. As a result, participant recruitment increased by more than 500% and GP participation increased by 166% in 2010/11. There are now over 150 patients enrolled in regular follow-up in the 'B Positive' Project.

Two funding grants were also secured by the 'B Positive' Project – a teaching grant from University of Sydney (\$35,000) and a NSW Department of Health-funded nurse educator position (\$190,000 over two years). Both grants will enable better support and training for health care professionals in culturally and linguistically diverse (CALD) communities, and address the untold story of liver cancer rates in south-west Sydney and beyond.

### Research by expenditure




## For more information

To learn more about Cancer Council's research strategy and achievements last year, visit our website [www.cancercouncil.com.au](http://www.cancercouncil.com.au) and download a copy of the *Research Activity Report 2010*.









“I don’t think I would have succeeded in **quitting** without the **support** I was offered.”

**Gaye lives with schizophrenia and is housed by the Sylvanvale Foundation in supported accommodation in the Blue Mountains. Gaye quit smoking 12 months ago after smoking for 40 years. She did it with the support of Lesley Hohnen, an experienced drug and alcohol counsellor working in Katoomba. Gaye attended a quit group for people with mental illness at the Vale Street drop-in centre, which was funded through Cancer Council’s Tackling Tobacco Program. With the money she’s saved, Gaye has been able to buy several new frocks.**

I started off with 10 cigarettes a day when I was in my 20s. I worked my way up to about two large packets a day. I felt as if I was actually chained by my throat to an ashtray, and I thought, “No, I can’t take any more of this”.

I’d been cutting down, then I thought, “Well, why not go along to the clinic?” I had help. I didn’t do it without any help. I went to the clinic here with Lesley. I thought I’d give it a try with the patches and the gum, and I found that although I thought it wouldn’t work, it did.

I don’t think I would have succeeded in quitting without the support I was offered. Probably not. I think it has had a big and profound effect.

I think that it was a very important thing to have attended the quit smoking group, and to have gone every week was very important. And it’s not the little certificate on the wall that I was so worried about getting, but actually staying in with the group, and hopefully striving towards giving this thing away and succeeding.

Quitting smoking felt like getting out of jail.

I think giving up smoking might have helped in a way with my schizophrenia. It’s given me more confidence in myself, that I can actually achieve that as well, as I’d set out to do in the first place, but couldn’t quite achieve by myself.

I think everyone should be given the opportunity to quit, in particular those ones with disadvantage. I mean, why add to the affliction?

Gaye

## Strategic Priority 2

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

Cancer Council NSW focuses on three key areas of cancer prevention: tobacco control, skin cancer prevention and nutrition/healthy weight. The importance of our prevention programs is reinforced by one simple statistic – as many as 30% of cancers are preventable through cancer-smart choices. Several of these programs focus efforts on areas of disadvantage or relative neglect in our community, and these feature prominently in our highlights in 2010/11.

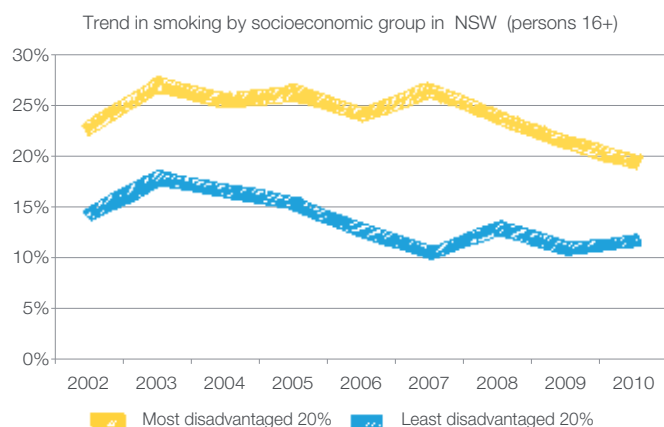
#### Tobacco use in disadvantaged communities

Smoking rates amongst the most disadvantaged groups are much higher than among the general population (see graph below), an issue which Cancer Council sees as a matter of social justice, as well as causing serious health inequality. Our innovative **Tackling Tobacco Program** was launched in 2005 and partners with non-government community social and welfare services to make support for tobacco cessation a part of their work. The first five-year program phase concluded in 2011, and so this year was marked by the completion of several milestones and evaluation of progress.

Tackling Tobacco has attracted NSW Health funding to expand Smoking Care projects in Blacktown and across NSW. The projects aimed to build the capacity of social and community service organisations to address smoking and support their clients to quit. Outcomes included:

- More than 700 staff were trained to provide smoking care. Evaluation showed that after training, staff were significantly more confident in supporting their clients to quit, and provided this support more often.
- More than 45 nicotine replacement-therapy grants were distributed to social and community organisation across NSW (a \$250,000 investment).
- Smoking rates among clients at participating services tended to be lower at the end of the projects than they had been at the beginning, although a more rigorous design evaluation is required to confirm this result.

#### Smoking rates



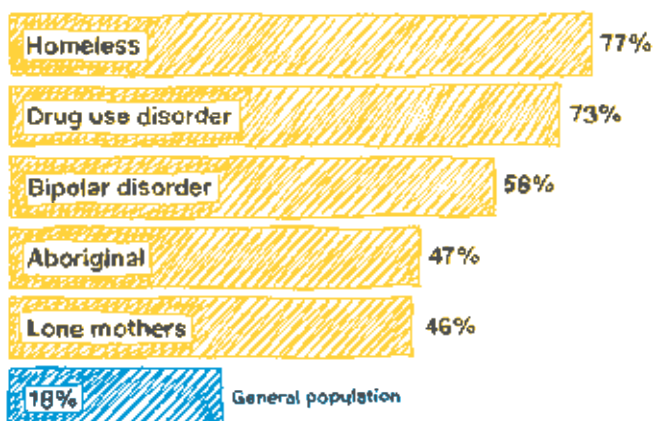
#### SunSmart Program targeting disadvantaged schools

The **SunSmart Program** is internationally recognised for providing leadership and innovation in protection against solar ultraviolet radiation (UVR). It supports childcare centres and primary schools to develop, implement and maintain a sun-protection policy and practices that protect children from overexposure to UVR.

The graph at the top of page 15 shows the growing number of schools and early childhood centres that are offering comprehensive protection to children through their involvement in the SunSmart Program. Huge growth in SunSmart-registered early childhood centres over the past two years means we have now achieved our goal of 80% coverage, and a maintenance strategy is now in place to ensure awareness remains high. Our priority is now to increase the number of primary schools that are SunSmart.

Through a Commonwealth Bank Staff Community Fund Grant and a partnership with the HSBC Waratahs, we supported primary schools in Greater Western Sydney (focusing especially on disadvantaged communities) to become SunSmart. Schools identified as being disadvantaged face complexities and challenges not shared by communities that are more affluent. These schools are frequently located in areas of low socioeconomic status, have high staff turnover, and have higher numbers of students from culturally and diverse backgrounds, often with poor English proficiency. These school communities therefore have multiple barriers, including limited time and funding, to implement new school programs. Because of their presence and connections locally, our regional staff and volunteers played a key role in reaching out to these schools.

This project was very successful, with 133 new schools in Greater Western Sydney now SunSmart. Thirty-three of these new SunSmart schools are located in disadvantaged communities (a 44% uptake of the program). This result sets the benchmark and future direction for working with schools in disadvantaged communities.





### Challenging junk food norms

Overweight and obesity are growing public health issues and signify a serious future burden on cancer and other chronic disease. Research shows that young children derive the majority of their food and nutritional information from television advertising, and this advertising is dominated by promotions for energy-dense and nutrient-poor foods (i.e. junk foods). Given around 20% of NSW children are overweight or obese (see graph below right), we work to challenge norms regarding junk food advertising to children. Our research continues to highlight the excessive volume of unhealthy food marketing directed to children and the flow-on effects it has on their food preferences and habits.

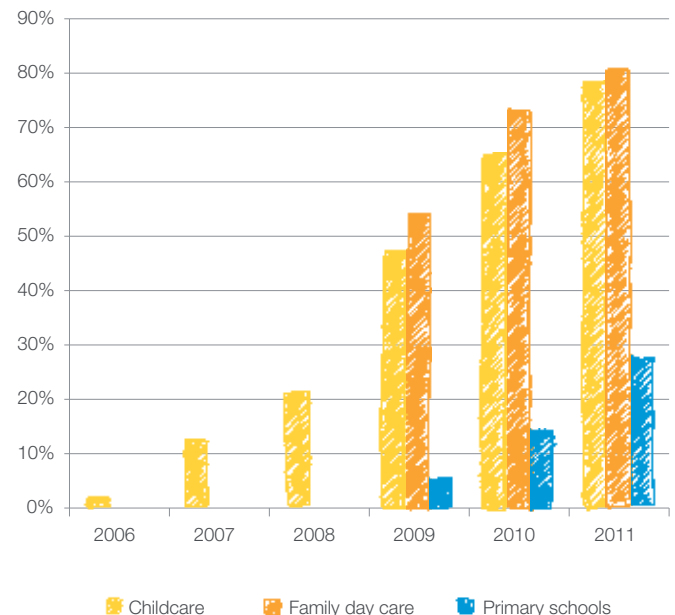
A key challenge in the public health environment remains the need for tougher government regulation of junk food marketing to children. We continue to monitor the impact of the food industry's self-regulatory approaches, and recent collaborations with researchers at Sydney University's Physical Activity, Nutrition and Obesity Research Group (PANORG) showed:

- Industry codes have failed to decrease the volume of junk food advertisements during children's peak television viewing times
- Food manufacturers' sponsorship of children's sporting clubs exposes youngsters to further junk food marketing
- Food companies are establishing their own nutrition criteria that are sufficiently lenient to allow them to advertise unhealthy foods, such as sugary breakfast cereals, to children
- Loopholes in industry codes promote pester power by allowing food manufacturers to continue to use celebrities, sports stars and cartoon characters on food packages to appeal to children.

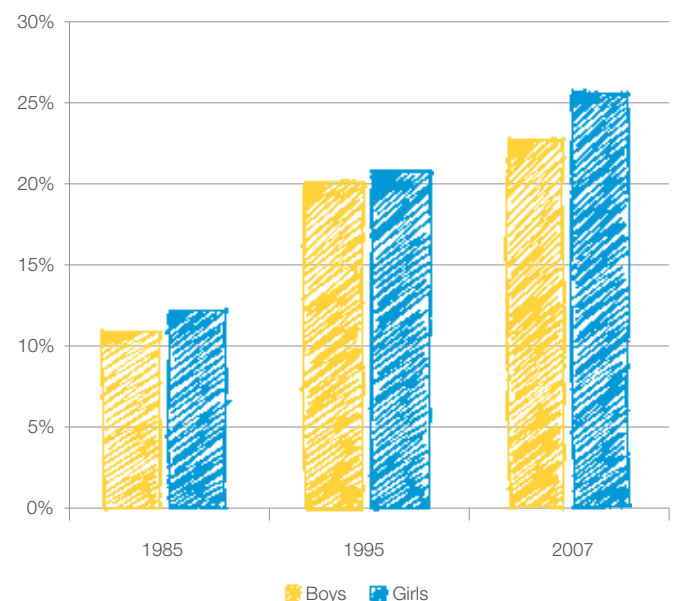
The Junkbusters website [www.junkbusters.com.au](http://www.junkbusters.com.au) was launched in 2010/11 as an online advocacy campaign. The website helps parents voice their concerns about unhealthy food advertisements and engages them in campaign actions. Use of the site since its launch is growing, partly as a result of our social media presence. Junkbusters was successful in gaining more than 500 signatures on a petition to the Advertising Standards Bureau regarding the McDonalds Happy Meals website. Nineteen formal complaints about food marketing were lodged through Junkbusters over the last year. The work of Junkbusters in helping parents to navigate the complex advertising complaints process was also highlighted in the report of a recent Commonwealth House of Representatives inquiry into billboards and outdoor advertising.

Our strategic use of media to communicate and campaign against junk food marketing to children ensures that the issue remains on the public agenda. It also influences positive moves by the food industry, such as the recent decision by fast food chain KFC to cease offering toys with children's meals in an effort to appeal to youngsters.

### Growth in SunSmart centres




### Overweight and obesity trends in Australian children









“What about my beautiful boys? I thought, ‘I’ve got to **beat this**. I am going to get through this.’”

My story starts about ten years ago. I live on the Central Coast, I worked as a schoolteacher and doted on my four gorgeous boys ... I still do. Life on the whole was pretty good. I was content with my lot. But then came a day that changed my life forever. I had been first diagnosed with cancer in 2001, and it wasn't expected to come back. Then in 2004, here it was again and the prognosis wasn't good.

Numbness, fear, thoughts about what might happen ... What about my beautiful boys? I thought, “I’ve got to beat this. I am going to get through this.”

During treatment for cancer you spend many hours in waiting rooms and get talking to others on the same journey. Cancer is a great equaliser in many ways; it affects all sorts of people from all walks of life.

Much of my treatment was as a public patient, but I also needed radiotherapy in a private facility. I didn't have a lot of money, but generous and compassionate friends helped me out, and the centre generously reduced the costs.

Our journeys, however, are not all equal. I'd met a young woman who couldn't afford private radiotherapy treatment, and nor could she leave her young family to travel to Sydney for treatment. This woman felt her only option was to have her breast removed. I vowed to myself, “When I get through this, I'm going to do something about it so that this won't happen to others”.

That's how I came to be an advocate with Cancer Council and a member of Cancer Voices NSW.

I learned that advocacy was about speaking up with and on behalf of others, changing the system for the benefit of many. I thought back to that woman who had lost her breast and thought, “Yes, this is something I need to get more involved in”.

Since then, I have campaigned for public access to radiotherapy on the Central Coast. We submitted a petition of 19,000 signatures to Parliament. We wrote letters. We met and gained the support of local MPs. We met with the Minister for Cancer. We appeared in the media. And after three years we got it. We got the funding commitment to build a public radiotherapy facility in Gosford. Work has already started on planning and it's expected to be built and operational by 2013. I can now see a time when patients will no longer be left in a situation where they are facing no choice but to have a breast removed.

But there is more work to be done to ensure a fair deal for cancer patients and to ensure fewer people get cancer. Imagine if access to treatment was not dictated by where you live or how much money you have. Imagine being able to enjoy a bite to eat outdoors without being surrounded by cigarette smoke. Imagine cancer patients being able to find a park just outside their treatment centre.

My experience on the Central Coast tells me this is possible – but that it is down to us as individuals and us as communities to speak out. Our politicians have a responsibility to represent us all, and we have a responsibility to speak out and ensure they do.

Elizabeth Bratby

## Strategic Priority 3

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

Cancer Council NSW recognises that legislation, public policy and public funding play a critical role in changing attitudes and environments in relation to cancer. In order to present a strong public voice, we enlist the people of NSW to advocate in their communities, and to governments and their political representatives, for appropriate funding, good science and effective public policy.

The political dimension of cancer is often overlooked: the decisions made by governments can significantly reduce the impact and incidence of cancer. And in the political arena, the cancer agenda continues to be pitted against the voice of industries that are prepared to sacrifice the community's health for their own interests (for example, tobacco, junk food and solar).

#### Saving Life: why wouldn't you?

The **Saving Life: why wouldn't you?** policy agenda was launched in June 2010 to inform all political parties, politicians and candidates in the lead-up to the NSW state election in March 2011 about the top five priorities for State Government action. As part of the campaign:

- Over 9,000 people sent emails or postcards to their local Member of Parliament (MP)
- Over 1,700 Relay For Life participants pledged to support the campaign
- Around 350 people across NSW participated in Community Conversations, an important grassroots engagement tool.

A major achievement during the election campaign was the Coalition's announcement that it would increase the funding for travel and accommodation assistance for country patients, and review the reimbursement rates, eligibility criteria and administrative procedures for the financial assistance scheme. Another success was the Local Government and Shires Association (LGSA) formally endorsing Saving Life, including it in its own election policy and seeking the party leaders' commitment to the recommendations.

Following the election, we developed and implemented our First 100 Days Plan to establish our presence with all new MPs and engage them in understanding how cancer affects their electorate. Every MP received information tailored to their electorate, and around 80% of MPs had a personal meeting with a representative of Cancer Council NSW.

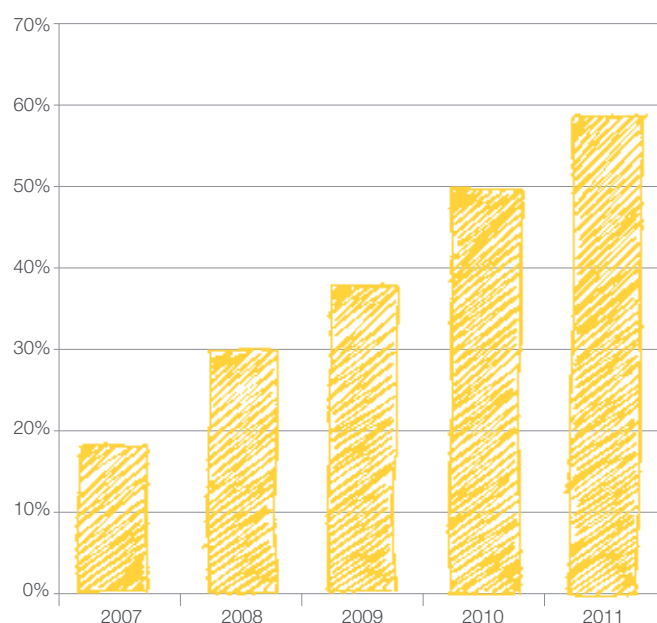
#### Increasing the footprint of smoke-free outdoor areas

Ensuring that outdoor areas where people congregate are smoke-free has been a major focus for Cancer Council's advocacy in recent years, and the outcomes are now being felt across NSW, with 89 councils having a **smoke-free outdoor area policy**. By 30 June 2011, 58% of all NSW councils had adopted such a policy (up from 50% in 2010, yet less than our 2010/11 target). Through this result, councils across NSW are showing their willingness to use their powers to protect the health of local communities and create cancer-smart settings.

Unfortunately, these policies are not being taken up everywhere, and even where councils adopt the policy, they can only protect people on council-controlled land. This means people eating in outdoor dining areas owned by cafes, restaurants and other venues are not protected from second-hand smoke.

The take-up of these policies is also much higher in the Sydney metropolitan area (86%) compared to regional/rural councils (45%). There is a risk that such differences will contribute over time to inequity in the burden of smoking- and tobacco-related disease across the state. It is therefore critical that uniform state smoke-free outdoor legislation be included in the State Government's plans for tobacco control. Our supporters and advocates were involved in making submissions to NSW Health on this issue and, of the submissions received by NSW Health, 79% (630 submissions) were sent by our supporters and allies.

#### Growth in local governments with smoke-free outdoor policies



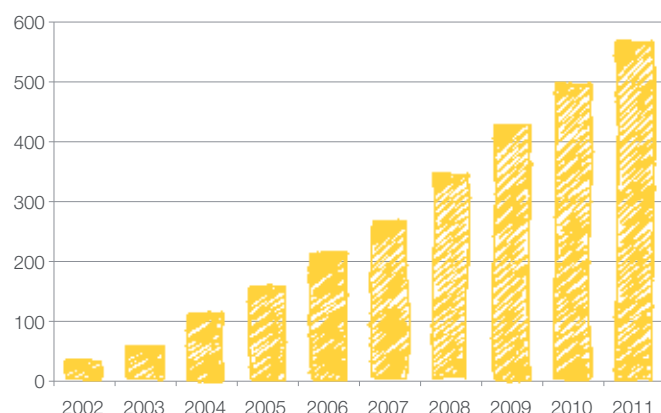


## Building community capacity to speak out on cancer issues

In February 2010, we established new **MP Liaison** roles, where carefully selected volunteers living in targeted electorates are matched to their local MP to provide the primary point of contact between the MP and Cancer Council. There were 13 active MP Liaisons during the reporting period, and our plan is to expand this to 30 during 2011/12.

Cancer Council continues to offer advocacy training (in partnership with Cancer Voices NSW and the Public Interest Advocacy Centre) to community members, to enable them to have a voice on issues and entitlements around cancer (see graph below). Advocates continue to make a vital contribution to community action for improved cancer policies around NSW, with groups campaigning on local issues such as car parking for cancer patients at treatment centres and access to specialist services (particularly in rural and regional areas).

## Growth in consumer advocates trained



## Recognising and supporting healthy councils

In order to further encourage local councils to create **cancer-smart environments**, Cancer Council NSW invites councils to apply for funds to undertake a healthy community initiative. In a strengthened and expanded program in 2010/11, applications were received from 25% of councils (significantly up from 7% in previous years) and almost \$100,000 worth of grants were funded. Ranging between \$5,000 and \$20,000, the grants support initiatives that focus on overweight and obesity, tobacco, skin cancer or access to health services. Once initiatives are complete, Cancer Council will be receiving evaluations and can then report on outcomes in 2011/12.

## Connecting with like-minded organisations

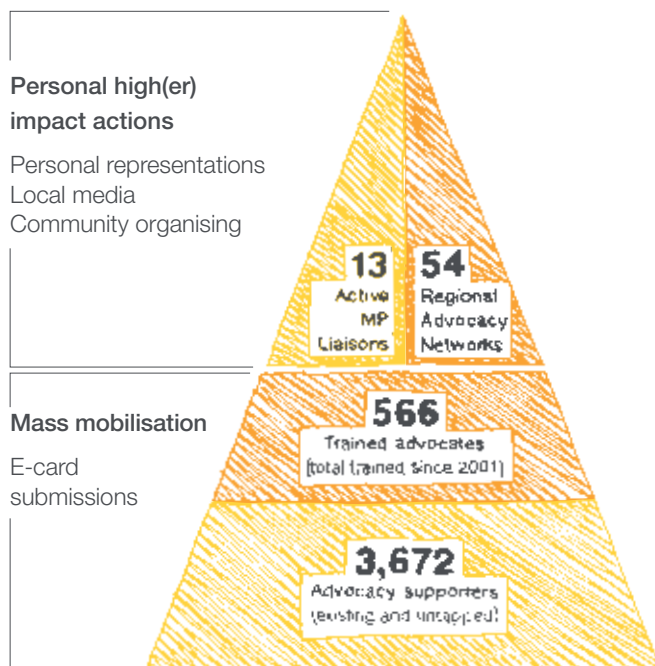
Cancer Council NSW recognises many organisations that also work tirelessly to ensure the cancer agenda remains front and centre for decision-makers in NSW. We have therefore fostered close working relationships with **organisations of influence**, such as Cancer Voices NSW. Our partnership with Cancer Voices NSW covers key projects such as consumer advocacy training and consumer review of cancer research-funding decisions.

We also collaborated with the Council of Social Service of New South Wales (NCOSS) and medical specialists on the Saving Life agenda.

In the smoke-free outdoor campaign, we have joined forces with the Heart Foundation, the Australian Medical Association NSW, the Local Government and Shires Association, and Action on Smoking and Health (ASH).


Strategic partnerships and alliances such as these provide us with a powerful advantage, and we acknowledge all of the organisations with which we have collaborated effectively in 2010/11, for example, in clinical trials with the Cancer Institute NSW and in the CLEAR study with hospitals.

## Our advocacy supporter structure









“No matter how good  
your support people  
are, sometimes you  
need someone who’s  
**professionally  
trained ...**”

The day after my birthday in 2009, I was diagnosed with colon cancer. My life went into a tailspin after I got the news.

I now know why people fear cancer so much. Cancer is a very negative and stressful experience, and the chemotherapy process and treatment is very difficult emotionally.

I had amazing support from family, friends and my employer, but even so, I don’t know what I would have done without Cancer Council’s support. I called the Helpline so many times, and was also matched with a Connect peer-support person. No matter how good your support people are, sometimes you just need someone who’s professionally trained or who’s been there before.

This year I was lucky enough to be sponsored by my employer, Firstfolio, to spend one month training and working as a survivor program facilitator at Cancer Council. Surviving cancer and being able to give something back can turn a negative into a hugely positive one. All of my fellow trainers have been affected by cancer in some way, either as a patient or a carer. Going through the training myself brought back a lot of memories for me – memories that sometimes I would rather forget!

Since becoming a Living Well After Cancer facilitator, I’ve travelled to a number of country towns in NSW and have loved meeting the people who come to learn and share.

I’ve been struck by the difference in experience some people with cancer have. We are very blessed in Sydney to have oncologists or other professionals at close range. In these country regions, they may not have a permanent oncologist, or they may need to visit one of the Sydney-based hospitals for treatment such as chemo or radiotherapy. From my own cancer journey, I am so glad that I did not have to worry about travelling long distances to have any treatment and I feel very fortunate that I had some wonderful health professionals looking after me.

There was really good feedback from the participants whilst chatting with them after the workshop, and comments such as “It’s great to know that you’re not alone” or “I now realise that other people feel like I do”. It is very gratifying that I can use my life experience to help others who are going through a period of uncertainty.

Wendy McMullen

## Strategic Priority 4

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

It is widely acknowledged that a cancer diagnosis creates significant emotional upheaval and impact on a person, their carers and loved ones. Less widely acknowledged is the personal financial cost of a cancer diagnosis, which averages \$47,200 (as calculated by Access Economics in 2005).

Cancer Council NSW therefore focuses significant resources to meet the otherwise unmet economic and practical impacts of a cancer diagnosis. Our long-term commitments to provide timely information and emotional support remain key platforms within this strategic priority.

The following programs highlight the myriad ways in which Cancer Council NSW is addressing unmet needs for cancer patients. Many of them provide living examples of how committed volunteers extend our reach and capacity in the community.

#### Supporting people promptly after diagnosis

There are now 10 **Cancer Council Information Centres** located at key hospitals and treatment centres around NSW, including five new centres opened during 2010/11.

Information Centres are designed to provide cancer patients with timely and relevant support during diagnosis and treatment, and to triage them to appropriate Cancer Council support services. Of the 4,000 visitors to the centres in 2010/11, 40% were patients, 15% were carers and 23% were patients accompanied by their carer. At least 80% of visitors were referred to at least one source of further information or support – for example, the Helpline, the Connect program, transport services or cancer resources. Visitor numbers have significantly increased in comparison to 2009/10, due to the new centres that opened this year. Feedback on the centres and the support they provide has been exceptionally positive.

Recognising the importance of providing a variety of support mechanisms for patients and carers along the cancer journey, **Cancer Connections** is our professionally moderated, national peer-support website. In 2010/11, more than 42,000 people visited the site (a 10% increase on last year) to participate in discussion forums, find support groups and share their experiences through personal profiles and blogs. The community includes patients, survivors, young people, partners and carers.

#### Meeting under-addressed need for practical support and patient services

Our research and work with cancer patients revealed an unmet need in many areas for **Home Help**. In response, a former pilot scheme of two services was this year expanded to six supported services in NSW (Moruya, Grafton, Port Macquarie, Campsie, Bowral and Casula). In 2010/11, 323 people were provided with in-home support and local transport solutions. Visits ranged between one and three hours in length, at an average cost to Cancer Council NSW of \$27.65 per visit. In line with our approach to engage the community, the resourcing

of the service depends on the local area and existing services. Some are run entirely by volunteers with support from Cancer Council's regional offices, while others are contracts with existing services.

Transport to and from treatment is another challenging factor for many cancer patients. Three years into our **transport strategy**, thousands of patients are now supported by Cancer Council NSW and our partner organisations. In 2010/11, we partnered with volunteers and community transport groups to take 5,768 passengers more than 740,753 kilometres (5% increase on 2009/10), and trained 113 volunteer drivers in 10 communities across NSW.

In order to achieve long-term change in transport service gaps in NSW, our staff and volunteers also conducted transport needs assessments in three areas, and we advocated to decision-makers for widespread changes. For example, our partnership with Bathurst Community Transport ended in 2010/11 after three years of providing once-weekly patient transport to Sydney. We demonstrated the case for appropriate funding from government, which has now been received. This exemplifies our approach to engage with communities to meet emergency needs, with a view to achieving sustainable solutions for the longer term.

#### Addressing unmet needs for financial and legal support

Cancer Council's **Legal Referral Service** expanded significantly in 2010/11. More than 220 law firms, in-house legal teams and individual solicitors across NSW have volunteered to assist financially disadvantaged patients and families on a pro bono basis, along with 25 skilled volunteers assisting staff to deliver the program.

A total of 698 people received assistance with a range of legal matters, including wills, superannuation, consumer credit hardship, insurance and employment disputes. This is a 75% increase from the previous year.

Through our valuable partnership with AMP, we now offer free financial planning assistance to disadvantaged patients and families through our **Financial Planning Referral Service**. In 2010/11, 309 clients (a 60% increase from the previous year) received free advice from more than 110 financial planning practices across NSW. The range of advice includes debt management, budgeting, superannuation, insurance and transition-to-retirement issues.

Through a partnership with Cancer Council SA, both the Legal Referral Service and Financial Planning Referral Service are now offered across South Australia for cancer patients and carers.



### Supporting patients with high-impact cancers

In 2010/11, Cancer Council NSW received funding of \$98,000 for a two-year project to provide the first **integrated multimedia consumer support network** for brain cancer and cancer of unknown primary. The grant (Cancer Australia Building Cancer Support Networks Initiative: Better Cancer Support through Consumers Grant 2010–2012) will enable us to provide support to patients, carers and families regardless of where they live, and provide a central point of content and reference for support, information, research and networking.

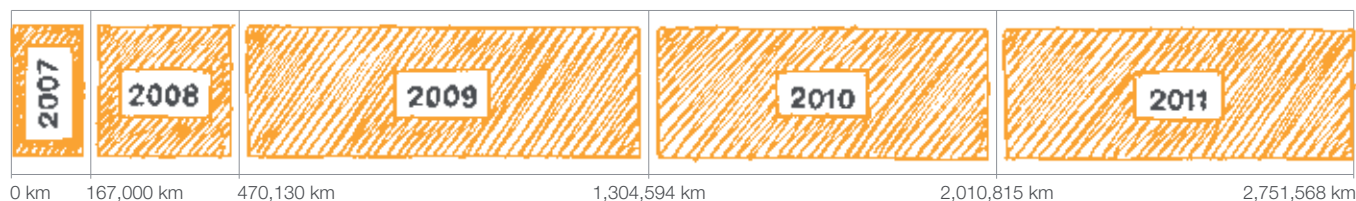
It will be based on our pancreatic cancer support model, which was launched in 2009 and is now operating successfully. The model was designed to be adaptable to other low-incidence, high-morbidity and high-mortality tumours, such as brain cancer and cancer of unknown primary.

Work on the two projects, including a cancer of unknown primary booklet, is progressing to plan. Cancer Council looks forward to further supporting people whose needs for support and information were previously unmet, given their particular diagnosis and prognosis.

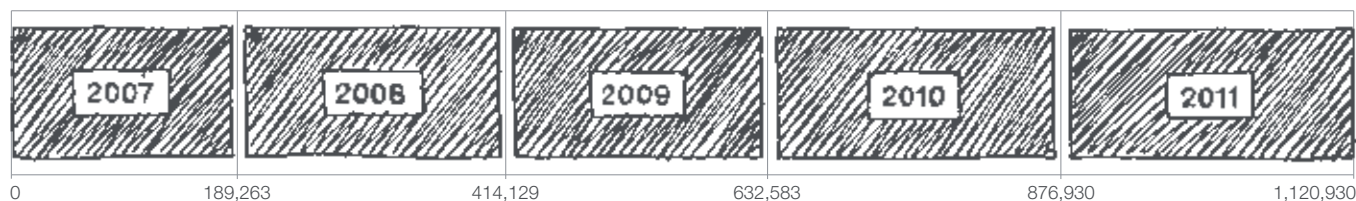
### Financial assistance grants awarded over five years



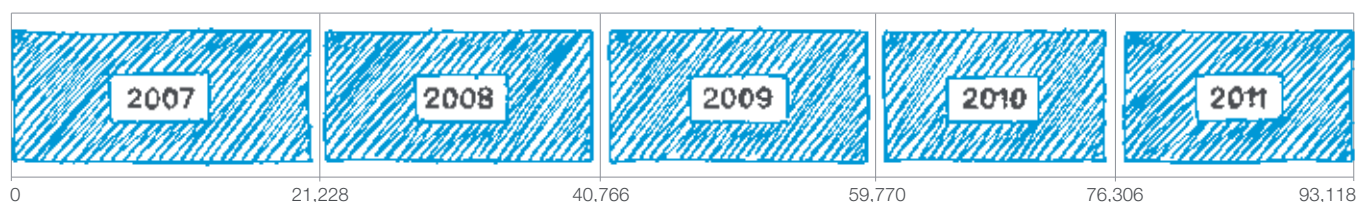
### Patient kilometres funded over five years



### Understanding Cancer publications distributed over five years



### Helpline calls answered over five years











“We all feel it and want to do what we can to **defeat** cancer.”

I became involved with Cancer Council a long time back, in year 2000. At that time, the Bangladeshi community in Australia was young and we had very little idea about cancer and the impact on the family. Then a few of us lost members of our families, and saw people very close to us suffering. Our community wanted to do something, and we realised that Cancer Council was helping with cancer and raising funds through Australia's Biggest Morning Tea.

For the past 11 years, we have been hosting Australia's Biggest Morning Teas called 'Good Morning Bangladesh' at Blacktown, Lakemba and Glenfield. We have raised almost \$51,968 and many communities in Australia are now joining in.

My wife, Laila, granddaughter, Zara, and I were involved in this year's Australia's Biggest Morning Tea national launch at Martin Place in Sydney. There were media, photographers and hundreds of people there and it was a real honour to show our community's involvement and the food of our homeland.

People are very happy to be involved. Our Bangladeshi community is part of the bigger Australian community. We have a strong commitment to Australia and want to give back. Our family bonds are very strong, so it is very hard when someone dies of cancer. We all feel it and want to do what we can to defeat cancer.

The morning teas have become a highlight of our annual events program. There are now many kinds of breakfasts, and it's progressed so well over the past 11 years. The nature of the event encourages people to become involved and reinforces our strong sense of community. We all want to make a difference.

Dr Abdul Haq



## Strategic Priority 5

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

Cancer Council NSW is 96% community funded, through our events, campaigns, face-to-face fundraising, retail stores, bequests to our cause and investments. Our portfolio includes some of Australia's most recognised and iconic cancer fundraising events, including Daffodil Day and Australia's Biggest Morning Tea. Throughout 2010/11, more than 160,000 people supported our organisation by generously donating to Cancer Council NSW.

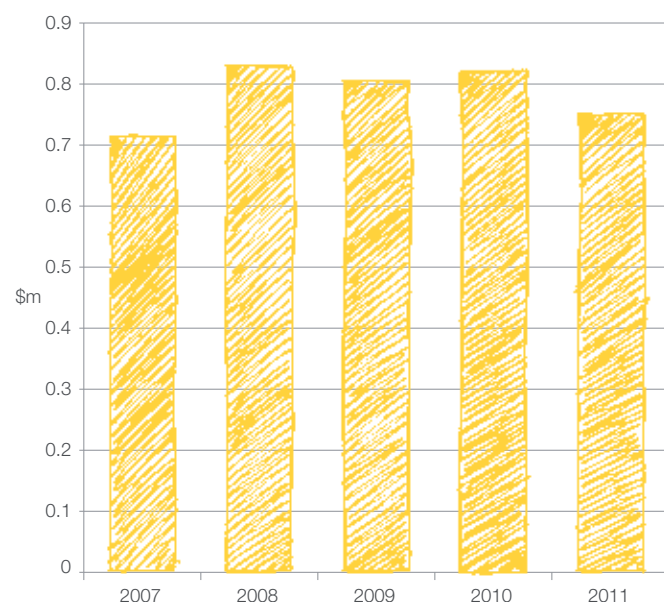
#### Addressing challenges and opportunities in fundraising

Our gross revenue income for 2010/11 was \$67.6 million, marginally higher than 2009/10 (\$67.5 million). As with many organisations, economic uncertainty and growth in household savings has meant challenges in generating increased incomes in recent years. We have experienced a reduction in growth year on year and against our budgets, although our fundraising (excluding bequests) had a modest increase of 2.8% net on the previous financial year.

Our supporters continue to generously fund our mission, yet our ability to invest in significant new cancer research or services may be limited if the current lack of growth continues over the longer term. In 2010/11, our bequest income was ahead of budget, but behind last year's result by \$2.4 million or 20%, due to timing of estate disbursements. This is a notoriously challenging program to budget, due to its fluctuations, and its decrease this year had a fairly significant impact on 2010/11 income.

#### Fundraising \$ per fundraising FTE\* (includes bequests)

\*FTE = Full-time equivalent staff member



#### Strength in face-to-face fundraising

Cancer Council's largest fundraising income comes from our **Breakthrough** program, where 45,380 supporters donate to us every month. It was responsible for \$13.95 million of our gross income in 2010/11 and provides a strong foundation upon which we can make long-term commitments to research. The success of this income stream is largely due to our face-to-face fundraising, where people are signed up as donors in streets or shopping centres in NSW. Because operating expenses are only incurred when long-term pledges are achieved, it is most cost-effective to use third-party agencies to undertake the fundraising on Cancer Council's behalf, even though there are costs associated with this. In 2010/11, there was some negative publicity levelled against a number of charities that use this fundraising approach; however, it has been one of the greatest successes for Cancer Council NSW at a relatively low cost:income ratio (21% in 2010/11).

#### Outcomes for events fundraising

Our fundraising approach is strongly focused on community-based events that, whilst they have a higher cost:income ratio than some other fundraising models, provide the additional benefit of connecting strongly with the people of NSW and engaging them in our mission. Our ability to connect with communities through events across cities and towns in NSW is a key point of difference for our organisation, and one which has contributed to our success for many years. Our focus is on continuing to reinvent and build our existing events portfolio, and also on creating innovative new fundraising events.

Overall, our events team raised \$23.1 million, thanks to the generosity of 13,700 hosts, 10,500 supporters and 1,156 volunteers. Our established events performed well overall: **Daffodil Day** (\$3.8 million, 2% up on 2009/10), **Australia's Biggest Morning Tea** (\$4.33 million, 1% up on 2009/10) and **Relay For Life** (\$6.45 million, 5.8% up on 2009/10). We experienced some drops in revenue and support for **Girls Night In** (\$1.98 million, 8% down on 2009/10) and **Pink Ribbon Day** (\$1.5 million, 12% down on 2009/10). Research undertaken suggests there was a lack of engagement in the marketing campaigns and event timing, as well as deterioration in our current Constituent Relationship Management system performance, and so we are addressing this issue in 2011/12 and beyond.

**Relay For Life** events were held in 67 local communities across NSW, with over 43,000 participants and 2,000 cancer survivors involved. The record result in 2010/11 is a tribute to volunteer-based Relay committees and teams, plus local Cancer Council staff. While Relay expenditure is attributed as fundraising costs, in fact the event is also a way of connecting communities with our cause. For example, 1,700 participants pledged to support our **Saving Life** advocacy campaign, and hundreds of people were involved in **Living Well After Cancer** workshops held in towns after Relay events.



### Strong growth in community fundraising

Growth in **community fundraising** has been another of Cancer Council's success stories over recent years, and shows the power of the individual to make a difference in the fight against cancer. Our **Do Your Thing** fundraising program enables individuals, teams and organisations across NSW to register and fundraise online, gain support and inspire others to participate. In 2010/11, more than 2,000 community events were held in NSW, raising \$2.9 million (53% up on 2009/10). This phenomenal result reflects the generosity of more than 2,350 supporters and is one of our most cost-effective fundraising streams. Successful examples in 2010/11 included the inaugural City Mile Dash (which we plan to extend more broadly in 2011/12), the Seven Bridges Walk and the Sh\*tbox Rally.

### Weather conditions affect retail stores

Our **retail stores** made \$0.9 million net profit, which was a good result in challenging conditions, and all stores except two recorded a solid net profit. The 2010/11 income of \$7.3 million was 14% lower than the original budget estimates and 3% lower than last year.

We saw a 28% growth in online sales over last year as more customers chose this option. We are continuing to invest in our online operations, with a full review of our strategy, plans to upgrade the website for next season, and an increased array of products for sale online, representing the full merchandise range.

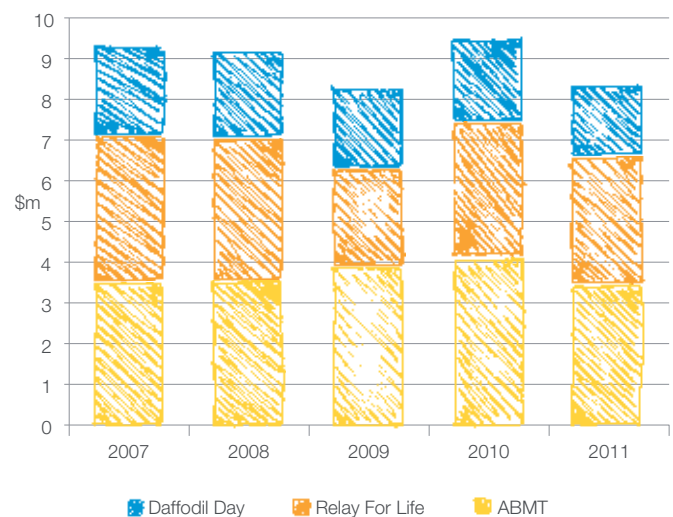
Analysis over the past 10 years has shown that the weather is the strongest influence on our sales, especially over the summer months. Last summer's weather was the worst in 40 years and had a significant impact on our sales results. Future sales forecasts are positive, with predictions that La Niña is in decline; however, we are cautious that the current retail malaise may also have an impact.

Retail profits make a significant contribution into our melanoma research programs, and over the last 10 years, more than \$10 million has been raised, largely through profits from retail stores.

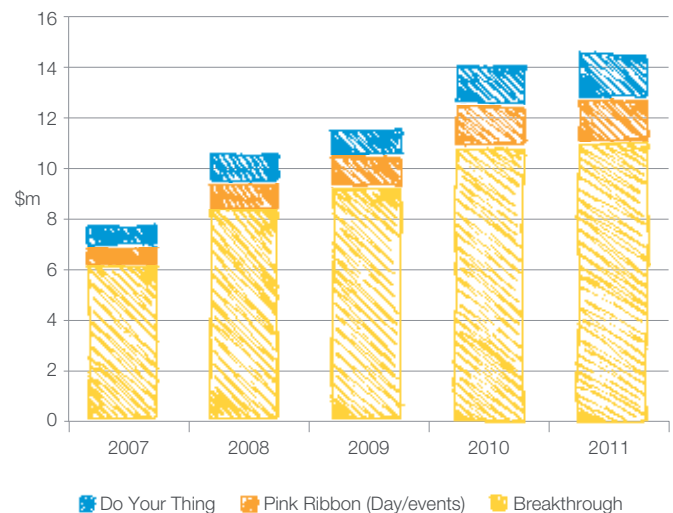
### Looking ahead for 2011/12

The Constituent Relationship Management system (covered on page 38) will have a significant and beneficial impact on our ability to connect with our stakeholders and improve fundraising cost-effectiveness. It will provide us with a single view of the supporter, and enable integration with the fast-developing and critical social media space.

### Mature income streams (net income)




### Growth income streams (net income)











**"If you're sick, see  
the doctor straight  
away and **make  
sure they listen.**"**

#### **Anthony "Anno" Avery (1982–2008)**

Anthony "Anno" Avery was born in Sydney, raised in Redfern, and moved to Taree, his mother's birthplace, when he was 15 years old.

Anno was a young Aboriginal man, and proud of the colour of his skin and his culture. One thing he disliked was racism against Aboriginal people. He had friends of all shapes, sizes, colour and backgrounds.

From an early age, it was clear that Anno was a gifted athlete, and during his sporting career, he represented Australia three times in touch football and North Coast in rugby league, and also dabbled in AFL. He was famous for his speed, agility, passion and beaming smile.

Anno was diagnosed with bowel cancer in 2007, after a long period of losing weight, feeling sick and bleeding from the bowel. He was initially diagnosed with irritable bowel syndrome; although Anno felt quite sure it was something more. After seeing a television interview with a former player who had been diagnosed with bowel cancer, he knew that's what he had. Further tests confirmed his fears.

Anno was a very fit athlete, and did not smoke, drink alcohol or use drugs. Despite this, bowel cancer was too far advanced by the time Anno was correctly diagnosed.

His family are passionate supporters of Cancer Council NSW and our work to connect with Aboriginal communities. One of Anno's impassioned final messages was: "If you're sick, see the doctor straight away and make sure they listen".

Anno was a loving father to Britney, his four-year old daughter – and son, brother, uncle and friend. He is greatly missed and loved by his family and all who knew him.

A small Cancer Council grant to Anthony's mother, Mindy, allowed her to publish a book honouring Anno's life and raise awareness of cancer in the Aboriginal community. A room named in Anthony's honour was unveiled during a smoking ceremony at our Woolloomooloo offices in 2011. Cancer Council acknowledges the ongoing dedication and support of the Avery family to our mission.

## Impact: Connecting with communities across NSW

As a diverse and community-focused organisation, Cancer Council NSW reaches out and connects with communities every day in our mission. Cancer is not one single disease, and its impacts are immeasurable and vary so widely from one person or community to another.

Just as cancer is not one single disease, nor is there one single 'NSW community'. 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.

Cancer Council NSW therefore takes a community engagement approach, working with communities to understand what their needs are and how we can support them within our mission, programs and services, and then to support all people to take action.

### Our approach to engaging regional communities

Cancer Council NSW's community engagement strategy means that we support local networks of committed people and partners who understand the distinct needs within a community context. In order to do this effectively across our 10 regions, we have:

- Thirty-five **Community Cancer Networks**, which provide the local context and insight to initiate action in metropolitan, regional, rural and remote areas across NSW. In 2010/11, many of the networks have developed cancer control plans in one or two areas, and then built social capital to work on these projects. Two examples include the Hills Network (in Sydney) focusing on parking for cancer patients, and the Tweed Network focusing on opening a local Cancer Council Information Centre
- Nine **Regional Advisory Committees**, each of which focuses on providing local context and advice on our regional strategic direction. For example, the Far North Coast Advisory Committee guided a critical review of the region's structure and services, and just one outcome is the significant increase in volunteer numbers since then
- Thirty-nine **partnerships** with a formal agreement or Memorandum of Understanding, and nineteen collaborations on shared projects and initiatives.

The following pages outline some of the many ways in which this strategy has enabled us to support the myriad communities of NSW in 2010/11.

### Connecting with culturally and linguistically diverse communities

Cancer in all its forms affects people from all cultural and linguistic backgrounds. Cancer Council NSW has maintained a long-term commitment to providing information and resources in-language to help people from culturally and linguistically diverse (CALD) communities prevent and manage cancer in their lives.

In 2010/11, we identified the need to strengthen our ongoing relationship and recognition with large CALD communities in NSW. We chose to focus on the Chinese, Arabic-speaking, Vietnamese, Spanish, Macedonian, Croatian, Serbian, Greek and Italian communities, initially due to the size of each population, low English proficiency levels, or high prevalence rates in certain types of common cancers.

Our **Community Speakers Program** delivered 35 presentations to CALD communities in 2010/11 and reached 895 people from communities such as Vietnamese, Arabic-speaking, Croatian, Cambodian, African, Bosnian and Tamil. Not all were delivered in-language and in these cases, speakers developed specific presentations to enable us to communicate with groups of varied English proficiency, and we engaged professional language interpreters where necessary.

We also forged an agreement this year with the State Library NSW to disseminate our in-language information and material to all public libraries nationally. One example is the pancreatic cancer DVD *You are Not Alone – Understanding Pancreatic Cancer* in Arabic, Chinese and Vietnamese, which was distributed to all public libraries in Australia as part of the agreement.

An ongoing project to build a multicultural cancer hub website dedicated to providing information in seven languages was commenced in 2010.

### Understanding cancer risks

The **Cancer Lifestyle and Evaluation of Risk** (CLEAR) study is a flagship Cancer Council NSW research project that will provide the most complete information to date about the lifestyle and genetic factors that influence cancer risk in the NSW community.

The study is being conducted in NSW to take advantage of our very diverse community. The size of our population, together with the diversity of lifestyles and cultural backgrounds, provides a large and unique sample to study. It is expected to provide meaningful answers about the causes of cancer, and how these vary in different cultural groups.

In 2010/11, there were 1,902 new participants recruited into the CLEAR study (a substantial increase on 1,167 in 2009/10). By the end of 2010/11, 6,021 people had been recruited to the study, passing the important halfway mark to the 10,000 target.

CLEAR study materials are available in Chinese, Vietnamese, Italian, Greek and Arabic (the biggest non-English language groups in NSW), and we are also working towards in-language translations on the CLEAR website.



# Sydney Alliance

Cancer Council NSW is proud to be a founding member of the Sydney Alliance. It is a broad-based coalition of diverse community organisations, unions and religious organisations working together to advance the common good and achieve a fair, just and sustainable city.

Since joining the Alliance in 2010, listening campaigns have been held across all member organisations (including Cancer Council NSW), and three key issues have been elected for action:

- Building community harmony: social inclusion
- Community care, health and support
- Transport.

Cancer Council is committed to the Alliance and its work, because so many of the problems faced by cancer patients and in the differential cancer outcomes in NSW are very much linked with a lack of fairness and equity in our health system and community. The purpose, structure and focus of Sydney Alliance strongly echo our pillars of connection, insight, contribution and impact.



## Snapshot

Here is a snapshot of some ways in which Cancer Council NSW has connected with communities across NSW, tackling and uncovering issues related to disadvantage, distance and access, and cancer type and mortality.

- Radiotherapy treatment has been a major issue in the Far North Coast Region of NSW, and statistics for cancer patients receiving radiotherapy are well below the 52.3% benchmark. Cancer Council NSW has supported two key projects in the region: the recently opened Integrated Cancer Unit and the development of Our House accommodation lodge, into which we have invested \$500,000. Through these achievements, people living in regional and remote area in Far Northern NSW will have better support and access to information, accommodation and treatment.
- We funded \$500,000 in total towards the patient accommodation facility at Orange, through Cancer Care Western NSW.
- Community Conversations held early in 2011 have become an important way for our Western Region to work with communities in their area. These Conversations have initiated a project that will be trialled in 2011/12 focusing on rural/remote communities, addressing their specific needs. One such need is to provide prompt and professional connection to support services for people who live in isolated communities where there may be only a very few cancers diagnosed each year.
- Through Tackling Tobacco grants to community organisations, smoking-cessation support can now be provided in a range of services – for example, drug and alcohol treatment centres, juvenile justice settings, a women's refuge and a homeless service.
- New support groups for high-impact cancers – head and neck cancer, colorectal cancer and brain cancer – have been supported in the Northern Sydney Region.



### Connecting with Chinese communities

We launched a brand-awareness campaign with the Chinese community in 2010/11, to educate the community about Cancer Council and our role in assisting cancer patients, carers and families from Chinese backgrounds. As part of this engagement, we sponsored 2011 Chinese New Year street festivals in Chatswood, Hurstville and Burwood, which attracted over 60,000 festival-goers. We drew upon our bilingual staff and 25 volunteers to promote and disseminate in-language materials at these events, with an excellent response from visitors.

Longer-term relationships with Chinese communities are illustrated by our partnership with the Chinese Australian Services Society (CASS), which includes monthly visits by Cancer Council staff to provide in-language support and cancer information to them. We work closely with CASS staff and members to build understanding of our work and programs. A pilot project is underway for in-home and transport support services.

We also have a close long-term association with CanRevive, a not-for-profit organisation that helps Chinese cancer patients and their families with information services and support groups. Our association includes funding support for a full-time staff member to coordinate its cancer support programs. The approach has been to provide our programs for patients and carers (for example, Understanding Cancer) which CanRevive then takes on and delivers to its community.

### Involving communities through events

**Australia's Biggest Morning Tea** proudly engaged CALD communities in 2010/11 and incorporated an international flavour to connect with Cantonese and Mandarin speakers, plus the Arabic-speaking, Bangladeshi and Vietnamese communities. We integrated respected opinion leaders and cultural ambassadors from key CALD audiences, food from around the world, and targeted media and radio coverage in-language. Above-average participation was recorded when Australia's Biggest Morning Tea results were compared to the previous year's figures, and excellent media coverage was gained.

Whilst there are many generous CALD communities involved in Cancer Council NSW fundraising each year, this was the first time that one of our major events used cultural and linguistic diversity as a key part of its engagement and communications strategy.

### Supporting CALD communities' projects

In 2010/11, Cancer Council NSW provided 14 **Community Grants** of \$3,000 to CALD community organisations in our two most diverse regions in Sydney (Central and Southern Sydney, Greater Western Sydney). The objective is to provide funds that help communities develop their own solutions to local issues and support our mission to defeat cancer – for example, health promotion, information, support and care.

### Improving cancer care for Aboriginal people

The **Aboriginal Patterns of Cancer Care project** (APOCC) is working with NSW Aboriginal communities to identify factors

affecting the diagnosis and treatment of cancer for Aboriginal people, and to find appropriate avenues for improvement in their cancer care. APOCC is working with health services that care for Aboriginal people with cancer, to develop strategies, resources and programs that meet their needs.

We are reviewing Aboriginal patients' medical records and conducting qualitative interviews (by the study team at University of NSW) with Aboriginal patients, their carers and healthcare workers. Overall, by 30 June 2011, we had reviewed 1,310 medical records (340 in 2010/11). The qualitative interview team has collected detailed information from the interviews on the experiences of and barriers to cancer care for Aboriginal people in NSW.

In 2010/11, a workshop was held with 30 stakeholders from across NSW. It brought together Aboriginal community members, researchers, policymakers, advocates and healthcare workers, helping to influence the direction of the study and how outcomes should be implemented and communicated in future.

### Working with Aboriginal communities

Some other key projects in 2010/11 are as follows:

- An Aboriginal Support Group was founded in the Mid North Coast Region of NSW.
- In partnership with Western NSW Local Health Network (formerly Greater Western Area Health Service), we conducted the first in what is hoped to be a series of training sessions for Aboriginal health workers around causes of cancer, prevention, diagnosis, treatment and access to services. A focus group of participants provided positive responses to the training.
- We held six Community Conversations with Aboriginal communities in Bankstown, Narrandera, Moree, Tamworth, Ballina and Lismore, providing us with an opportunity to engage with and understand the particular issues facing different communities.
- An Aboriginal Strategy Group was set up internally to develop and implement actions and initiatives to improve the way our organisation engages with Aboriginal people. The aim is to ensure our programs, services and work practices are culturally appropriate. Achievements in 2010/11 include smoking ceremonies in Woolloomooloo and regional offices; developing protocols for acknowledgement of country; and cultural respect training for key leaders and managers.
- Our Executive team also approved the development of a Reconciliation Action Plan for Cancer Council NSW, which will be developed in 2011/12. The plan is an important way for us to enhance and develop positive relationships with Aboriginal communities. It will be built upon three areas – relationships, respect and opportunities – and will identify clear actions, realistic targets and lessons learned in engaging Aboriginal communities.

## Impact: Our people

Our staff and volunteers are the most crucial link in our mission to defeat cancer, connecting with our communities and stakeholders in varied and powerful ways. We have 352 members of staff (excluding casuals), around a 10% growth on 2009/10. We have 37,153 volunteers, which includes people who generously give their time for events and 3,538 regular and registered volunteers. These people provide the backbone to many of our operations and programs.

Our staff and volunteers truly embody our strategic pillars in the way they work: making a measurable **impact** through their work; gaining **insights** through their diverse skills and capabilities; making a **contribution** through their energy and engagement; and creating a **connection** to each other, to our communities and to the people we support through the cancer journey.

This year, we have again worked to foster a highly engaged, forward-thinking culture, aligned with our strategy and based on open communication, collaboration and accountability. We capitalise on our strengths, thanks to the talented people working and volunteering with us, united in our mission. Yet our substantial growth in recent years, combined with aspirations for mission and strategy, creates ongoing challenges at times for the organisation.

### Gathering staff input in 2010/11

A **staff engagement survey** was run in 2010/11, with a 75% response rate. The results showed a 47% engagement level, which was disappointing, considering the goal of at least 60%. However, it was heartening that 41% of staff are at the 'nearly engaged' level, which means that if we focus on some areas of opportunity, we can then capture the hearts and minds of this group that are nearly engaged. It was very pleasing to see the results show very clear engagement and connection within teams, and a resounding sense of pride in our organisation and the work we do.

The survey also provided valuable insight into areas for enhancement, especially leadership and management development, and managing performance. We have since set the foundations for improvement, including creating a new learning and development framework for leaders and managers, and a new approach to performance management will be established in 2011/12.

Beyond the staff survey, broad indications show that our retention rates remain steady (77% – 2% higher than 2009/10) and within general trends in the not-for-profit industry. The main reasons for leaving Cancer Council NSW include competitive offers from other organisations or advancement in career opportunities.

Fifty percent of our staff have been here for more than three years, and we have a broad spread across ages and tenure. Gender distribution is strongly skewed to females, which is to be expected within our industry.

### Women in our workplace

Cancer Council NSW was compliant with the 2011 *Equal Opportunity for Women in the Workplace* report. Highlights from this report (1 April 2010 to 31 May 2011) include:

- Fifteen staff accessed paid parental leave.
- A total of 73% of all female staff have returned to Cancer Council following maternity leave (slightly less than the preceding year).
- The Executive team comprises 66% females. Other management groups include operational managers (69% female), regional managers (77% female), frontline managers/supervisors (64% female) and retail managers (100% female).

### Refreshing our people policies

The review schedule for internal policies had fallen behind by 2010/11, and so this year saw a commitment to reviewing and refreshing some key policies to ensure currency and legislative compliance. Five revised policies came into effect on 1 July 2011, including Code of Conduct, leave, remuneration, parental and adoption leave, and termination of employment.

The practice of using 'flexidays' to reward staff is common in many industries, and our own policy was reviewed in 2010/11 to provide greater fairness and consistency. The policy is now very much related to rewarding strong performance and outcomes, up to a maximum of six such days per annum (pro rata for part-timers).

A full list of the legislation under which Cancer Council NSW operates is included on page 62 in this report.

### The wellbeing of our people

In 2010/11 Cancer Council increased our commitment to **occupational health and safety** (OH&S) by implementing a new OH&S information system and framework. A new strategic plan for OH&S has also been adopted throughout the organisation.

OH&S activity will now be objective based, with targets and performance being regularly monitored and assessed.

We have a strong OH&S committee, which meets quarterly to discuss issues and risks in the workplace. We report on injury and accidents that have occurred during that quarter. In 2010/11, there were 27 accidents and injuries reported (11 fewer than 2009/10). Twelve of these injuries resulted in a workers compensation claim, and all but two claims were finalised within the year. There were two fewer workers compensation claims in 2010/11 than the previous financial year. However, two of the claims were substantial, resulting in a significant increase in assessed workers compensation premiums (from \$260,000 in 2010/11 to \$500,000 in 2011/12). We are assessing the circumstances that led to these claims to implement specific risk-management measures. One of these two claims was dismissed in August 2011, and we are expecting a favourable adjustment to premiums at the end of 2011/12.



We have committed to improving communication about reporting accidents and injuries, which is expected to lead to increased reporting of incidents in the next financial year. However, greater reporting means that we can better capture and manage potential hazards in the organisation.

Driver safety and safety management at outdoor events have been identified as areas for improvement. Controls will be developed in 2011/12 to reduce these risks. There have been no high-risk areas reported to the OH&S committee within our office-based or retail environments.

### Changes in the Executive team

We had some changes in the Executive team this year, after many years of stability and little turnover. Manisha Amin, Director of Marketing and Communications, resigned in June 2011 and Trudi Mitchell, Direct Marketing Manager, has been Acting Director since. Marion Carroll has been acting in the role of Director of People Learning and Culture. The changes have been managed well by the rest of the Executive team and next tier managers, who have all remained focused on delivering mission.

### The learning and development of our staff

We are committed to providing ongoing learning and development (L&D) opportunities for all staff, to ensure we have a skilled, flexible and engaged workforce.

A **new organisation-wide L&D framework** was launched in March 2011 after extensive consultation with the organisation and a review of performance plans and training history. The framework is based around the four strategic pillars of our brand – impact, insight, connection and contribution – and the requirements of our staff and operations. Two key examples include new courses for risk management and project management.

The new framework provides training solutions that are comprehensive, robust and sustainable. The new training calendar offers a wide range of technical and interpersonal development required in our work environment and community settings. The course format blends in-house training by external providers and our own subject-matter experts, with a focus on relevance and cost-effectiveness.

New relationships with external providers – including TP3 (for all IT training) and the Australian Institute of Management (AIM) – have been forged to provide a more expansive set of possibilities and training opportunities at competitive rates. Careful budget management has been maintained by constructing parameters around the cost of external providers and ensuring maximum attendance for the training.

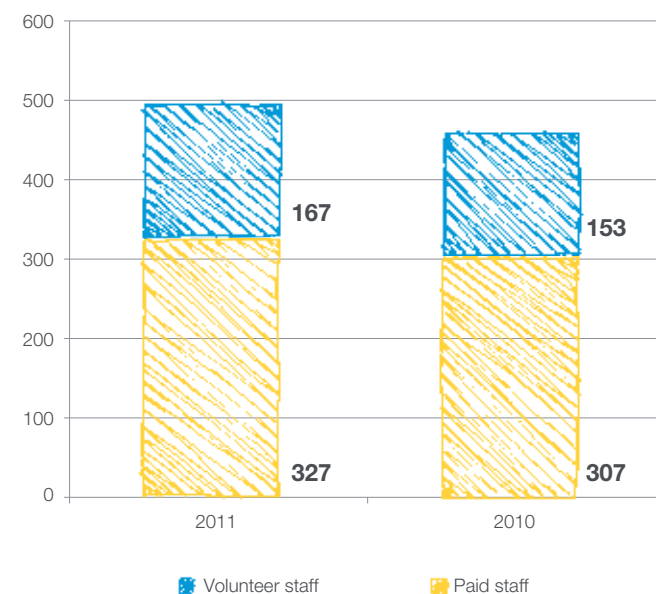
There has also been an extensive review of the L&D policy in 2010/11 to fall into line with current workplace practices and ensure currency.

Attendance rates for 2010/11 indicate there were 525 training places booked and attended via our internal register, and comparison figures will be available from 2011/12 onwards. This figure does not include external training sessions.

Leadership and management performance were identified as critical factors in creating a cohesive culture through the 2010/11 Staff Engagement Survey. An integrated management development program for existing and emerging leaders, middle management and frontline managers has since been developed and will roll out in 2011/12.

### Staff totals at 30 June (FTEs)\*

\*FTE = Full-time equivalent staff member



### The invaluable impact and input of our 37,153 volunteers

Volunteering is integral to our mission of engaging the community and essential to achieving reach and impact within our community. Our workplace is inclusive, with staff and volunteers working side by side, united in our mission. In many cases, specially trained volunteers make our community-facing programs possible – for example, cancer support programs such as Connect, Living Well After Cancer and Information Centres, and prevention programs like SunSmart and Eat It To Beat It.

There are many committees, taskforces and community-based groups made up of dedicated people who volunteer their time and skills to local and regional issues.

In addition to regular active volunteers, we are supported by many other people who work in a volunteer capacity, including students and interns, members of the corporate employee volunteer programs, thousands of event supporters and community fundraisers, advocates and pro bono professionals.

One example of corporate volunteering is the contribution of MLC staff, through the NAB corporate volunteering program. They provided expertise and advice in the extensive evaluation of our biobank modelling and business case. Partly as a result of this work, approval on the biobank project was granted by the Board in September 2011 and more will be reported in 2011/12.

Put simply, Cancer Council NSW could not function as we do without the invaluable impact and input of our volunteers. They are dedicated and committed, and they support us in countless ways each and every day.

Cancer Council recognises the **National Standards for Best Practice in Volunteering**. In comparison to the National Standards for Volunteering, for most objectives we have either fully attained the required standard or substantially achieved attainment. In many areas, we exceed the requirements as

documented in the standards. A copy of the standards is available through Volunteering Australia, or at the following address: [www.volunteeringaustralia.org](http://www.volunteeringaustralia.org).

In late 2010/11, Oakton Consulting Technology undertook an Internal Audit Report on volunteering within Cancer Council NSW. The objective was to review and assess the efficiency and effectiveness of the frameworks in place to support volunteers, and to assess this framework against 'better practice' standards. The final report from this review is in the process of being completed and will provide valuable insights for our volunteer strategy and operations.

### Recognising and developing our volunteers

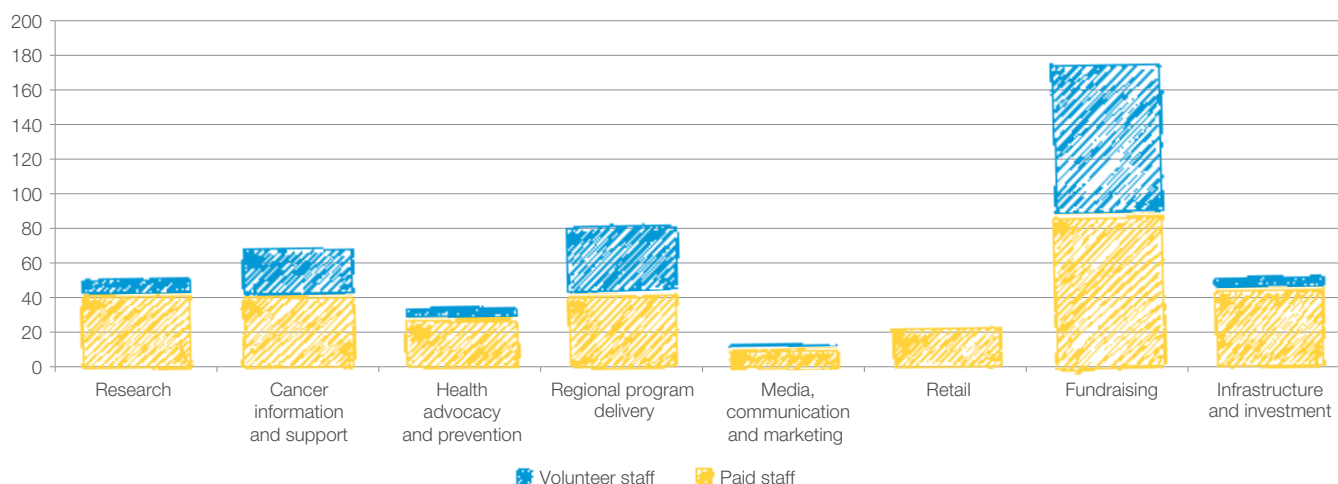
Our goal is to ensure all volunteers have access to orientation and to relevant training and development opportunities to support them in their role. Specific training is designed for volunteers in community or patient-facing roles (for example, Connect, Information Centres and transport), and other volunteers are encouraged to attend training opportunities to enhance their experience or capabilities.

Capturing data on volunteer training is currently imperfect due to outdated recording systems. The planned implementation of the new Constituent Relationship Management system will have a very positive impact on our ability to capture and analyse volunteer data.

Our goal is to ensure that volunteers know the value of their contribution to our mission, and feel a strong sense of accomplishment and satisfaction from their work. We recognise volunteers throughout the year by awarding anniversary certificates at key milestones; holding organisation-wide events throughout National Volunteer Week; publishing the quarterly *Volunteer Voice* newsletter; and offering ad hoc opportunities such as free tickets and recognition events.

## Our people's contribution (FTEs)\*

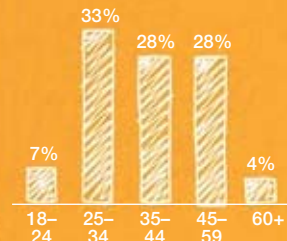
\*FTE = Full-time equivalent staff member



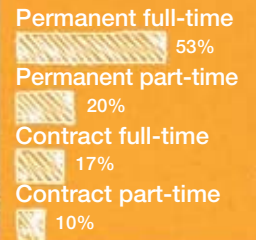




### Age

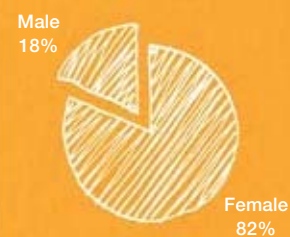


### Employment type

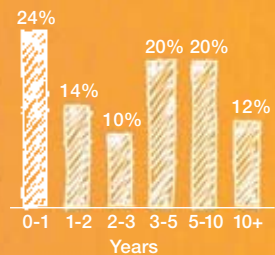


Our  
staff

### Gender



### Tenure





## Impact: Systems and infrastructure

As with any leading organisation, efficient systems and infrastructure enable us to operate at optimum performance and offer opportunities for growth and improvement. In 2010/11, Cancer Council NSW has implemented improvements in the information systems, risk management and administration areas.

### Gaining insights from our constituents

Cancer Council NSW has been operating within an increasingly fragmented and outdated **Constituent Relationship Management (CRM)** system. In late 2010, a review was commissioned to look at options to replace current systems and improve our CRM technology. The review consisted of 35 workshops with key staff and volunteers, to understand their business areas, interactions with current systems, and requirements for information management. The review revealed that without serious investment in a CRM platform, the organisation would suffer from operational inefficiencies and lack of insights into our constituents, with a significant effect on morale and productivity. It was estimated that revenues could decline significantly over the next three years without a new CRM system.

The review concluded that there was a strong imperative to implement a new organisation-wide CRM system based on a packaged software platform. Implementing the new system will enable the organisation to identify and execute strategies for sustainable growth, and benefit from a more complete picture of our diverse constituents, communities and stakeholders.

In February 2011, our Board approved the procurement and implementation of a new CRM system. A project and change management structure and process based on Prince 2 methodology has been put in place, and by the end of the financial year, six prospective vendors had responded to a formal request for proposal. Further progress and outcomes will be reported in 2011/12.

### Finding administrative and operational efficiencies

We are continuously looking at ways to improve the efficiency of **processing fundraising income**. Benefits this year have been gained from centralising administration of certain events (for example, Do Your Thing events) to the Woolloomooloo-based Event Administration Centre. This has increased productivity and freed up staff in regional offices to focus on mission delivery and fundraising.

We have improved the efficiency of a number of key fundraising administration processes, including quality assurance checks, data entry and integrity, and letter-generation processes, with significantly reduced processing times. Automation of other processes – for example, financial reporting – has also created greater efficiencies.

Cancer Council NSW has made significant progress towards becoming **Payment Card Industry (PCI) compliant** as required by the credit card and banking industries. Although compliance represents many challenges to processes and IT infrastructure, both large and small, we expect to be compliant by 30 June 2012 and within PCI guidelines.

A **new intranet** utilising Microsoft SharePoint was introduced in 2010, providing staff and volunteers with a trusted source of organisational information. Updated policies, procedures and key documents, plus collaboration and efficient searching, have all proved beneficial. Uptake has been positive, and research on user behaviour suggests a timesaving of three minutes per staff member per day, which is substantial when converted to an annual time saving across 352 staff members (around 253,440 minutes or 4,224 hours per annum).

### Managing risk and compliance

There has been a stronger compliance focus throughout 2010/11 for training all fundraising and related staff on important aspects of the *Charitable Fundraising Act 1991* (NSW) and our cash-handling procedures.

A comprehensive new business case template has also been developed to ensure consistency in decision-making and optimum resource allocation.

Cancer Council NSW applies Risk Management AS/NZS ISO 31000:2009 to direct and control threats to our priorities and business processes. A significant review of our risk register occurred in 2011, and all managers undertook risk-management training to understand the value risk management can bring to our business systems. At the conclusion of review and training, the Executive team identified three priority risks: successful implementation of the CRM system; our focus on increased social mobilisation; and driver safety. Assessment and appropriate remedial action is ongoing for these particular risks, and for the other operational risks identified during the review.

### Enabling sustainability and environmental performance

Sustainability and environmental performance have been a priority over a number of years, including streams for the re-use and recycling of office resources and waste. Energy consumption is minimised through timed-automated ceasing of lighting and mechanical services. Disappointingly, an audit of energy consumption and expenditure at our Woolloomooloo offices in 2010/11 showed a slight increase over the previous year. The reasons for this and actions to address the situation are being identified.

In 2010/11, we assessed a business case for the installation of solar panels on the roof of our Woolloomooloo office; however, it was not considered a financially viable option at the time. We are committed to reviewing this option in the future when the solar market matures and it becomes a more feasible option.



## Impact: Communicating with our communities

As an organisation whose funding and connections are founded in the community, our ability to communicate effectively is crucial to our success. None of our fundraising events, campaigns or programs could achieve their objectives without our communicating them through the media, social media, web or other organisational communication channels.

Cancer Council NSW and our spokespeople remain leaders in the media, ensuring our events, campaigns and health messages are placed prominently on the public agenda. Results in 2010/11 show:

- Cancer Council NSW was the leading cancer voice in NSW. Our share of voice increased by 3% (from 10% in 2009/10 to 13% in 2010/11).
- We achieved 11,780 articles – an increase of 382 compared to the previous financial year.
- Our audience reach increased by 175.3 million (up from 1,421,019,375 in 2009/10 to 1,596,333,350).
- The value of our coverage increased by \$4.7 million (from \$30 million to \$34.7 million).
- We reached 98 million more households than the previous year (from 638.4 million to 736.4 million).

Social media is used now more than ever before to engage with supporters on a range of important issues, such as cancer prevention, advocacy, support, information and fundraising, as well as general community connection. In 2010/11, our social media capacity expanded significantly:

- Over the 12 months, the official Cancer Council NSW Facebook page grew nearly 700% (from 253 to 1,758 fans).
- Cancer Council NSW's Twitter presence has grown from a starting level of 0 followers and increased to 3,499 followers.

One example of using social media in fundraising is the Do It For Cancer Facebook page, which was launched in 2010/11. As part of the Do Your Thing community fundraising program, this creative initiative enables people to set up their own fundraising event. The page has since grown to a strong community of over 8,500 members.

As found by most organisations using social media, its relatively new contribution to our communication strategy means its impact is difficult to measure. During the next year, we will be investigating ways to monitor social media more accurately and increase our ability to engage and connect with communities in this way.

We are also conscious that our social media profile is somewhat lower than those of other not-for-profit organisations operating in this space. Our challenge is to retain connection with our traditional supporters, yet also be able to attract and engage the potential in the social media generation.

We were unable to launch a redeveloped website as planned in 2010/11. It has proved to be a multifaceted project and some execution oversights meant we significantly underestimated the breadth and complexity of the content and structure. The new site will be delivered in late 2011 and it will enable us to deliver digital and social media strategies to maximise the effectiveness of our communication and connection. The issues faced during this project will be investigated and action taken to ensure improved project management practices in future. Our new project management training and business case approval process are two key corrective actions we have already implemented.

Our *Smart Living* magazine, issued twice a year for event supporters, was reviewed in 2010/11. We investigated its costs and required resources, and concluded that an alternative strategy was timely and appropriate. A new communication is in development and will have a strong focus on how Cancer Council NSW uses the funds raised through our events.

Supporter-centred electronic newsletters are deployed regularly for each event, and our ability to better connect with these audiences will increase substantially with the new CRM system.

### Reporting and operating transparently

Cancer Council NSW was pleased to be recognised as one of 10 finalists in the revenue greater than \$20m category in the **2010 PwC Transparency Awards** for the quality and transparency of our reporting. This is the third year we have entered the awards and it was our best-ever result, reflecting an overall commitment to transparency and quality in our systems, operations and reporting.



Our 2009/10 report was also runner-up in the **Australasian Reporting Awards** communication reporting award for the not-for-profit sector, and received a bronze medal in the overall awards.



## Our performance

What and how (some examples from 2010/11)	Outputs/ measurables	2007	2008	2009
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### SP1: To drive major advances in research, ensuring no cancer is ignored

We forge new discoveries in cancer causes, biology, trends and consequences, through funding grants.	New research grants awarded	19	22	28
	Total research grants funded	60	75	76
	Epidemiological studies in progress	34	35	58
In partnership with government and collaborators, we fund a large population biobank of specimens as our leading capital campaign.	Number of specimens in biobank	0	0	0
	Number of research grants received	5	5	9
	Percentage of successful research grants applied for	–	–	–
We're developing CLEAR and 45 and Up as world-class platforms and engaging cancer researchers in their use.	Number of new CLEAR study recruits	124	782	2,046
We trial and deploy novel funding strategies and partnerships to unite the best ideas and researchers for the benefit of cancer control.	Total research expenditure (\$m)	10.712	12.921	14.401






### SP2: To ensure the NSW community acts to prevent cancer and/or detect it at a curable stage

We work with organisations to create cancer-preventing environments, including disadvantaged and CALD communities, parents and children.	Community Grants awarded	75	146	123
We facilitate cancer-smart policies and practices in organisations and settings.	Newly accredited SunSmart centres	287	314	1,015
We support individuals to adopt cancer-preventative behaviours, including increased fruit and vegetable consumption.	Eat It To Beat It program facilitators trained	x	x	x
Our community engagement framework connects people and organisations to the cancer cause, providing opportunities to contribute directly to cancer control.	Community Cancer Networks	0	0	0
We help at-risk populations to change their behaviour, including partnering with social and community service organisations to address tobacco issues and support clients to quit.	Introduction of smoking care into community organisations' practice through the Tackling Tobacco Program			

– Accurate data not available for this year   x Program did not exist in this year   CCNSW = Cancer Council NSW



2010	2011	Some outcomes from 2010/11 Our impact, contribution, insight or connection
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10	30		<b>Highlight:</b> CCNSW-supported researchers at the Lowy Cancer Research Institute have made an important breakthrough into why some cancers are hereditary. Professor Robyn Ward and her team discovered a way that tiny genetic changes can turn off an important cancer-preventing gene. This will help diagnose people at risk of colorectal cancer, as well as opening up new ways of understanding how cancer is passed on in families. The research was funded by a Strategic Research Partnership grant of over \$1.3 million from CCNSW, as well as three other grants since 2006.
65	93		
52	60		
95,004	175,802		<b>Highlight:</b> A biobank business case and feasibility study was completed, using invaluable connections with the Sax Institute, pro bono support and extensive international research.
9	8		<b>Highlight:</b> Our health services evaluations, using simulated modelling techniques on the epidemiology of cervical cancer, cervical screening and human papillomavirus (HPV) vaccination, have contributed to policy decisions for optimising methods of cervical cancer screening in Australia, and guided cervical screening programs and approaches in the United Kingdom, New Zealand and China.
–	32%		
1,167	1,902		<b>Highlight:</b> Researchers internally and externally are now using the data from CLEAR and 45 and Up studies to gain insights into the lifestyle and genetic factors that influence cancer.
14.269	16.053		<b>Highlight:</b> Our investment in research makes CCNSW the largest financial supporter of cancer research outside of government funding agencies in NSW.

117	101		<b>Highlight:</b> Community Grants enable communities to develop their own solutions to local issues – for example, programs and initiatives related to health promotion and cancer information, support and care.
850	931		<b>Highlight:</b> The huge growth in SunSmart-registered early childhood centres means we have reached our goal of 80% coverage. As a result, many thousands of NSW children are protected from overexposure to ultraviolet radiation.
x	128		<b>Highlight:</b> The three-year pilot of the Eat It To Beat It program in the Hunter Region was successfully completed, with positive outcomes in those parents who participated in the Fruit & Veg \$ense Program increasing their fruit and vegetable consumption by half a serve.
30	35		<b>Highlight:</b> Community Cancer Networks across NSW provided insights and connections on the most important issues for local focus.
	achieved		<b>Highlight:</b> The five-year Tackling Tobacco Program was successfully completed, with positive outcomes and impact on clients' smoking rates.

What and how (some examples from 2010/11)	Outputs/ measurables	2007	2008	2009
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### SP3: To give the NSW community a voice on issues and entitlements around cancer

We develop and deploy ways to engage, equip and mobilise people in achieving social change aligned to our mission.	New Cancer Council advocates trained in NSW	89	80	78
	Total Cancer Council advocates trained in NSW	268	346	427
	Cancer Council advocates registered in NSW	0	0	0
We work to change legislation and policies to create cancer-preventing communities, including an increase in smoking bans in outdoor areas and restrictions in tobacco retailing.	Percentage of local governments that have adopted a smoke-free outdoor area policy	18%	30%	38%
We enhance understanding and support among policy-makers for changes required to reduce the incidence and impact of cancer.				




### SP4: To ensure no one faces a cancer diagnosis alone

We increase the number and reach of information and support services for people with cancer and their families.	Calls to CCNSW Helpline	21,228	19,538	19,004
	Patients and carers using CCNSW Helpline	8,655	8,258	9,308
	<i>Understanding Cancer</i> publications distributed	189,263	224,866	218,454
	<i>Understanding Cancer</i> publications viewed online – unique page views	0	0	436,849
	Telephone Support Group (TSG) sessions held	142	213	249
	Cancer Council Connect – number of referrals matched	675	631	626
We provide increasing help with the high cost of cancer.	Financial assistance grants to cancer patients and carers	897	1,809	1,893
	Financial assistance grants \$	239,684	533,083	472,000
We broker and elicit pro bono contributions from organisations and businesses with expertise and capacity to lend support to cancer patients and carers.	Number of patients/carers assisted by our pro bono legal service	x	x	x
	Number of patients/carers assisted by our pro bono Financial Planning Referral Service	x	x	x
We improve access to treatment via the provision or support of patient transport services.	Patient transport kilometres funded	167,000	303,130	834,464
We improve access to treatment via the provision or support of patient accommodation services.	Patient accommodation nights supported by CCNSW	–	–	20,185

– Accurate data not available for this year x Program did not exist in this year CCNSW = Cancer Council NSW



2010	2011	Some outcomes from 2010/11 Our impact, contribution, insight or connection
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72	68	 <b>Highlight:</b> During the NSW state election, the Coalition announced it would increase travel and accommodation assistance for country patients. This had been a key platform in our election agenda and advocacy campaigns.
498	566	
2,133	3,672	
50%	58%	 <b>Highlight:</b> Increasing numbers of local governments have adopted a smoke-free outdoor area policy, making a measurable difference to the protection of residents.
		 <b>Highlight:</b> CCNSW's advocacy and policies contributed to the proposed introduction of plain packaging legislation for cigarettes.

16,536	16,812	 <b>Highlight:</b> An increased proportion of people diagnosed with cancer received multiple services and support during their diagnosis and treatment.
8,131	8,092	
232,914	244,000	
431,411	426,981	
229	223	
640	516	
1,774	1,573	 <b>Highlight:</b> 1,573 cancer patients and carers have received financial assistance in the last year, helping relieve the stress related to the high cost of cancer.
490,102	381,909	
126	698	 <b>Highlight:</b> During a difficult time, over a thousand cancer patients and carers have received pro bono legal or financial advice worth hundreds of thousands of dollars.
46	309	 <b>Highlight:</b> Pro bono professionals contributed to our legal and financial services programs, with a 46% increase on 2009/10.
706,221	740,753	
20,440	19,674	

What and how (some examples from 2010/11)	Outputs/ measurables	2007	2008	2009
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## SP5: To expand the opportunities available for people to contribute to our work by giving money or fundraising

For efficiency, we monitor our event and appeal portfolio to ensure profitability and continuous improvements in an ever-increasing competitive market.	Cost:income ratio	32%	29%	33%
	Fundraising income/fundraising staff FTE	\$714,000	\$829,000	\$804,000
	Average \$ per Relay For Life event	\$88,679	\$88,136	\$72,464
We facilitate mass participation events and appeals across NSW that engage the community in our mission to defeat cancer.	Number of CCNSW event hosts and supporters	–	–	–
	Number of Relay For Life events	53	59	69
We build a robust, diverse fundraising portfolio to ensure the ongoing funding of CCNSW programs and to underpin the independence of CCNSW operations.	Total fundraising income (\$m)	42.2	51.0	48.3
	Bequests – number of new estates notified during the year	98	98	83
	Percentage of funds from the community	96%	96%	95%

## Our people

We engage volunteers in a wide variety of roles, extending our mission and reach in the community.	Volunteer contributions (hours captured)	–	–	–
We ensure volunteers have opportunities to use their diverse skills and capabilities.	Number of registered volunteers	–	–	–
We have an engaged and highly skilled paid workforce.	Number of staff (excl casuals)	270	313	317
We provide learning opportunities to increase and extend the capabilities of our people, so that they are equipped to deliver our mission.	Learning and development spend as percentage of staff costs	1.20%	0.90%	1.20%




## Our organisation




We strive to work more effectively: better harnessing people, funds, technology and other resources to minimise our infrastructure and investment costs.	Infrastructure and investment costs as a percentage of total expenditure	11%	10%	8%
We maintain our investments at levels equivalent to between 9 and 12 months of operational expenditure, in order to secure us against revenue fluctuations, to underwrite our forward commitments, and to provide capital funding flexibility.	Investment return per annum	24%	-11%	-13%
	Months of operational expenditure covered by investments	12.6	10.4	8.5
We maintain best-in-class financial and business reporting within the framework of corporations and related law.				

– Accurate data not available for this year CCNSW = Cancer Council NSW



2010	2011	Some outcomes from 2010/11 Our impact, contribution, insight or connection
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29%	32%	 <b>Lowlight:</b> Due to the decrease in bequest fundraising, we saw a slight increase in cost:income ratios. Bequests are a cost-effective income stream and their decrease has an impact on our ratios.
\$813,000	\$751,000	
\$90,970	\$100,789	
–	24,200	 <b>Highlight:</b> Our events team raised \$23.1 million, thanks to 13,700 hosts, 10,500 supporters and 1,156 volunteers. Hundreds of thousands more people were engaged in our prevention or support messages through these events.
67	67	
53.8	52.9	 <b>Highlight:</b> Maintaining a 96% community-funded model ensures a unique position of independence in addressing cancer issues in NSW.
104	94	
94%	96%	

258,246	279,843	 <b>Highlight:</b> Increasing numbers of volunteers contribute to our organisation, including in areas where their particular skills have a significant impact on the community and people with cancer.
32,933	37,153	
320	352	 <b>Highlight and lowlight:</b> Our staff continue to enable our organisation to achieve mission, yet engagement levels have decreased since the last survey.
0.90%	1.00%	 <b>Highlight:</b> A new learning and development framework has reconnected staff and volunteers with the programs offered and opportunities to learn and grow.

8%	7%	 <b>Highlight:</b> Income from investments was \$4.6 million, funding 98% of our operational costs for the year, freeing up our supporters' current donations to be directed to research, prevention and support services.
14%	9%	 <b>Highlight:</b> Investment return of 9% exceeded ASX200 return for the fifth straight year.
10.9	10.9	
	achieved	 <b>Highlight:</b> Shortlisted in the PwC Transparency Awards in 2011, with recognised continual improvements in reporting.

## Our Board





**Ms Jill Boehm  
OAM, Deputy  
Chair**



**Ms Melanie  
Trethowan**



**Mr Stephen  
Roberts**



**Professor  
Graham  
Mann**



**Mr Bob  
Sendt**



## 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.

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 Department of Health Surgical Services Committee and is also a director on the Cancer Institute NSW Board.

### **Mr Bruce Hodgkinson 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 WDScope, 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.

### **Directors' benefit**

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

### **Company Secretary**

The Company Secretary is Ms Angela Aston.



## Meetings of Directors/Committees

	Full meetings of Directors		Audit and Finance Committee		Investment Committee		Governance Committee		Remuneration Committee	
	A	B	A	B	A	B	A	B	A	B
S Ackland	6	6	–	–	–	–	–	–	–	–
J Boehm	5	6	4	4	–	–	2	2	–	–
M Chiew	5	6	–	–	–	–	–	–	–	–
P Cregan	3	6	–	–	–	–	–	–	1	1
B Hodgkinson	5	6	–	–	–	–	2	2	1	1
P Lahiff	6	6	–	–	7	7	–	–	1	1
G Mann	6	6	–	–	–	–	2	2	–	–
S Roberts	6	6	–	–	–	–	–	–	–	–
R Sendt	5	6	3	4	–	–	–	–	1	1
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

### Professor Graham Mann PhD, FRACP

Member of the Governance Committee

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

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

With funding support from CCNSW, Professor 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 diagnosis and treatment.

### Mr Stephen Roberts BB, MBA, MAICD

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 Investment, and brings extensive business and management experience. 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), GDipEnvStud, 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. From June 2009 to March 2011, she was Chair of the Members Assembly until it was disbanded in March 2011. 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.

# Our management

Jenny  
Beach

Ted  
Starc



Andrew  
Penman AM



Gillian  
Batt





**Marion  
Carroll**

**Manisha  
Amin**



**Kathy  
Chapman**



**Freddy  
Sitas**



# 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, 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 Chief Executive Officer (CEO) of CCNSW in 1998.

Andrew has a broad interest in public health, in particular in the development of programs for the control of noncommunicable 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 CEO at Cancer Council NSW.

## Manisha Amin

### Divisional Director, Marketing and Communications (resigned 20 June 2011)

Manisha Amin has worked in both Australia and the United Kingdom in a number of sectors, including the arts, environment, technology and education. Until her resignation in June 2011, she was the Director of Marketing and Communications at CCNSW, where she had responsibilities for retail, direct marketing, events, marketing services and corporate communication.

Immediately before joining CCNSW, she was the Marketing and Communications Manager for Guide Dogs NSW. Manisha's experience spanned 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 Bachelor of Arts (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 a 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 eight 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, the impact of cancer on intimacy and sexuality for patients and carers, and caring at the end of life.

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.

Gillian chairs the Supportive Care Committee of Cancer Council Australia, is a member of the Board of the International Cancer Information Services Group and is a director of LifeCircle.

## Jenny Beach

### Divisional Director, Statewide Services

Jenny Beach has worked for CCNSW since 1997, starting as a Community Development Officer 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 CCNSW 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 now divides her time between the far west, the central west and the city. 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. The strategy has been revised this year to move people strongly into action.

## Catherine Cahill

### Divisional Director, People Learning and Culture

## Marion Carroll

### Acting Divisional Director, People Learning and Culture, and Volunteer Development Advisor

Marion was appointed Acting Divisional Director of People Learning and Culture in February 2011 in place of Catherine



Cahill and served until October 2011, when Sandra Rouco was appointed on a short-term contract.

Marion has worked for CCNSW since February 2007. She started as a Regional Programs Coordinator in Orange and then in 2008 moved to Sydney to work as a Regional Programs Coordinator for the Central and Southern Sydney Region. In October 2010, Marion took on the role as Volunteer Development Advisor in the People Learning and Culture Division.

Marion started her working life nursing at Royal Prince Alfred Hospital and then went on to complete a Diploma of Welfare and Associate Diploma of Management. Marion has worked across a broad range of organisations, including banking, tourism and local government.

Marion's interests include community development, social inclusion and advocacy. Working for CCNSW has ignited her passion for volunteering, and she looks forward to further developing the organisation's volunteering culture.

#### **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 nearly 20 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 CCNSW 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.

Kathy has over 30 peer-reviewed journal publications. She has significant expertise and standing in public health nutrition and food policy issues. Her food policy research has been published in the *Medical Journal of Australia*, *Health Promotion International* and the *American Journal of Public Health*. Kathy has been responsible for a range of strategic research projects to underpin advocacy efforts for better food labelling systems and around the reduction of food marketing directed at children. She was an investigator on the largest study published in Australia on consumer understanding about different front-of-pack labelling systems and the effectiveness of traffic lights vs. percent daily intake.

As Director of the Health Strategies Division, Kathy is responsible for leading the cancer prevention work of CCNSW 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 the Cancer Research Division at CCNSW. Research programs in the Division include how lives can be saved by understanding the causes of cancer, improving diagnoses and referrals of cancer patients, and modelling future effects of current interventions such as HPV vaccine.

He obtained a Bachelor of Science in 1981, a Master of Science (Medicine) in 1987 from the University of the Witwatersrand (South Africa), a Master of Science in Epidemiology from the London School of Hygiene and Tropical Medicine in 1987 and a Doctor of Philosophy 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 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 in the Schools of Public Health at the University of Sydney and the University of New South Wales.

Freddy has published 95 papers in peer-reviewed journals, 3 theses, 15 books/reports, 11 chapters in books and 14 other publications, with a total of 3,600 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, 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 (CFO) and the additional appointment to Divisional Director, Corporate Services, was made in 2008.

## 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 was reviewed and updated by the Governance Committee in early 2011 and approved by the Board in August 2011. The only changes to the Charter were in reference to the non-delegable powers of the Board. The Charter is available on Cancer Council's website ([www.cancercouncil.com.au](http://www.cancercouncil.com.au)).

The role of the Chief Executive Officer (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 August each year, reviewed during the year, with a final evaluation conducted in July of the subsequent year.

This year, the Board commenced a Board Planning Project, looking at leadership structure options such as the introduction of a Chief Operations Officer (COO) so that the CEO can be more strategically and externally focused. In 2011/12, the Board will review its skill base and measure its performance to ensure it continues to add value to the organisation. In response to a staff survey held in late 2010, the Executive team has approved a suite of leadership training courses to equip senior managers for the challenges involved in balancing the management and direction of staff with the operational objectives contained in CCNSW's strategic plan. The Executive team has also implemented a succession plan process, which will complement and inform the work being undertaken by the Board.

#### Principle 2:

##### Structure the Board to add value

The majority (8 of 10) of the Board members are independent Directors. Of the remaining Directors, Dr Patrick Cregan had a material contractual arrangement through a Memorandum of Understanding signed with the Cancer Institute NSW, and Dr Stephen Ackland is involved as an investigator on a research grant funded by CCNSW.

Membership of the Board of Directors comprises six elected Core Directors, one Core Director nominated by the Cancer Institute NSW and up to three Directors 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.

This year, the Governance Committee developed a process to evaluate the performance of the Board, its committees and individual Directors. In 2011/12, the Board will review its skill base and measure its performance to ensure it continues to add value to the organisation. The Board has the power to, and does when appropriate, seek independent professional advice.

At the 2010 Annual General Meeting, the members and the Board approved a new Cancer Council Constitution, which, after approval received from the Minister Assisting the Minister for Health (Cancer) in March 2011, was adopted and lodged with the Australian Securities and Investments Commission in April 2011. The new Constitution amended CCNSW's governance structure, such that the Members Assembly was abolished and the role of the Members Assembly to elect the Core Directors is now the responsibility of the CCNSW members. The process for electing members to the Board is outlined in the Constitution, which also stipulates that a person does not have to be a member to be a Director. The last meeting of the Assembly was held on 13 December 2010; however, those persons who were active participants in the Assembly are also engaged with CCNSW in other ways, through which they provide a significant contribution.

#### Principle 3:

##### Promote ethical and responsible decision-making

The organisational Code of Conduct was revised this year so that Board members, staff members and volunteers are all addressed in the one document. The Code of Conduct was approved by the Governance Committee and submitted to the Board in August 2011. It provides an ethical framework for all decisions and actions, and ensures that CCNSW demonstrates 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 on the Board; 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. The Directors Reimbursement Policy was updated to reflect the Australian Tax Office standard rates for petrol and motor vehicle expenses, and was approved by the Board in August 2011. CCNSW acknowledges that it may be possible for Directors to be paid a fee for services performed or requested by CCNSW, but this would be for specific 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, which reports regularly to the Board. The Audit and Finance Committee Charter outlines the Committee's guiding principles and is available on CCNSW's website ([www.cancercouncil.com.au](http://www.cancercouncil.com.au)). The Board approved a change to the Charter in February 2010 amending the membership requirements for the Audit and Finance Committee. However,



as it only came into effect when the new Constitution was approved in March 2011, the Charter will next be reviewed in early 2012.

In 2010, the Board appointed an internal auditor, Oakton, for a three-year period, following an open tender process. Refer to Principle 7 for information about the internal reviews undertaken this year.

#### **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 June 2011, CCNSW had 61 (54 Ordinary, 7 Organisational) formal members. In addition, other stakeholders include volunteers who support CCNSW events (for example, Relay For Life, Daffodil Day and Pink Ribbon Day), Regional Advisory Committees throughout NSW and the various Committee memberships at CCNSW (such as the Cancer Research Committee and the Ethics Committee), as well as donors and consumers. They all provide a valuable link between the community and CCNSW, ensuring a solid source of community engagement.

CCNSW communicates with its stakeholders via the website, various quarterly newsletters such as *Volunteer Voice*, *Smart Living* and *Members Update*, and face-to-face meetings throughout the year. Stakeholders may address questions to CCNSW through the medium of the website. CCNSW also communicates with its membership via the annual report, which is mailed to them, and the Annual General Meeting.

#### **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 and procedures, and the Governance Committee oversees the compliance and policy register. Both committees assess, monitor, and manage business risk. CCNSW has a three-year Internal Audit Plan to review and address relevant risks.

Internal audits conducted in 2010/11 are summarised on page 56.

CCNSW's Occupational Health and Safety Framework was revised in 2010/11.

An additional quality management/systems check implemented by the Audit and Finance Committee this year was a request that the external auditors, PKF, audit some of the reviews completed by the internal auditors. An Internal Audit Plan was approved for 2011/12.

The Executive team approved the rollout of risk management tools and training in their use this year. The Organisational Risk Register has also been updated by managers from all areas of the organisation, with risk register training workshops held to ensure each Division is regularly reviewing, update and populating the risk register.

In 2010/11, the Investment Committee continued to review the optimum level of the investment portfolio, taking into account both current and future spending expectations. The Committee also recommended the development of a Cancer Council Foundation, a vehicle dedicated to CCNSW purposes with a presence in the private philanthropic fund space; and continued to monitor the Implemented Manager Solution.

#### **Principle 8: Remunerate fairly and responsibly**

The Board utilises 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.

#### **The Cancer Council NSW**

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

#### **Privacy at Cancer Council NSW**

Cancer Council NSW'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 new Information Security policy was introduced in August 2011 and data classifications were finalised this year, so that all data held by CCNSW is stored electronically according to the security classification allocated by the data owner.

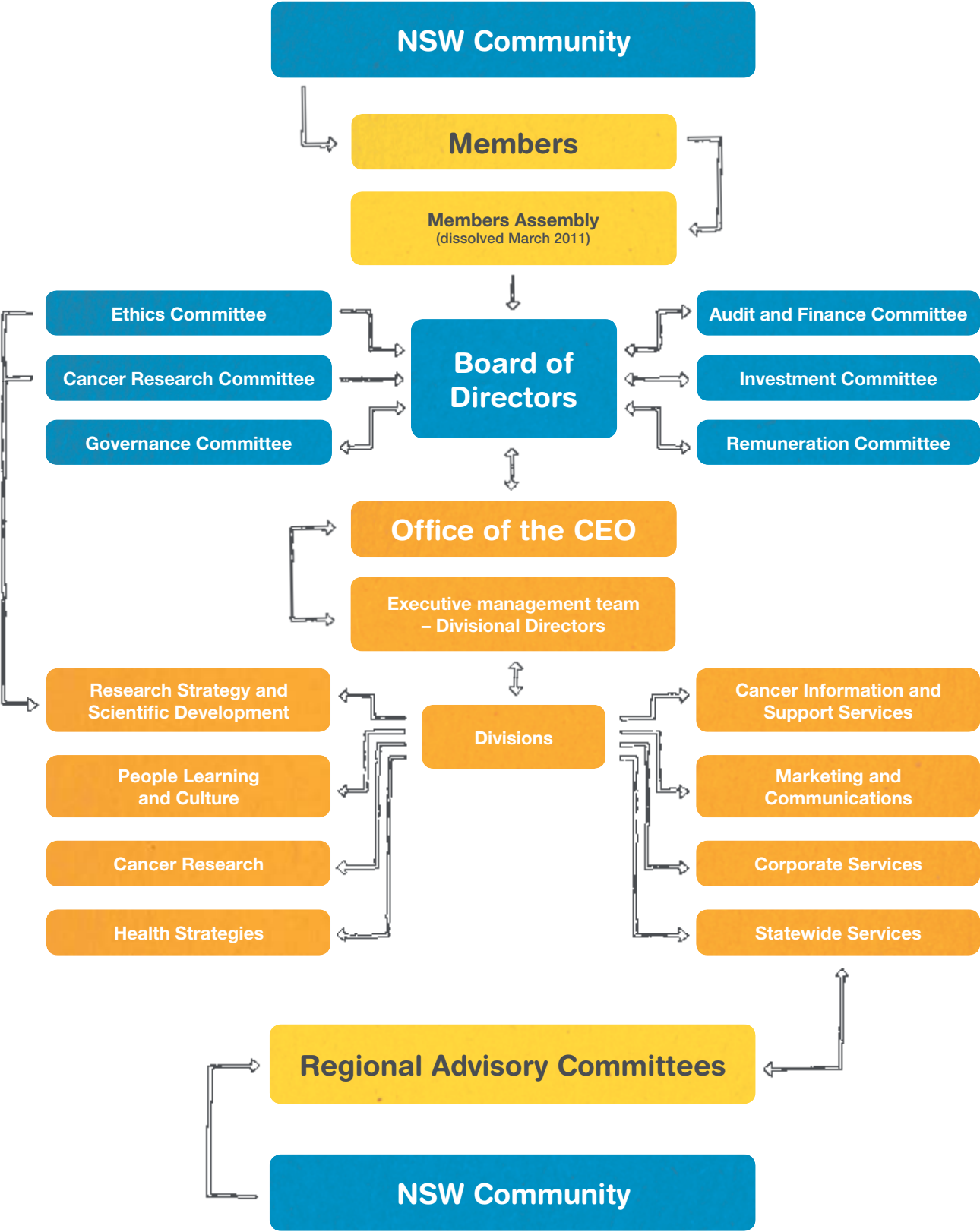
During 2010/11, no applications were received for internal review under Division 1, section 36 of the *National Privacy Act 1988* or Part 6 of the *Health Records and Information Privacy Act 2002*.

## Internal audits conducted in 2010/11

Review	Number of recommendations made	Percentage (%) of recommendations implemented to date
Post-event review of the Events Administration Centre	20	20%
<b>Challenges:</b> A number of recommendations have been delayed due to Project Connections (Constituent Relationship Management project), where there are expected to be possible changes when fully implemented. Most recommendations are either almost complete or not significantly overdue.		
Information Systems strategic planning	5	100%
New Information Systems implementation processes	8	87.5%
<b>Challenges:</b> The timing for testing is almost complete and only couple months overdue.		
The framework for core financial control	4	75%
<b>Challenges:</b> The last recommendation is due for completion before end October 2011.		
Daffodil Day event	7	71%
<b>Challenges:</b> A recent review, just now overdue with some recommendations to be completed.		
Fraud risk review	6	0%
<b>Challenges:</b> One of the newest reviews with a due date of June and December 2011. The development plan is taking longer than anticipated, due to the impact of a heavy fiscal year-end workload.		
Review of quality frameworks across provision of information – Cancer Information and Support Services	5	20%
<b>Challenges:</b> Review undertaken at end of financial year. Two recommendations not due till February 2012, and the other two are not yet done due to resource implications.		



# Our structure



## Members Assembly (to March 2011)

### 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 representative

Dr Anna deFazio  
Westmead Institute for Cancer  
Research

### Minister's nominee

Ms Michelle Sparks

### 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 SC  
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  
Senior 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

Professor Graham Mann  
Westmead Institute of Cancer  
Research

Ms Melanie Trethowan  
Consultant

Mr Paul Lahiff  
Consultant

Mr Stephen Roberts  
Senior Partner, Asia Pacific  
for Mercer Investment

Mr Bob Sendt  
Consultant and former NSW  
Auditor-General

Ms Mary Chiew  
Managing Director,  
Giorgio Armani Australia

### In attendance:

Dr Andrew Penman AM  
CEO, Cancer Council NSW  
(CCNSW)

Mr Ted Starc  
Director, Corporate Services  
and CFO, CCNSW

Ms Angela Aston  
Company Secretary, CCNSW

### Audit and Finance Committee

Mr Bob Sendt (Chair)  
CCNSW Board Member

Ms Jill Boehm OAM  
CCNSW Board Deputy Chair

Mr Mark Abood  
Former Director of Financial  
Audit, Audit Office NSW

### In attendance:

Mr Paul Marsh  
Oakton

Mr Todd Dewey  
Oakton

Mr Ben Owens  
Oakton

Mr Charles Micallef  
Oakton

Mr Paul Bull  
PKF

Mr Adam Beale  
(to April 2011)  
PKF

Mr Greg Bell  
(from April 2011)  
PKF

Dr Andrew Penman AM  
CEO, CCNSW

Mr Ted Starc  
Director, Corporate Services  
and CFO, CCNSW

Ms Elaine Beggs  
(to May 2011)  
Minute Secretary, CCNSW

Ms Kylie Williams  
(from May 2011)  
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  
CCNSW Board Member

### Investment Committee

Mr Paul Lahiff (Chair)  
CCNSW Board Member

Mr Doug Bartlett  
Grant Samuel & Associates

Mr Bruce Tomlinson  
(from August 2010)  
Sunsuper Pty Ltd

### In attendance:

Dr Andrew Penman AM  
CEO, CCNSW

Mr Ted Starc  
Director, Corporate Services  
and CFO, CCNSW

Ms Elaine Beggs  
(to May 2011)  
Minute Secretary, CCNSW

Ms Kylie Williams  
(from May 2011)  
Minute Secretary, CCNSW

Mr Craig Hughes  
Mercer Investment

Mr Mark Wall  
Mercer Investment



### **Ethics Committee**

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

Ms Amanda Adrian  
Laywoman

Ms Meghan Carruthers  
Lawyer, Ebsworth & Ebsworth

Sister Therese Carroll  
Religious Representative,  
Sisters of St Joseph

Mr John Friedsam  
Allied Health Professional,  
CCNSW Staff Member

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

Professor Graham Morgan  
(from December 2010)  
Medical Graduate with Research Experience

Ms Joanne Muller  
Lawyer

Ms Alice Oppen  
(to December 2010)  
Laywoman

Rev David Pettett  
Minister of Religion,  
Metropolitan Reception and Remand Centre

Dr Monica Robotin  
Medical Graduate with Research Experience

Mr Leonardo Simonella  
CCNSW Staff Member,  
Project Coordinator

Dr John Sanders  
Layman

#### **In attendance:**

Ms Angela Aston  
(to April 2011)  
Ethics Executive Officer,  
CCNSW

Ms Stephanie Deuchar  
Ethics Secretary/Research Governance Officer, CCNSW

Ms Catherine Holliday  
(from April 2011)  
Head, Research Strategy,  
CCNSW

Dr Lauren Puglisi  
(from January 2011)  
Ethics Secretary, CCNSW

### **Cancer Research Committee**

Professor Bruce Armstrong  
(Chair) (to February 2011)  
Professor of Public Health,  
Medical Foundation  
Fellow, University of Sydney

Professor Michelle Haber AM  
(from October 2010,  
appointed Chair  
February 2011)  
Executive Director, Children's  
Cancer Institute Australia

Professor Stephen Ackland  
(to October 2010)  
CCNSW Board Member

Ms Jane Bennett  
Consumer Representative

Professor Andrew Biankin  
Garvan Institute of Medical  
Research

Professor Andrew Grulich  
(to March 2011)  
National Centre in HIV  
Epidemiology and Clinical  
Research, University of New  
South Wales

Professor Don Iverson  
(to October 2010)  
Faculty of Health and  
Behavioural Sciences,  
Wollongong University

Professor Graham Mann  
(to October 2010)  
CCNSW Board Member

Assoc Professor Bettina Meiser  
Dept of Medical Oncology,  
Prince of Wales Hospital

Professor Murray Norris  
(to October 2010)  
Deputy Director, Children's  
Cancer Institute Australia

Professor Roger Reddell  
(to October 2010)  
Head, Cancer Research Unit,  
Children's Medical Research  
Institute

Dr Monica Robotin  
Director, Research Strategy  
and Scientific Development  
Unit, CCNSW

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

Professor Mark Baker  
(from October 2010)  
Professor of Proteomics,  
Macquarie University

Dr Anna deFazio  
(from October 2010)  
Senior Clinical Lecturer,  
Department of Obstetrics and  
Gynaecology, University of  
Sydney

Assoc Professor Reg Lord  
(from October 2010)  
Program Head,  
Gastroesophageal Cancer  
Research, St Vincent's Centre  
for Applied Medical Research

Mr John Moroney  
(from October 2010)  
Consumer

Dr Roslyn Sorenson  
(from October 2010)  
Senior Lecturer/Researcher,  
Centre for Health Services  
Management, University of  
Technology, Sydney

Assoc Professor Nataka  
Suchowerska  
(from October 2010)  
Head, Research and  
Education, Department of  
Radiation Oncology, Royal  
Prince Alfred Hospital

Dr Andrew Penman AM  
CEO, CCNSW

#### **In attendance:**

Ms Catherine Holliday  
Head, Research Strategy,  
CCNSW

Dr Lauren Puglisi  
(from January 2011)  
Minute Secretary, CCNSW

### **Governance Committee**

Mr Bruce Hodgkinson SC  
(Chair)  
CCNSW Board Chair

Professor Graham Mann  
CCNSW Board Member

Ms Jill Boehm OAM  
CCNSW Board Deputy Chair

Mr Chris Dawson (from  
October 2010)  
Partner, Turner Freeman  
Lawyers

#### **In attendance:**

Dr Andrew Penman AM  
CEO, CCNSW

Ms Angela Aston  
Company Secretary, CCNSW

## Ethics Committee

There were minimal membership changes to CCNSW's Ethics Committee this year, which ensured consistency and continuity. Ms Alice Oppen was farewelled with great thanks, after serving for more than eight years on the Committee, and Professor Graham Morgan was welcomed as an additional medical appointee.

The Committee membership includes leading professionals in their field and committed lay people, who share a common desire to promote ethical cancer research and to protect the rights of individual research participants. The Ethics Committee aims to have more than the required number of members filling each category as required under the guidelines in National Health and Medical Research Council's (NHMRC) National Statement on Ethical Conduct in Human Research to ensure a full representation at every meeting.

The Committee was very proud to achieve three-year accreditation as part of the National Certification Scheme for Multi-Centre Ethical Review from the NHMRC in the categories of Population Health and/or Public Health, Qualitative Research and Market Research. This accreditation affords the opportunity to review ethics proposals covering multi-centres nationally.

In addition to the provision of ethical review of research proposals, the Committee provides education and advice to research staff and researchers navigating the difficulties of preparing research protocols. The Committee also operates within the parameters provided by the NHMRC National Statement guidelines, and CCNSW's own Privacy Management Plan. In November, Professor Colin Thompson facilitated a continuing education workshop for approximately 25 Cancer Council research staff members and 8 Ethics Committee members, providing an in-depth exploration of the National Statement and the development of research ethics in Australia. Other training attended by Committee members included attendance at four NSW Health Roundtable meetings throughout the year.

CCNSW's Ethics Committee has now been operating since 1989, reviewing public health and cancer research proposals.

Examples of the topics addressed in the past twelve months were:

- Investigating the impact and success rate for changing clinicians' attitudes, knowledge and behaviour by advising their clients to quit smoking
- Ensuring the protection of participants' privacy and the sensitive management of people with cancer, their carers and family members who will be asked about their experience of, support required for and need for information with a diagnosis of cancer of unknown primary (CUP) so that appropriate information resources can be developed

- Determining the ethical issues involved with collecting and storing the blood samples of staff working at Cancer Council's laboratory for purposes of minimising or eliminating blood sample contamination
- Examining and evaluating the sun-protection policies and practices of childcare services in NSW
- Identifying the ethical issues that may affect a randomised controlled trial which will compare three-yearly cytology screening with six-yearly primary HPV screening in Australia.

## 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 one research proposal: An investigation of the impact of retail distribution on tobacco purchase and smoking, and on high-kilojoule food purchases (May 2011).

The proposal was reviewed by two external reviewers before it was approved to proceed.

However, although CCNSW has endeavoured to keep the review process as simple as possible, since early 2009 it has become increasingly difficult to attract reviewers willing to spend time reviewing proposals, particularly in light of the recent practice introduced by other institutions of offering a small financial inducement to reviewers. We recognise that researchers could find a financial reward attractive; however, CCNSW has decided it would not be a responsible use of donors' funds to pay for reviews. Sadly, the resulting delays caused by identifying/sourcing reviewers have made researchers wary of submitting a proposal for review. This issue, and the degree to which some proposals require an extensive scientific review, have been the subject of discussions at CCNSW, and it is hoped that future review requests will be subjected to a categorisation process to determine what depth of scientific review is required (for example, a small PhD study vs. a large case/control study).



## **Regional Advisory Committees**

### **Central and Southern Sydney**

Jan Hatch  
Angela Cotroneo  
Carolyn Grenville  
Carolyn Loton  
Dr Bernard Stewart  
Gary Moore  
Geoff Banting  
Katya Issa  
Myna Hua  
Peter Brown  
Polly Cameron  
Rod Coy  
Jenny Beach  
Julie Callaghan

### **Far North Coast**

Uta Dietrich  
Beth Trevan  
Carole Sherringham  
Don Whitelaw  
Doug Stinson  
Jenny Dowell  
Jim Mayze  
Joe Pereira  
Sue Brooks  
Jenny Beach  
Michael Cannon

### **Greater Western Sydney**

Kathie Collins  
Alison Pryor  
Angela van Dyke  
Christine Newman  
Dr Louella McCarthy  
James Butler  
Professor Geoff Delany  
Professor Paul Harnett  
Jenny Beach  
Gunjan Tripathi

### **Hunter North West**

Barbara Gaudry  
Alison Crocker  
Assoc Professor  
Peter O'Mara  
Bruce Petersen  
Crystal Bergermann  
Heather Greenwood  
Jill Lack  
Laraine Cross  
Todd Heard  
Jenny Beach  
Shayne Connell  
Christine Roach

### **Mid North Coast**

Lesley Schoer  
Grant Richmond  
Jenny Zirkler

Ken Raison  
Kerrie Fraser  
Kerry Child  
Marilyn Body  
Maureen McGovern  
Ros Tokley  
Sue Carsons  
Jenny Beach  
Patty Delaney

### **Northern Sydney and Central Coast**

Dr Chris Arthur  
Ray Araullo  
David Harris  
Dr Geraldine Lake  
Dr Gavin Marx  
Graham Ball  
Jenny Beach  
Lee Cooper

### **South West**

Professor Ted Wolfe  
Debbie Lattimore  
Dr Janelle Wheat  
Dr Peter Vine  
John Harding  
Keith McDonald  
Noel Hicks  
Pauline Heath  
Professor Rob Davidson  
Stuart Horner

Jenny Beach  
Prue Densley  
Annemaree Binger

### **Southern**

Judi O'Brien  
Angela Booth  
Ann Mawhinney  
Anthony Arnold  
Bill Jansens  
Dale Cairney  
Grahame Hackett  
Liz Pearce  
Shelley Hancock  
Simone Jones  
Jenny Beach  
Merewyn Partland

### **Western**

The Hon Ian Armstrong OBE  
Jackie Wright  
Maxine Stainforth  
Melanie Trethowan  
Melissa Cumming  
Nancy Gordon  
Nevin Hughes  
Peta Gurdon-O'Meara  
Sonia Muir  
Stuart Porges  
Jenny Beach  
Nella Powell

## Registrations and legislation

The Australian Business Number (ABN) is 51 116 463 846.

The Australian Company Number (ACN) is 116 463 846.

The Cancer Council NSW is a public company limited by guarantee trading under the name of Cancer Council NSW.

Cancer Council NSW's charitable fundraising number is CFN 18521.

This certifies Cancer Council NSW holds a charitable fundraising authority under Section 16 of the *Charitable Fundraising Act 1991*, subject to compliance with the Act, and the Charitable Fundraising Regulation 2003 and conditions of authority.

Cancer Council NSW is a Public Benevolent Institution.

Cancer Council NSW is endorsed as a deductible gift recipient under Subdivision 30-BA of the *Income Tax Assessment Act 1997*.

Cancer Council NSW operates in a complex legislative environment, including the following state and federal laws:

### State

*Annual Holidays Act 1944 No 31*  
*Anti-Discrimination Act 1977*  
*Charitable Fundraising Act 1991*  
*Charitable Trusts Act 1993*  
*Crimes Act 1900*

*Fair Trading Act 1987*

*Freedom of Information Act 1989*

*Health Records and Information Privacy Act 2002*

*Industrial Relations Act 1996* (NSW) (some parts have been replaced with the Federal *Fair Work Act 2009*)

*Long Service Leave Act 1955 No 38*

*Occupational Health and Safety Act 2000*

*Public Holidays Act 2010*

*Workplace Injury Management and Workers Compensation Act 1998 – Sect 70*

*Workplace Surveillance Act 2005 No 47*

### Federal

*A New Tax System (Goods and Services) Act 1999*

*Age Discrimination Act 2004*

*Australian Securities and Investments Commission Act 2001*

*Criminal Code Amendment Bill 1999*

*Competition and Consumer Act 2010*

*Disability Discrimination Act 1992*

*Fair Work Act 2009*

*Fringe Benefits Tax Act 1986*

*Human Rights and Equal Opportunity Commission Act 1986*

*Income Tax Assessment Act 1997*

*Privacy Act 1988*

*Racial Discrimination Act 1975*

*Sex Discrimination Act 1984*

*Superannuation Industry (Supervision) Act 1993*

*Trustee Act 1925.*

## Government funding

The Cancer Epidemiology Research Unit received government funding in the form of competitive, peer-reviewed grants. Grant expenditure is reported annually to the funding bodies. It received:

- Funding in 2010/11 from the NHMRC totalling \$583,782
- Funding in 2010/11 from Cancer Institute NSW totalling \$78,302.

The Health Strategies Division received:

- Funding from NSW Health totalling \$805,500 over two years for the NSW and Blacktown Smoking Care projects (2009–2011)
- Funding of \$320,000 from NSW Health for supporting smoking care in mental health services (2009–2012).

The Cancer Information and Support Services Division received the following government grants:

- A \$58,500 Cancer Australia grant over a two-year period for Building Cancer Support Networks Initiative: Better Cancer Support Through Consumers – for cancer of unknown primary (CUP)
- A \$40,000 Cancer Australia grant for the development of a multimedia brain cancer support program
- A Department of Health and Ageing grant of \$56,300 per annum, providing a variety of programs and information to assist carers to support cancer patients.

The Strategic Research Unit received the following grants for the 'B Positive' Project:

- A \$35,000 teaching grant from the University of Sydney
- A NSW Department of Health-funded nurse educator position (\$190,000 over two years).



## How you can contribute

### 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 24,000 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 Mary Saffo by email at [bequests@nswcc.org.au](mailto:bequests@nswcc.org.au) or phone (02) 9334 1900.

## For more information

Visit [www.cancercouncil.com.au](http://www.cancercouncil.com.au) to find out how you can contribute to our mission to defeat cancer.

# Publications and submissions

The following pages document the extensive research undertaken by Cancer Council NSW staff and published in peer-reviewed publications in 2010/11. This reflects the breadth of our research into cancer causes and prevention, and the influence of our work locally and internationally. Also included are a number of reports and submissions made to decision-makers regarding public health policy and recommendations.

## Publications

Bonevski B, Bowman J, Richmond R, Bryant J, Wye P, Stockings E, Wilhelm K, Butler T, Indig D, Wodak A. Turning of the tide: changing systems to address smoking for people with a mental illness. *Mental Health and Substance Use*. 2011;4(2):116-29.

Bonevski B, Magin P, Horton G, Girgis A, Forster M. Response rates in GP surveys: trialling two recruitment strategies. *Aust Fam Physician*. 2011;40(6):427-30.

Bonevski B, Paul C, D'Este C, Sanson-Fisher R, West R, Girgis A, Siahpush M, Carter R. RCT of a client-centred, caseworker-delivered smoking cessation intervention for a socially disadvantaged population. *BMC Public Health*. 2011;11:70.

Bonevski B, Paul C, Paras L, Lecathelinais C. Spending, shopping and saving: a survey of the perceptions of ex-smokers about material gains following quitting. *J Smok Cessat*. 2010;5(1):77-82.

Bonevski B, Paul CL, Walsh RA, Bryant J, Lecathelinais C. Support for smoke-free vocational education settings: a survey of staff behaviours, experiences and attitudes. *Health Promot J Aust*. 2011;22(1):11-6.

Bryant J, Bonevski B, Paul C, O'Brien J, Oakes W. Delivering smoking cessation support to disadvantaged groups: a qualitative study of the potential of community welfare organisations. *Health Educ Res*. 2010;25(6):979-90.

Bryant J, Bonevski B, Paul C, O'Brien J, Oakes W. Developing cessation interventions for the social and community service setting: a qualitative study of barriers to quitting among disadvantaged Australian smokers. *BMC Public Health*. 2011;24:11(1):493. DOI: 10.1186/1471-2458-11-493. Epub 2011 June 24.

Butow P, Sze M, Duggal-Beri P, Mikhail M, Eisenbruch M, Jefford M, Schofield P, Girgis A, King M, Goldstein D on behalf of the Psycho-Oncology Co-operative Research Group (PoCoG). From inside the bubble: migrants' perceptions of communication with the cancer team. *Support Care Cancer*. 2011;19(2):281-90.

Cancer Council NSW. Health Promises: election commitments from the NSW Coalition. Sydney: Cancer Council NSW; 2011.

Cancer Council NSW. Listen Up: Community Conversations about cancer issues and the government. Sydney: Cancer Council NSW; 2011.

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

Canfell K. Cost-effectiveness modelling beyond MAVARIC study end-points. In: Kitchener HK, Blanks R, Cubie H, Desai M, Dunn G, Legood R, Gray A, Sadique Z, Moss S on behalf of the MAVARIC Trial Study Group. Manual Assessment Versus Automated Reading in Cytology (MAVARIC): a comparison of automated technology and manual cervical screening. Report to NHS Screening Program. England; 2010. [Commissioned report]

Canfell K. Economic evaluation of the impact of HPV vaccination on cervical screening in New Zealand. Report to the NZ National Screening Unit. New Zealand: National Screening Unit; 2010. [Commissioned report]

Canfell K. Models of cervical screening in the era of human papillomavirus vaccination. *Sex Health*. 2010;7(3):359-67.

Canfell K, Shi JF, Lew JB, Walker R, Zhao FH, Simonella L, Chen JF, Legood R, Smith MA, Nickson C, Qiao YL. Prevention of cervical cancer in rural China: evaluation of HPV vaccination and primary HPV screening strategies. *Vaccine*. 2011;29(13):2487-94.

Creighton P, Lew JB, Clements M, Smith M, Howard K, Dyer S, Lord S, Canfell K. Cervical cancer screening in Australia: modelled evaluation of the impact of changing the recommended interval from two to three years. *BMC Public Health*. 2010;10(1):734.

Dixon H, Scully M, Wakefield M, Kelly B, Chapman K, Donovan R. Parents' responses to nutrient claims and sports celebrity endorsements on energy-dense and nutrient-poor foods: an experimental study. *Public Health Nutr*. 2011;14(6):1071-9.

Francis KL, Dobbins SJ, Wakefield A, Girgis A. Solarium use in Australia, recent trends and context. *Aust N Z J Public Health*. 2010;34(4):427-30.

Girgis A, Lambert S, Lecathelinais C. The supportive care needs survey for partners and caregivers of cancer survivors: development and psychometric evaluation. *Psychooncology*. 2011;20(4):387-93.

Girgis A, Stacey F, Lee T, Black D, Kilbreath S. Priorities for women with lymphoedema after treatment for breast cancer: population-based cohort study. *BMJ*. 2011;342:d3442. DOI: 10.1136/bmj.d3442. Epub 2011 June 21.

Glasson C, Chapman K and James E. Fruit and vegetables should be targeted separately in health promotion programs: differences in consumption levels, barriers, knowledge and stages of readiness for change. *Public Health Nutr*. 2011;14(4):694-70.



- Hansen V, Girgis A. Can a single question effectively screen for burnout in Australia cancer care workers? *BMC Health Serv Res*. 2010;10:341-4.
- Hebden L, King L, Grunseit A, Kelly B, Chapman K. Advertising of fast food to children on Australian television: the impact of industry self-regulation. *Med J Aust*. 2011;195(1):20-4.
- Hebden L, King L, Kelly B, Chapman K, Innes-Hughes C. Industry self-regulation of food marketing to children: reading the fine print. *Health Promot J Aust*. 2010;21(3):229-35.
- Hebden L, King L, Kelly B, Chapman K, Innes-Hughes C, Gunatillaka N. Regulating the types of foods and beverages marketed to Australian children: how useful are food industry commitments? *Nutr Diet*. 2010;67(4):258-66.
- Henry DA, Carless PA, Moxey AJ, O'Connell D, Stokes BJ, Fergusson DA, Ker K. Anti-fibrinolytic use for minimising perioperative allogeneic blood transfusion. *Cochrane Database Syst Rev*. 2011;(1):CD001886. Epub 2011 Jan 19.
- Holliday C, Pigot M, Robotin M. Results of a pilot program for research volunteers. *Asia Pac J Clin Oncol*. 2010;6 Suppl 3:106. [A023]
- James EL, Stacey F, Chapman K, Lubans DR, Asprey G, Sundquist K, Boyes A, Girgis A. Exercise and Nutrition Routine Improving Cancer Health (ENRICH): the protocol for a randomised efficacy trial of a nutrition and physical activity program for adult cancer survivors and carers. *BMC Public Health*. 2011;11:236.
- Jemal A, Thun M, Yu XQ, Hartman AM, Cokkinides V, Center MM, Ross H, Ward EM. Changes in smoking prevalence among US adults by state and region: estimates from the Tobacco Use Supplement to the Current Population Survey, 1992-2007. *BMC Public Health* 2011;11(1):512.
- 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*. 2011;19:343-51.
- Johnson CE, Girgis A, Paul CL, Currow DC. Australian general practitioners' and oncology specialists' perceptions of barriers and facilitators of access to specialist palliative care services. *J Palliat Med*. 2011;14(4):429-35.
- Johnson CE, Girgis A, Paul CL, Currow DC. Palliative care referral practices and perceptions: the divide between metropolitan and non-metropolitan general practitioners. *Palliat Support Care*. 2011;9:181-9.
- Kelly B, Baur LA, Bauman AE, King L, Chapman K, Smith BJ. Examining opportunities for healthy eating promotion at children's sports clubs. *Aust N Z J Public Health*. 2010;34(6):583-8. DOI:10.1111/j.1753-6405.2010.00619.x. Epub 2010 October 7.
- Kelly B, Baur LA, Bauman AE, King L, Chapman K, Smith BJ. Food and drink sponsorship of children's sport in Australia: who pays? *Health Promot Int*. 2011;26:188-95.
- Kelly B, Baur LA, Bauman AE, Salah S, Smith BJ, King L, Chapman K. Health promotion in sport: an analysis of peak sporting organisations' health policies. *J Sci Med Sport*. 2010;13:566-7.
- Kelly B, Baur LA, Bauman AE, Salah S, Smith BJ, King L, Chapman K. Role modelling unhealthy behaviours: an analysis of food and drink sponsorship of peak sporting organisations. *Health Promot J Aust*. 2011;22(1):72-5.
- Kelly B, Chapman K, King L, Hebden L. Trends in food advertising to children on free-to-air television in Australia. *Aust N Z J Public Health*. 2011;35:131-4.
- Kelly B, Halford J, Boyland E, Chapman K, Bautista-Castaño I, Berg C, Caroli M, Cook B, Coutinho J, Effertz T, Grammatikaki E, Keller K, Leung R, Manios Y, Monteiro R, Pedley C, Prell H, Raine K, Recine E, Serra-Majem L, Singh S, Summerbell C. Television food advertising to children: a global perspective. *Am J Public Health*. 2010;100:1730-6.
- King L, Hebden L, Grunseit A, Kelly B, Chapman K, Venugopal K. Industry self-regulation of television food advertising: responsible or responsive? *Int J Pediatr Obes*. 2010; DOI: 10.3109/17477166.2010.517313. Epub 2010 September 21.
- Kinsman LD, Rotter T, James E, Snow P, Willis J. What is a clinical pathway? Development of a definition to inform the debate. *BMC Med*. 2010;8:31.
- Lei WK, Yu XQ, Lam C, Leong WK. Survival analysis of 2003-2005 data from the population-based Cancer Registry in Macao. *Asian Pac J Cancer Prev*. 2010;11(6):1561-7.
- Liu Y, Zhao Y, Robotin M. Supporting health literacy improvements in a community-based cancer control organisation: a librarian's view. *Asia Pac J Clin Oncol*. 2010;6 Suppl 3:172. [A265]
- Macartney KK, Porwal M, Dalton D, Cripps T, Maldigri T, Isaacs D, Kesson A. Decline in rotavirus hospitalisations following introduction of Australia's national rotavirus immunisation program. *J Paediatr Child Health*. 2011;47(5):266-70. DOI:10.1111/j.1440-1754.2010.01953.x53. Epub 2011 Jan 18.
- Malope-Kgokong BI, Macphail P, Mbisa G, Ratshikhophla E, Maskew M, Stein L, Sitas F, Whitby D. Kaposi's sarcoma-associated herpesvirus (KSHV) seroprevalence in pregnant women in South Africa. *Infect Agent Cancer*. 2010;5:14.
- Mitchell G, Girgis A, Jiwa M, Sibbritt D, Burridge L. A GP Caregiver Needs Toolkit versus normal care in the management of the needs of caregivers of patients with advanced cancer: a randomised controlled trial. *Trials*. 2010;11:115.
- Paul CL, Mee KJ, Judd TM, Walsh RA, Tang A, Penman A, Girgis A. Anywhere, anytime: retail access to tobacco in NSW and its potential impact on consumption and quitting. *Soc Sci Med*. 2010;71:799-806.
- Potente S, Coppa K, Williams A, Engels R. Legally brown: using ethnographic methods to understand sun protection attitudes and behaviours among young Australians: 'I didn't mean to get burnt – it just happened!' *Health Educ Res*. 2011;26(1):39-52.
- Reeves GK, Travis RC, Green J, Bull D, Tipper S, Baker K, Beral V, Peto R, Bell J, Zelenika D, Lathrop M on behalf of the Million Women Study Collaborators (including Canfell K). Incidence of breast cancer and its subtypes in relation to individual and multiple low-penetrance genetic susceptibility loci. *JAMA*. 2010;304(4):426-34.

Robotin M. Botanical products in the 21st century: from whence to whither. *Cancer Forum*. 2011;35(1). Available from: [http://www.cancerforum.org.au/Issues/2011/March/Forum/Botanical\\_products\\_21st\\_century.htm](http://www.cancerforum.org.au/Issues/2011/March/Forum/Botanical_products_21st_century.htm). Epub 2011 March.

Robotin M. Enquiring about cancer patients' use of complementary and alternative medicines: is our job done? *Asia Pac J Clin Oncol*. 2010;6(4):245-7. [Editorial]

Robotin M. Hepatitis B prevention and control: lessons from the East and the West. *World J Hepatol*. 2011;3(2):31-7. [Editorial]

Robotin M, Holliday C, Bensoussan A. Research priorities in complementary medicine in Australia: recommendations of a consensus-building process. *Asia Pac J Clin Oncol*. 2010;6 Suppl 3:110. [A043]

Robotin MC, Kansil M, George J, Howard K, Tipper S, Levy M, Phung N, Penman AG. 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.

Robotin M, Patton Y, Putha V, George J. Population-level prevention of hepatitis B-related HCC in Australia: the primary care perspective. *Hepatol Int*. 2011;5 Suppl:465. [A34-23]

Robotin M, Patton Y, Putha V, Tipper S, George J. Collaborating with general practitioners in cancer control: lessons from the B Positive Project. *Asia Pac J Clin Oncol*. 2010;6 Suppl 3:224. [A405]

Robotin M, Porwal M. Speak up to stop chronic hepatitis B – the silent killer. *FECCA e-News*. 2011 May. Available from: [http://www.fecca.org.au/Media/2011/eNews\\_201105.htm](http://www.fecca.org.au/Media/2011/eNews_201105.htm)

Salagame U, Canfell K, Banks E. An epidemiological overview of the relationship between hormone replacement therapy and breast cancer. *Expert Rev Endocrinol Metab*. 2011;6(3):397-409.

Saunders C, Girgis A. Status, challenges and facilitators of consumer involvement in Australian health and medical research. *Health Res Policy Syst*. 2010;8:34.

Smith M, Lew JB, Walker R, and Canfell K. Evaluation of HPV as test-of-cure using data from NHS sentinel sites. In: *Evaluation of Sentinel Sites Study. Report to NHS Cancer Screening Program*. England; 2010. [Commissioned report]

Tzelepis F, Paul CL, Walsh RA, McElduff P, Knight J. Proactive telephone counselling for smoking cessation: meta-analyses by recruitment channel and methodological quality. *J Natl Cancer Inst*. 2011;103:1-20.

Tzelepis F, Paul CL, Wiggers J, Walsh RA, Knight J, Duncan SL, Lecathelinais C, Girgis A, Daly J. A randomised controlled trial of proactive telephone counselling on cold-called smokers' cessation rates. *Tob Control*. 2011;20:40-6.

Waller A, Girgis A, Lecathelinais C, Scott W, Foot L, Sibbritt D, Currow D. Validity, reliability and clinical feasibility of a Needs Assessment Tool for people with progressive cancer. *Psychooncology*. 2010;19(7):726-33.

Walsh RA. Australia's experience with varenicline: usage, costs and adverse reactions. *Addiction*. 2011;106:449-52. [Letter]

Wang SM, Shi JF, Kang DJ, Song P, Qiao YL. Impact of human papillomavirus-related lesions on quality of life: a multi-centre hospital-based study of women in Mainland China. *Int J Gynecol Cancer*. 2011;21(1):182-8.

Willcox S, Stewart B, Sitas F. What do cancer patients and their partners believe causes cancer? Master of Public Health, Honours [thesis]. Sydney: University of Sydney; 2011.

Wilson A, Bonevski B, Henry D, Jones A. Deconstructing cancer: what makes a good quality news story? *Med J Aust*. 2010;193(11/12):702-6.

Winstanley M, Pratt I, Chapman K, Griffin H, Croager E, Olver I, Sinclair C, Slevin T. Alcohol and cancer: a position statement from Cancer Council Australia. *Med J Aust*. 2011;194(9):479-82.

Zucca A, Boyes A, Lecathelinais C, Girgis A. Life is precious and I'm making the best of it: coping strategies of long-term cancer survivors. *Psychooncology*. 2010;19:1268-76.

## Submissions

### 2010:

- Submission to the Therapeutic Goods Administration re: Proposed revisions to Chapter 10 'Sunscreens' in the *Australian Regulatory Guidelines for OTC Medicines (ARGOM)* – June 2010
- Submission on behalf of Coalition on Food Advertising to Children to Advertising Standards Bureau (ASB) re: Community perception of the Independent Reviewer process – October 2010
- Submission to Tasmanian Department of Health Human Services re: Building on our Strengths: tobacco Discussion Paper – October 2010
- Submission (by invitation) and face-to-face meeting with Australian Communications and Media Authority by Cancer Council NSW and Prevention Research Collaboration re: Food marketing on television to children – November 2010.

### 2011:

- Submission to NSW Department of Health re: Strategic Directions for Tobacco Control in NSW 2011–2016 Discussion Paper – January 2011
- Submission to the Department of Environment, Climate Change and Water (NSW) re: Radiation Control Amendment (Sun-Tanning Units) Regulation 2003 – January 2011
- Submission and appearance before the House of Representatives Standing Committee on Social Policy and Legal Affairs Inquiry re: Regulation of billboard and outdoor advertising, on behalf of the Coalition on Food Advertising to Children – March 2011.



## Our summarised financial report

The financial statements and disclosures in this summarised financial report have been derived from Cancer Council NSW's *Full Financial Report for the year ended 30 June 2011*. This reflects our commitment to business and environmental awareness. A commentary is provided to assist readers in understanding the summarised financial report. This commentary is based on our full financial report and the information contained in 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/annualreport2011](http://www.cancercouncil.com.au/annualreport2011).

## Statement of comprehensive income

For the year ended 30 June 2011

	2011 \$'000	2010 \$'000
<b>Revenue</b>		
Fundraising income	42,986	41,385
Bequest income	9,957	12,365
Retail income	7,283	7,523
Interest and investment income	4,564	2,278
Grant income	1,925	2,827
Other revenue	880	1,113
<b>Total revenue</b>	<b>67,595</b>	<b>67,491</b>
Increase in fair value of investment property	–	30
Gain on sale of managed funds	–	5,407
<b>Total income</b>	<b>67,595</b>	<b>72,928</b>
<b>Expenses</b>		
Fundraising expenditure	16,918	15,812
Retail expenditure	6,388	6,081
Research	16,053	14,379
Regional program delivery	5,599	4,971
Health advocacy and prevention	4,777	3,752
Cancer information and support services	7,049	6,759
Media, communication and marketing expenditure	2,614	2,272
Infrastructure and investment	4,664	4,670
<b>Total expenses</b>	<b>64,062</b>	<b>58,696</b>
<b>Surplus/(deficit) before income tax</b>	<b>3,533</b>	<b>14,232</b>
Income tax expense	–	–
<b>Surplus/(deficit) for the year</b>	<b>3,533</b>	<b>14,232</b>
<b>Other comprehensive income</b>		
Increase/(decrease) in fair value of available-for-sale financial assets	117	(2,303)
<b>Total comprehensive income for the year</b>	<b>3,650</b>	<b>11,929</b>

## Statement of financial position

As at 30 June 2011

	2011 \$'000	2010 \$'000
<b>Assets</b>		
<b>Current assets</b>		
Cash and cash equivalents	3,142	9,065
Trade and other receivables	1,689	1,698
Inventories	1,263	1,136
Financial assets	2,057	5,000
<b>Total current assets</b>	<b>8,151</b>	<b>16,899</b>
<b>Non-current assets</b>		
Investment properties	300	300
Financial assets	52,800	39,162
Property, plant and equipment	17,899	18,456
<b>Total non-current assets</b>	<b>70,999</b>	<b>57,918</b>
<b>TOTAL ASSETS</b>	<b>79,150</b>	<b>74,817</b>
<b>Liabilities</b>		
<b>Current liabilities</b>		
Trade and other payables	2,504	2,254
Provisions – employee benefits	1,779	1,374
<b>Total current liabilities</b>	<b>4,283</b>	<b>3,628</b>
<b>Non-current liabilities</b>		
Provisions – employee benefits	477	449
<b>Total non-current liabilities</b>	<b>477</b>	<b>449</b>
<b>TOTAL LIABILITIES</b>	<b>4,760</b>	<b>4,077</b>
<b>NET ASSETS</b>	<b>74,390</b>	<b>70,740</b>
<b>Funds</b>		
General funds	65,231	61,280
Restricted funds reserve	8,421	8,839
Available-for-sale financial assets reserve	(2,186)	(2,303)
Asset revaluation reserve	2,924	2,924
<b>TOTAL FUNDS</b>	<b>74,390</b>	<b>70,740</b>



## Statement of changes in funds

For the year ended 30 June 2011

	General funds \$'000	Restricted funds reserve \$'000	Available-for-sale financial assets reserve \$'000	Asset revaluation reserve \$'000	Total funds \$'000
Opening balance as at 1 July 2009	48,614	7,273	–	2,924	58,811
Transfer to/(from) reserves	(1,566)	1,566	–	–	–
Total comprehensive income for the year	14,232	–	(2,303)	–	11,929
Closing balance as at 30 June 2010	61,280	8,839	(2,303)	2,924	70,740
Opening balance as at 1 July 2010	61,280	8,839	(2,303)	2,924	70,740
Transfer to/(from) reserves	418	(418)	–	–	–
Total comprehensive income for the year	3,533	–	117	–	3,650
Closing balance as at 30 June 2011	65,231	8,421	(2,186)	2,924	74,390

### 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 2011

	2011 \$'000	2010 \$'000
<b>Cash flows from operating activities</b>		
<b>Receipts</b>		
Receipts from supporters and funding sources (inclusive of GST)	61,130	62,055
Receipts from grant funding	1,925	2,827
Dividends, franking credits and interest received	1,043	930
	<b>64,098</b>	<b>65,812</b>
<b>Payments</b>		
Payments to suppliers and employees (inclusive of GST)	61,991	59,468
<b>Net cash inflow from operating activities</b>	<b>2,107</b>	<b>6,344</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	394	326
Proceeds from sale of available-for-sale financial assets	7,900	23
Proceeds from sale of held-to-maturity investments	5,000	–
Payments for purchase of available-for-sale financial assets	(17,900)	(40,326)
Payments for purchase of held-to-maturity investments	(2,057)	(5,000)
Payments for purchase of property, plant and equipment	(1,367)	(1,164)
<b>Net cash outflow from investing activities</b>	<b>(8,030)</b>	<b>(8,974)</b>
Net increase/(decrease) in cash and cash equivalents	(5,923)	(2,630)
Cash and cash equivalents at beginning of year	9,065	11,695
<b>Cash and cash equivalents at end of year</b>	<b>3,142</b>	<b>9,065</b>



## Commentary on statement of comprehensive income

The result for the financial year ended 30 June 2011 was a surplus of \$3.5m compared with a budget deficit of \$1.4m. This result was achieved through income overall reaching targeted levels and expenditure being less than planned across most areas.

### Revenue

**Total revenue** was \$67.6m, comparable with last year's revenue of \$67.5m, and 1.3% above the budget of \$66.7m.

**Fundraising income** increased by \$1.6m or 3.9% from last year (from \$41.4m to \$43.0m); however, it fell 1% short of the budgeted target of \$43.4m.

Do Your Thing (DYT) was the standout performer in terms of fundraising growth, with gross income up on last year by \$1m or 53%. This year's result is primarily attributed to the acquisition of the Seven Bridges Walk and significant growth in the second year of the Sh\*tbox Rally; however, growth is also due to the success of the new event brand and marketing campaign. Attention is being given to monitoring and containing DYT costs to ensure its net contribution continues to grow in future years.

Relay For Life posted its second consecutive year of income growth, up on last year by \$0.4m or 5.8%. However, analysis of net income results tells a different story, with Relay's net contribution stabilising at \$3.5m–\$3.6m each year, due to costs growing faster than income. As with DYT, attention will be given to monitoring and containing Relay costs in future years.

All other fundraising events and appeals posted results comparable to both last year and expected budget levels.

**Bequest income** was down by \$2.4m or 20% from last year (\$12.4m to \$10.0m); however, it exceeded budget of \$9.3m by 6%.

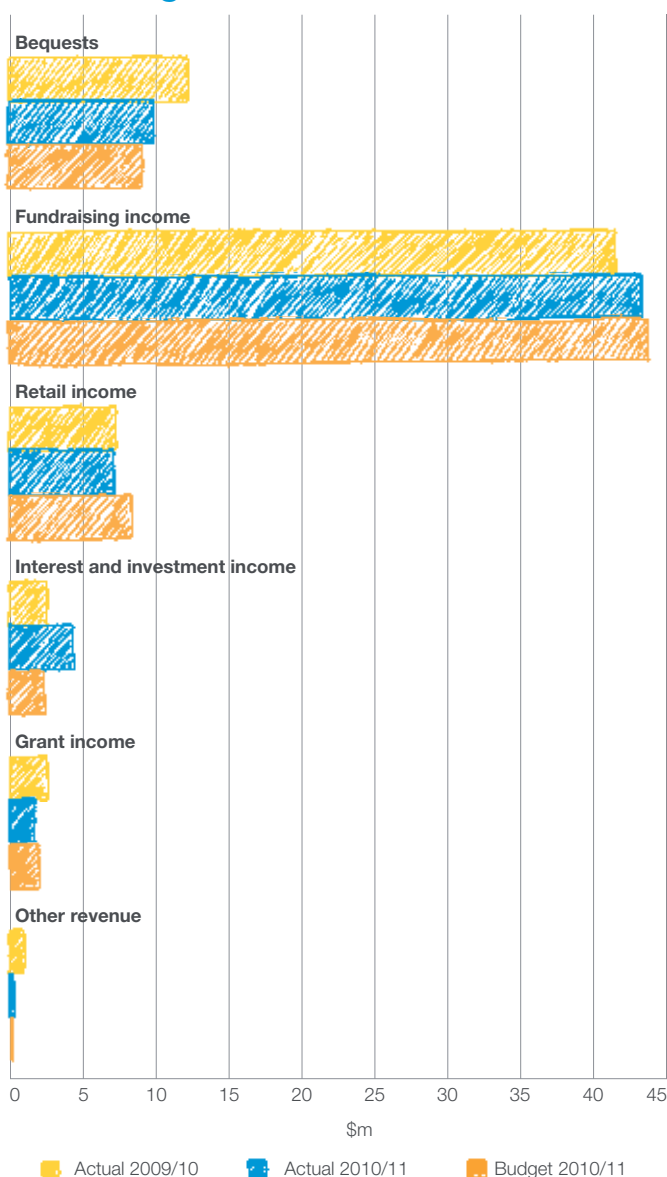
**Retail income** decreased for the second consecutive year, down \$0.2m or 3% on last year (\$7.5m to \$7.3m). This result is \$1.2m or 14% lower than budget and is primarily attributed to poor weather during the year. The general downturn in the retail sector is also expected to have contributed to this disappointing result.

**Investment income** increased for the second consecutive year, up on last year by \$2.3m or 100% (\$2.3m to \$4.6m). This result is \$1.9m or 76% higher than budget and is primarily due to an additional \$10m investment in our managed fund portfolio during the year and stronger than anticipated end-of-year income distributions. 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 in managed funds was increased, under the guidance of our investment advisors, Mercer, to ensure the stability of CCNSW and improve future investment returns.

**Grant income** decreased by \$0.9m or 32% from last year (\$2.8m to \$1.9m). This result is \$0.25m or 11% lower than budget, and is primarily attributed to some large grant-funded projects being completed during the year with no comparably sized grants replacing these.

**Other revenue** decreased by \$0.2m or 21% from last year (\$1.1m to \$0.9m) and was comparable to budget.

## Income compared to last year and budget



## Expenditure

**Total expenditure** increased by \$5.4m or 9% from last year (\$58.7m to \$64.1m). This result reflects a year of renewed confidence and growth in program spending, although it was still \$4m or 6% lower than budget.

**Fundraising expenditure** increased by \$1.1m or 7% from last year (\$15.8m to \$16.9m). This result is \$1.2m or 7% lower than budget, with lower than anticipated recruitment to our Breakthrough regular giving program. This was partially offset by increased costs associated with the expansion of the Do Your Thing fundraising campaign.

**Retail expenditure** increased by \$0.3m or 5% from last year (\$6.1m to \$6.4m), due to increased rent and staff costs. This result is \$0.4m or 6% lower than budget, thanks to lower than expected cost of goods sold, due to lower sales.

**Research expenditure** increased by \$1.7m or 12% from last year (\$14.4m to \$16.1m), due to growth in both our external grants program and internal research projects. This result is \$0.5m or 3% lower than budget, due to delays and lower than anticipated recruitment in some of our internal projects.

**Regional program delivery expenditure** increased by \$0.6m or 13% from last year (\$5m to \$5.6m), primarily due to a new office opening in Crows Nest, a new hub in Young, and new Information Centres being opened in St George and Hornsby. This result is \$0.2m or 4% lower than budget due to delays in the launch of new hubs in Kogarah and on the Lower North Shore.

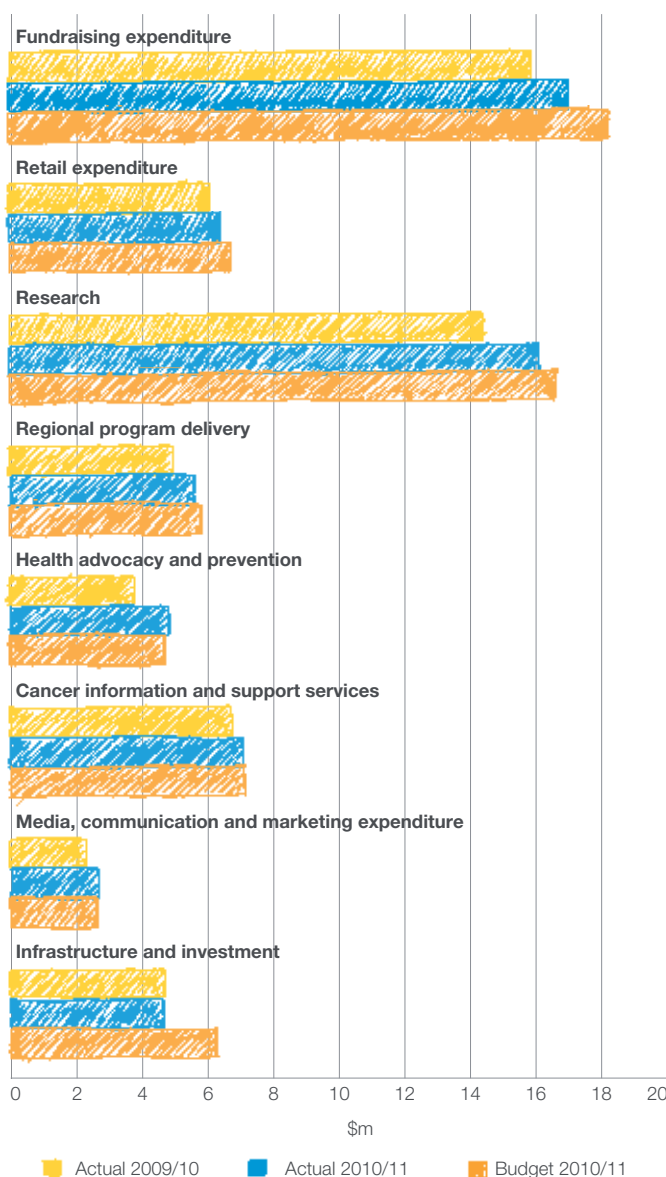
**Health advocacy and prevention expenditure** increased by \$1.0m or 27% from last year (\$3.8m to \$4.8m). Half of this increase relates to our NSW Health-funded Smoking Care programs. The other half is due to increased prevention activity, with the expansion of our Eat It To Beat It and Junkbusters nutrition programs, together with the commissioning of two significant skin cancer prevention research studies. This result is comparable to budget.

**Cancer information and support services** increased by \$0.3m or 4% from last year (\$6.7m to \$7m), primarily due to the expansion of our Legal Referral and Financial Planning Referral services. This result is \$0.2m or 3% lower than budget, due to lower than expected transport program costs and delays in the development of new Cancer Council Information Centres.

**Media, communication and marketing expenditure** increased by \$0.3m or 15% from last year (\$2.3m to \$2.6m), primarily due to expenditure on our Cancer Council Outreach Service and increased development work on our new website. This result is comparable to budget.

**Infrastructure and investment expenditure** is comparable to last year at \$4.7m; however, it is \$1.6m or 25% below budget. This variance is primarily due to \$1.2m of Information Systems staff costs being allocated across organisational units based on development work and organisational demand. This allocation was not factored into our budgeted figures.

## Expenditure compared to last year and budget



### Commentary on our expenditure categories

CCNSW's **fundraising expenditure** comprises all of the direct costs incurred to run and administer the significant number of events and appeals held state-wide during the year. Whilst the majority of our events and appeals are dependent on volunteer contributions, they are driven by a team of 63 dedicated staff from our Head Office and our regional offices. In addition to the cost of these staff employed in fundraising roles, the following are included in our fundraising costs:

- Staff costs for our Information Systems, Data Analytics, Events Administration Centre and Donor Supporter Services teams, who work on supporting fundraising events and appeals
- Contractor costs for recruiting donors into our Breakthrough regular giving program
- Research into and development of future fundraising revenue streams.

The following are **not** included in our fundraising costs:

- Staff from our human resources, volunteer, finance and logistics teams who support fundraising events and appeals
- Staff from our media and communications team and the Office of the CEO who support fundraising events and appeals.

As we are almost entirely reliant on community funds, CCNSW's existence and independence are dependent on active fundraising in a competitive market. Fundraising costs are necessary to ensure our work can continue and also grow to reach the increasing number of people diagnosed with cancer in NSW. We monitor our fundraising costs constantly, and regularly benchmark our costs against other participants in the fundraising market. Interpreting benchmarking results is a complex exercise, and many fundraising organisations use different funding models and strategies from ours. For example, many are not reliant on fundraising income but receive significant funding from government agencies, and a large number have less face-to-face interaction with their supporters, which will have an impact on their cost:income ratios.

Key to our mission is engaging with communities across NSW. Our fundraising events and appeals are not merely a means to raise funds: they also provide opportunities for us to promote our cancer prevention messages, support and information services, and advocacy initiatives. They also provide the opportunity for members of our community to connect with us and each other. One such example is Relay For Life. We held Relay events in 67 communities during the year, involving 45,000 participants and connecting people from communities all over NSW. All of the costs associated with planning and running these events are included in our fundraising costs.

More information on our fundraising revenue and associated costs is disclosed in note 20 of our full financial report.

CCNSW's **infrastructure and investment costs** comprise all of the costs (staff and other costs) required to support our strategic priorities and therefore our mission to defeat cancer.

Included in our infrastructure and investment costs are all of the expenditure for the following Divisions and functions:

- People Learning and Culture Division: recruitment, learning and development, performance planning, payroll and remuneration, workers compensation and other human resources services to our staff of 352 employees and our 3,538 regular registered volunteers
- Finance: accounts payable, accounts receivable, management reporting, internal and external audit, annual budget and quarterly forecasting, business analysis and improvement, taxation and compliance management and training
- Information Systems: systems architecture and IT security, IT service desk, hardware replacement, and software development and maintenance
- Logistics, Property and Risk: risk management, building maintenance, mail distribution, occupational health and safety, warehousing and business continuity
- Office of the CEO: organisational strategy, direction and communication, corporate governance, Board and Board sub-committee management and organisational membership
- Our share of funding all of the operational costs for Cancer Council Australia.

The following are **not** included in our infrastructure and investment costs:

- Staff costs for our Information Systems, Events Administration Centre and Donor Supporter Services teams, all of which work directly on supporting fundraising events and appeals. These costs are therefore allocated to fundraising, as detailed above.

### Media, communication and marketing expenditure

incorporates the following functions:

- Communications: media relations, internal communications, reputation management, issues and risk management, stakeholder communications and campaign strategy and implementation
- Marketing services: marketing support services for our information and prevention programs to stakeholders, and management of our CCNSW brand
- Digital: website building, maintenance and digital strategy
- Creative Services: print management and design.



## Commentary on statement of financial position

### Assets

Total assets increased by \$4.3m or 6% from last year (\$74.8m to \$79.1m), with net assets increasing by \$3.6m or 5% (\$70.8m to \$74.4m). This increase is primarily attributable to the surplus for the year (\$3.5m) together with the fair value gains in our managed funds (\$0.1m).

**Cash and cash equivalents** decreased by \$6.0m or 66% from last year (\$9.1m to \$3.1m). This decrease in cash levels was required to fund the increased investment in our managed fund portfolio during the year. Cash balances within the range of \$1m to \$6m are required to fund ongoing operations, in particular to cover the two significant rounds of external research grant payments made during the year.

**Trade and other receivables** of \$1.7m are comparable to last year's balance. They include monies or services due to CCNSW but not received as at 30 June. Significant items included in this balance are distributions due from Cancer Council Australia; donations received from our supporters prior to year end but not yet received from credit card companies; prepaid rent for our offices and retail stores for July; prepaid services; and GST credits due from the Australian Taxation Office.

**Inventories** increased by \$0.1m or 11% from last year (\$1.1m to \$1.2m). Retail inventory is comparable to last year; however, our event merchandise inventory increased by \$0.1m due to the recognition of Pink Ribbon Day merchandise in our balance sheet for the first time. With Pink Ribbon Day growing over recent years to a material level that is comparable to Daffodil Day, it became apparent that stock carried over from one event year to the next should also be recognised as inventory.

**Financial assets** increased by \$10.7m or 24% from last year (\$44.2m to \$54.9m). This increase is primarily due to the additional \$10m being invested in our managed fund portfolio during the year. Cash on deposit for terms greater than 90 days was reduced by \$2.9m to fund this \$10m investment. Income distributions of \$3.5m were received and reinvested into managed funds during the year.

**Property, plant and equipment** decreased by \$0.6m or 3% from last year (\$18.5m to \$17.9m). This movement represents regular asset turnover and depreciation charges, with no major additions or disposals during the year.

### Liabilities

**Total liabilities** increased by \$0.7m or 17% from last year (\$4.1m to \$4.8m). This is mostly reflected in current liabilities.

**Trade and other payables** increased by \$0.3m or 11% from last year (\$2.2m to \$2.5m). This balance is for payments due to suppliers across all areas of the organisation, for work completed prior to 30 June 2011.

**Provisions – employee benefits** increased by \$0.4m or 22% from last year (\$1.8m to \$2.2m). This is partly due to growth in staff numbers, but primarily due to staff taking on average only three weeks of their four-week annual leave entitlement.

### Funds

**Total funds** increased by \$3.6m or 5% from last year (\$70.8m to \$74.4m). This increase is mainly due to the surplus for the financial year.

Our restricted funds reserve, which forms part of this total fund balance, decreased by \$0.4m from last year (\$8.8m to \$8.4m).

Our available-for-sale financial assets reserve has a deficit balance of \$2.2m, representing unrealised losses in the market value of our managed funds at 30 June 2011.

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



Chartered Accountants  
& Business Advisers

## Audit Report

### REPORT OF THE INDEPENDENT AUDITOR ON THE SUMMARY FINANCIAL STATEMENTS TO THE MEMBERS OF THE CANCER COUNCIL NSW

#### Report on the Summary Financial Statements

The accompanying summary financial statements, which comprises the statement of financial position as at 30 June 2011, the statement of comprehensive income, statement of changes in funds and statement of cash flows for the year then ended, related notes, are derived from the audited financial report of The Cancer Council NSW (the company) for the year ended 30 June 2011. We expressed a qualified audit opinion on that financial report in our report dated 31 October 2011.

The summary financial statements do not contain all the disclosures required by Australian Accounting Standards and Interpretations. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial report of the company.

#### *Director's Responsibility for the Summary Financial Statements*

The Directors are responsible for the preparation of a summary of the audited financial report.

#### *Auditor's Responsibility*

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Auditing Standard ASA 810 *Engagements to Report on Summary Financial Statements*.

#### *Basis for Qualified Opinion*

Cash from donations and other fundraising activities are a significant source of revenue for the company. The company has determined that it is impractical to establish control over the collection of revenue from these sources prior to entry into its financial records. Accordingly, as the evidence available to us regarding revenue from these sources were limited, our audit procedures with respect to donations and other fundraising activities had to be restricted to the amounts recorded in the financial records. We therefore are unable to express an opinion whether donations and other fundraising activities received are complete.

#### *Qualified Opinion*

In our opinion, except for the possible effects on the summarised financial report of the matter described in the Basis for Qualified Opinion 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.

**Paul Bull**  
Partner

Sydney, 31 October 2011

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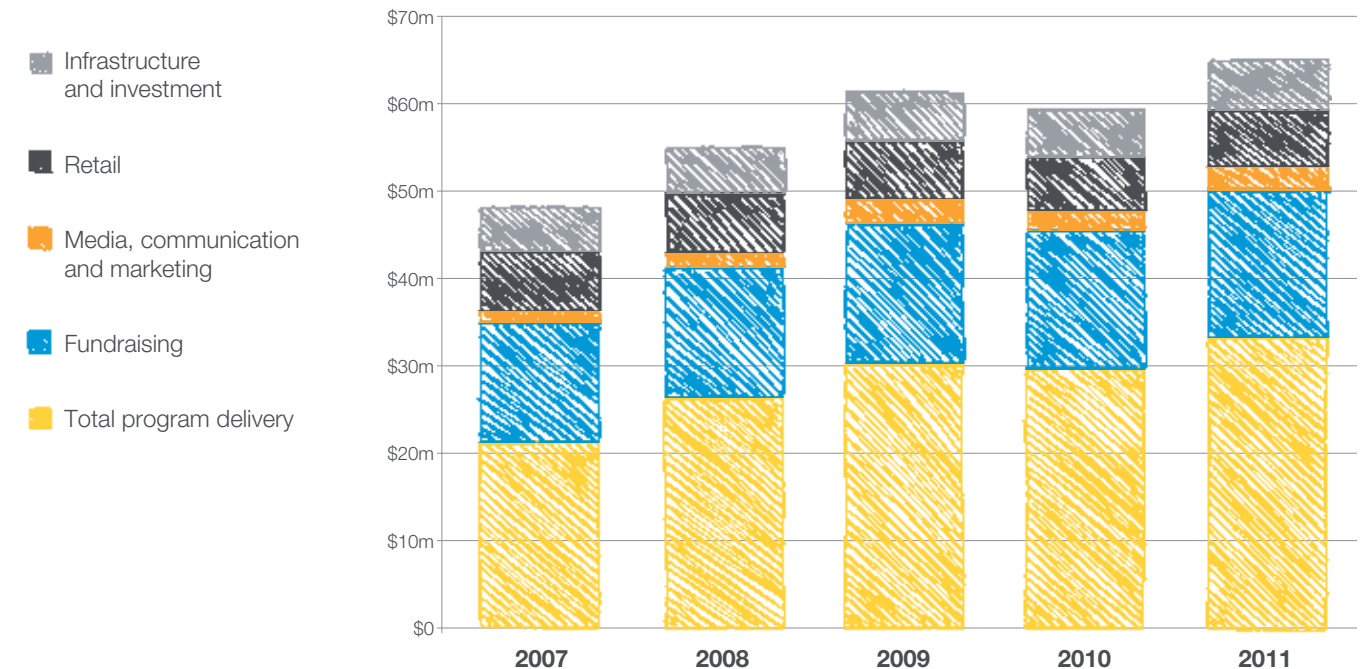
## Where the money comes from ...



\*excludes capital gains in investments



## Where the money goes ...



	\$m	%	\$m	%	\$m	%	\$m	%	\$m	%
<b>Program delivery expenditure</b>										
Research	10.7		12.8		14.4		14.4		16.1	
Regional program delivery	3.5		4.5		5.1		5.0		5.6	
Health advocacy and prevention	2.1		3.6		4.1		3.7		4.8	
Cancer information and support	5.2		5.6		6.8		6.7		7.0	
<b>Total program delivery</b>	<b>21.5</b>	<b>44%</b>	<b>26.5</b>	<b>48%</b>	<b>30.4</b>	<b>50%</b>	<b>29.8</b>	<b>51%</b>	<b>33.5</b>	<b>53%</b>
Fundraising	13.7	29%	14.8	27%	15.9	26%	15.8	27%	16.9	26%
Retail	6.9	14%	6.7	12%	6.6	11%	6.1	10%	6.4	10%
Infrastructure and investment	5.3	11%	5.6	10%	5.2	8%	4.7	8%	4.7	7%
Media, communication and marketing	1.2	2%	1.9	3%	2.9	5%	2.3	4%	2.6	4%
<b>Total expenditure*</b>	<b>48.6</b>		<b>55.5</b>		<b>61.0</b>		<b>58.7</b>		<b>64.1</b>	

\*excludes capital losses in investments

## Thank you

We thank these generous individuals and organisations who have supported us in 2010/11. They have had a significant impact on our mission through the financial or in-kind support

they have provided to Cancer Council NSW. There are others who elected not to have their names published, and to whom we also say thank you.

**Andrew Cox  
and Melisa Nelson**

**Family and friends of  
Sharon Mariani**

**NAB**

**Keith and Alison Ross**

**Sh\*tbox Rally**

**Star Track Express**

**Tour de Cure**

.....

Active Air Rentals  
Aqua Dining and ripples  
Group of Restaurants  
Boulderstone  
Bayview Boulevard Sydney  
Laurie Bender  
Bloomfield Group Foundation  
Brompton Beauty Services  
Canterbury-Bankstown  
Bulldogs  
Angela Cho  
CHU

Cleaver's The Organic Meat  
Company  
Cliff Burk Design  
Cobe Design  
Coles  
Coles Express  
Count Charitable Foundation  
Cronulla-Sutherland Sharks  
Daikin Australia  
Deutsche Bank  
Eden Gardens and Garden  
Centres  
Emily's Wish Foundation  
Fastway Couriers  
FCB Group  
The Hon Marie Ficarra MLC  
and Vincent De Luca OAM  
Foxtel  
Catherine Giunta  
Melanie Heard  
Heidrick & Struggles  
Bruce Hodgkinson SC  
Jessica Hore  
HP Enterprise Services

James Tuite & Associates  
Jobfind Centres Australia  
Gerard Leary  
Liberty International  
Underwriters  
Lumley Insurance  
Macquarie Group Foundation  
Man Investments  
Mercer Investment  
Management  
Minter Ellison Lawyers  
Motorcycling NSW  
Mt Pritchard and District  
Community Club  
Nettleton Tribe  
Next Capital  
NSW Rugby  
Alannah Ogilvie  
Deborah Paine  
Parramatta Eels  
Quadrant Private Equity  
REHAU  
Ritchies Supa IGA – Griffith  
Rugby League's One

Community  
Russell Investments Group  
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Max Schroder  
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Nancy Sherry  
Kay Sidman  
Skipper-Jacobs  
Charitable Trust  
SOS Print + Media  
Sportscraft  
Sydney City Roosters  
Tenix  
The Patronax Foundation  
The Profield Foundation  
The Trust Company Limited  
The Westpac Group  
Turner Freeman Lawyers  
Victor and Maree Virgona  
Kristen Webster  
Westpac Institutional Bank  
Wests Tigers  
Jean Willmington  
Winning Appliances

## Professional services

Cancer Council NSW acknowledges the professional services of the following organisations:

**Bankers**  
NAB

**Auditors**  
Internal Auditors – Oakton  
External Auditors – PKF

**Investment Advisors**  
Mercer

**Solicitors**  
Turner Freeman Lawyers

Cancer Council NSW acknowledges the extensive contribution of Chris Dawson, Turner Freeman Lawyers, who has been our honorary solicitor since the 1990s. Chris retired at the end

of June 2011 but he continues to serve on the Governance Committee. The extent of Chris's contribution and service to Cancer Council NSW over these years is immeasurable.

# Thank you for bequests

We acknowledge the generosity of the following people, who left a bequest to Cancer Council NSW in their will.

Their kindness will enable us to fund life-saving research, prevention and support programs now and into the future.

Jacob Joseph Abeshouse  
Roger Graham Abrecht  
Aage Andersen  
John Thomas Bailes  
Margaret Veronica Barlow  
Leon Beltz  
Georgina Booker  
Lorna Frances Bradwell  
Dorothy Alice Brown  
James Meikle Bruce  
Beryl Mary Bubacz  
Janice Burke  
Beryl Carroll  
Gertrude Carver  
Arthur John Chapman  
Eva Christel  
Cecelia May Clark  
Joyce Emily Cole  
Graciette Maria Collaco  
Grace Jean Condon  
Ray Ernest Cox  
June Cuthbertson  
Joyce Margaret Davies  
Eva Dibbs  
Marjorie Grace  
Charlotte Dobbie

Audrey Joan Dodds  
Gretchen Lillian Elliott  
Dorothy Jean Fisher  
Judith Alice Fletcher  
Ronald Malcolm Goddard  
Mollie Gowing  
Linda Griffiths  
Thomas Horton Bassett  
Haines and Anne  
Emma Haines  
Doreen Miriam Healey  
William Charles John Hill  
Kathleen Holmes  
Reay John Holmes  
Bertha Elizabeth  
Esther Howard  
Betty Grace James  
Winsome Ruth Johnson  
and Walter Leslie  
Marquette  
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Raymond Keith Maddocks  
Mafalda Marini  
Rhonda Lynne McBean  
Hilda Evelyn McBeath  
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Clare Moloney  
Stanley Allen Mulqueeney  
Ernest Alfred New  
Joan Patricia Nicholson  
Emma Georgina Norton  
William Thomas Ockerby  
Marcelle Gordon Ivy Pearce  
Anita Roxanne Pengilly  
Jean Stewart Perrett  
Joyce Valerie Plummer  
Thomas Edward Plunkett  
Ronald and Hazel Pollack  
Myra Christina Polson  
Thyra Pryor  
Lesley Joan Reay  
Henry and Lucy Reiss  
George Thomas Richards  
Violet May Rimmer

Antonino Romeo  
Mollie Vindin Rowell  
Susan Elizabeth Rutherford  
Albert James Schuback  
Sophia Anne Schubert  
Ronald Lester Seach  
Brian Stanley Sheumack  
Marlene Roth Snider  
Susi Snow  
Gweneth Joyce Spratt  
Esma May Stephens  
Anne Theresa Stevens  
Charles Herbert Stokes  
Hazel Taylor  
Nora Winifred Toms  
Anthony John Vandenberg  
Elsa Hannay Warburton  
Betty Sarah Weal  
Margaret Esmee Webster  
Alec Edward Wilkins  
Allyn Gilbert Williams  
Mabel Annie Winning  
Wing Kin Wong  
John Richard Wood

You too can help us beat cancer by including a gift to Cancer Council in your will. 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. Email [bequests@nswcc.org.au](mailto:bequests@nswcc.org.au) for more information.



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