



Understanding
cancer,
changing
lives
Annual Report
2011/2012



Keely's story

Being diagnosed with cancer in 2011 came as one of life's biggest shocks. I was a healthy 30-something-year-old, part-time IT program manager at a financial institution and full-time mother to Chloe (3) and Ellen (1). I had no predictable factors for cancer – no family history, no health or lifestyle risks like obesity or smoking that would predispose me to this disease.

So, when I found myself visiting a GP in September 2011, feeling nauseous, tired and with a small lump in my right breast, the threat of cancer never crossed my mind. My doctor and I attributed the symptoms to the normal pains of being a working mother breastfeeding a young toddler.

But the symptoms continued. Six weeks later, an ultrasound of my abdomen confirmed the cause – cancer had spread to 75% of my liver. In November came the final diagnosis: I had metastatic (advanced) breast cancer, with secondaries in the liver, bones and brain. As the cancer had rapidly spread, I was given little hope and limited time. Some suggested that I make videos of myself so that my girls could remember me.

Desperate, I found out as much as I could about cancer through books and online resources, to help me come to terms with my situation.

As a young mother, I needed to connect with women going through the same journey. At Cancer Council's Soiree for Women under 45, I was able to talk to others just like me, share my challenges and learn from others' experiences. It was especially inspiring when women whose cancers have stabilised attended the sessions to give you hope and prepare you for what to expect as you move through the different stages of treatment and recovery.

Cancer takes you by surprise in so many unexpected ways. Things like preparing a Will prior to undergoing high-risk surgery are not situations most people encounter. But when it happened to me, my first response was to call the Helpline. Making use of the Legal and Financial Planning Referral Services offered by Cancer Council, I was referred to lawyers and quickly got a Will in place.

It's now been a year since detection and I've made it past the original prognosis of a few weeks, thanks to the support of family, friends and organisations like Cancer Council NSW.

Although weekly chemo and other treatments continue and will do so for the foreseeable future, cancer has not debilitated or prevented me from embracing life.

Knowing what I know now, I'm keen to increase awareness about breast cancer in women of my age with similar circumstances, and want to warn others against 'explaining away' symptoms and 'soldiering on' in our busy lives. Cancer can impact just about anyone and strike any time. It is up to us, as individuals and as a community, to understand it, cope effectively and tenaciously fight back.

Keely Bennett

Cancer Council NSW recognises that each cancer type brings about a unique set of symptoms and challenges requiring different levels of support. This is why we offer various services and programs so that patients, carers and family can access relevant support at any stage in their cancer journey. Sessions vary from small informal groups meeting in a community hall to large groups meeting at a hospital or community health centre.

By increasing the number and reach of the information and support services provided to patients and their families, we look to reduce the disease burden and help ensure that no one faces a cancer diagnosis alone.

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Front cover: Keely Bennett with daughters Ellen and Chloe.

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.

Our values

Courage

We will do what it takes to beat cancer. We value the determination and drive of our volunteers and staff to make a difference.

Collaboration

Through fundraising, partnerships and volunteering, we will focus and amplify the efforts of the wider community.

Independence

We are accountable only to the cancer cause and the community.

Forward thinking

We are contemporary in outlook, innovative in approach and solution focused.

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

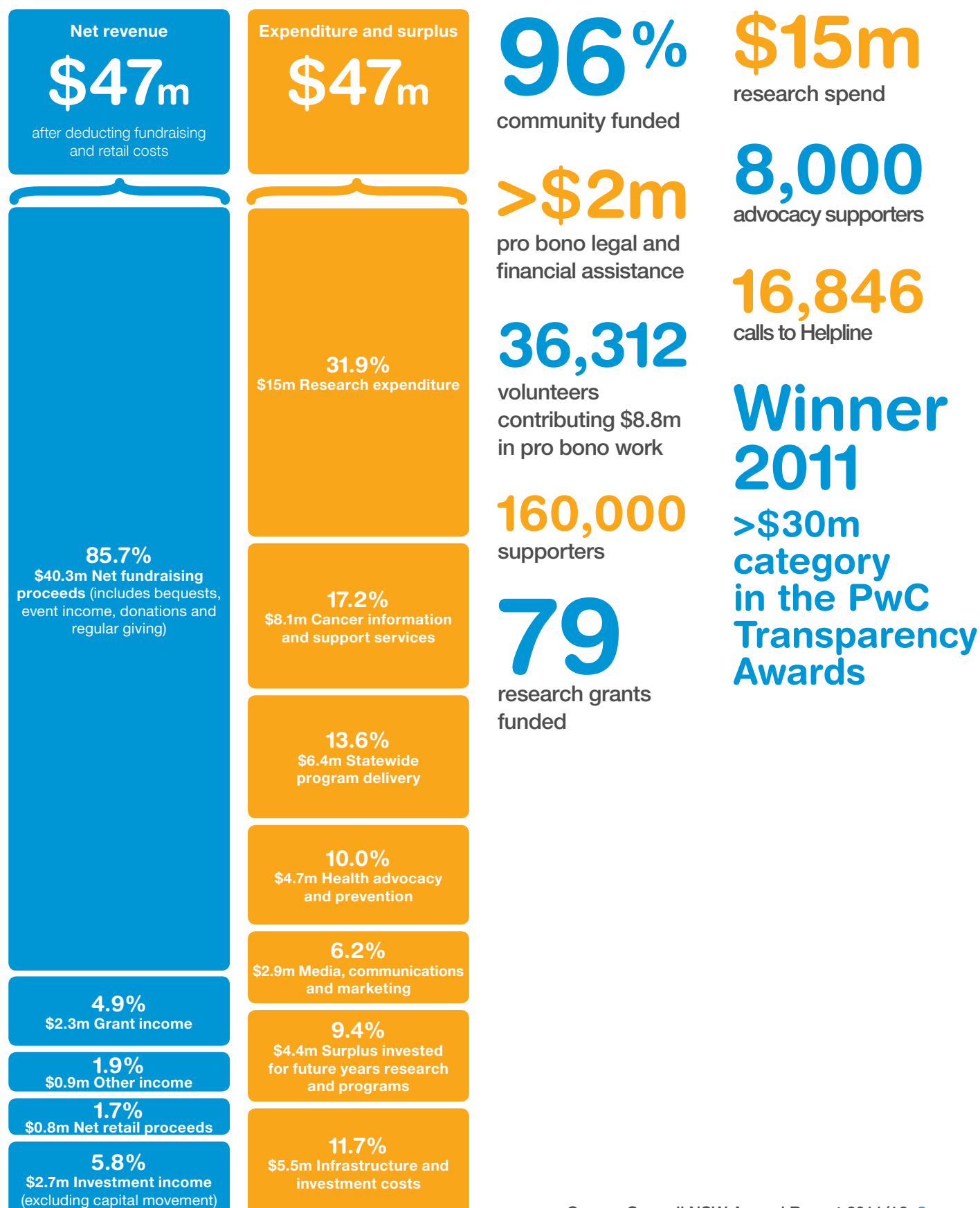
Every year in NSW alone, more than 36,600 new cases of cancer are expected to be diagnosed – about 100 each and every day in NSW. On average, 36 people will die of the disease every day in this state, and the impacts on families, carers and communities are considerable.

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-ranking research, prevention, advocacy and support programs, so that we can make a difference in the fight against all cancers.

Cancer Council NSW is a member of Cancer Council Australia, along with our other state and territory Cancer Council counterparts.

Our highlights

Where our funds came from and where they were spent

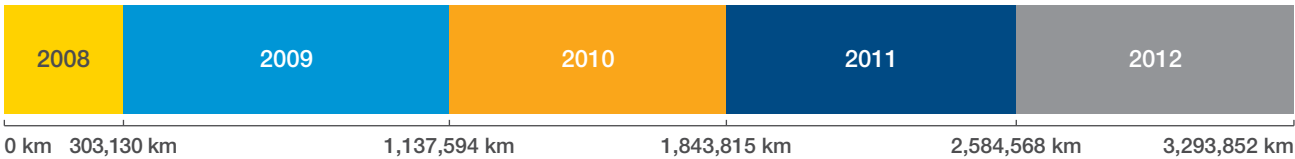


Our highlights

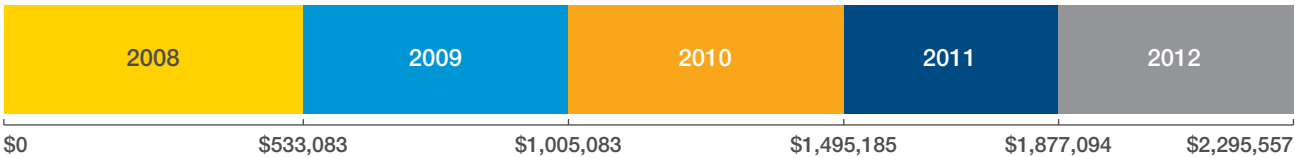
Helpline calls answered over five years



Patient kilometres funded over five years



Financial assistance grants awarded over five years



Understanding Cancer publications distributed over five years

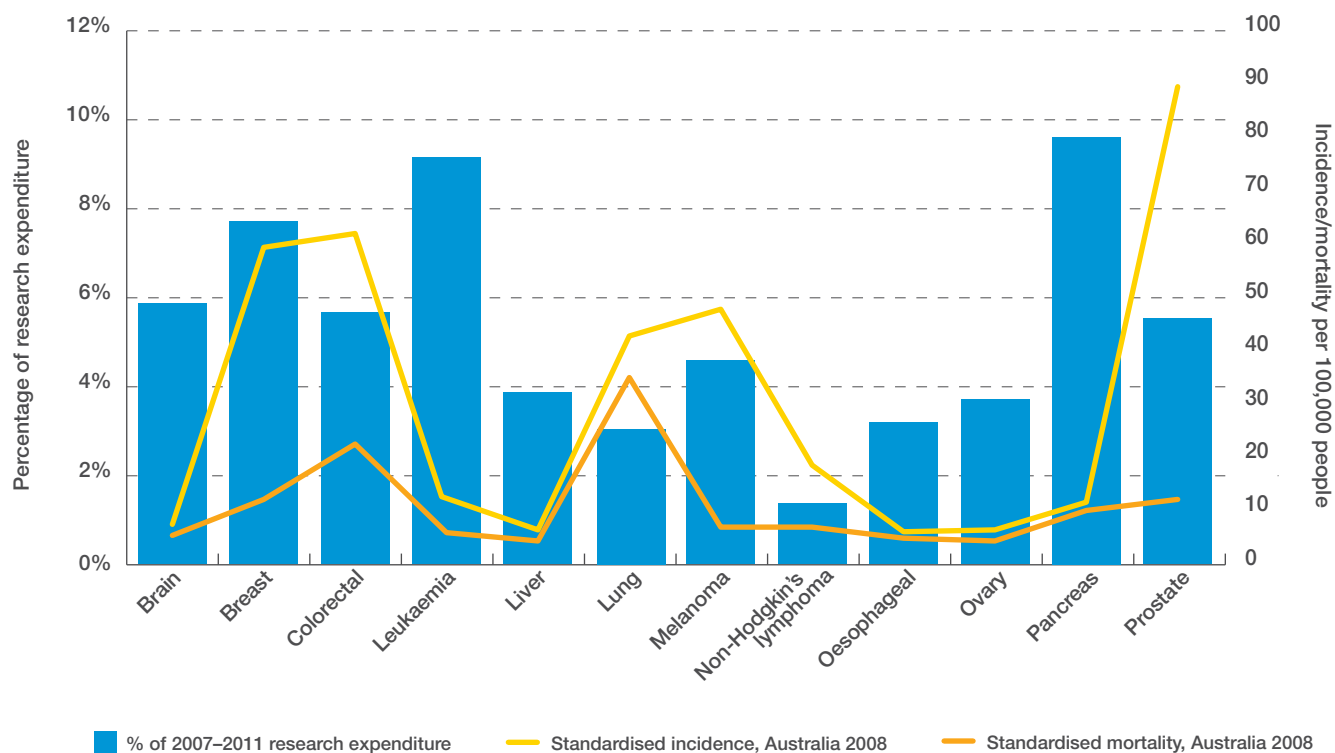


Investment returns over ten years



Our investment portfolio continued to outperform the market, with returns exceeding the ASX200 return.

Our investment in cancers compared to their incidence and mortality



Cancer Council NSW has the flexibility to actively respond to new opportunities and needs in research. We monitor trends in cancer incidence and research funding, and engage with consumers, practitioners, researchers and policymakers to provide timely and appropriate support for research.

Our global collaboration and reach



Our research capabilities and reach are also enriched by our international network, with hundreds of collaborations with academics, organisations, networks and communities. Our national and international collaborations enable us to extend our capabilities and accelerate breakthroughs in ways to prevent, diagnose, treat and manage cancer.

My involvement with Cancer Council NSW began over four years ago through my close friend Lyn, who suffered from an aggressive form of cancer. Lyn was a wonderful human being and had such a positive outlook about her cancer and life in general, that just being around her was an enriching experience.

She was involved in a few Cancer Council initiatives, and it was through her that I got to know this organisation and its work. When Lyn passed away from her cancer two years after we met, I felt compelled to honour her memories and what she believed in, and so enlisted as a volunteer with Cancer Council NSW.

Since 2008, I've been coming in every week to assist with administrative tasks and help in the rollout of Cancer Council events like Australia's Biggest Morning Tea and other promotional activities. Over the years, I have developed such a strong relationship with staff and other volunteers that time spent doing this has now become an integral part of my life.

I also volunteer my time at the Cancer Council Information Centre (CCIC) located within Liverpool Hospital. Here, I help with the distribution and dissemination of Cancer Council information and offer courtesy services, such as directing visitors towards the various medical services and units located within the hospital premises. My biggest motivation for volunteering at the CCIC is being able to offer patients and their families a sympathetic ear and a caring hug during their hour of need. Their smiles and reaction as they recognise you at the CCIC is indescribable. As the hospital is located in south-western Sydney – home to a diverse mix of multicultural and multilingual communities – at times, I also help translate and explain cancer information for visitors not fluent in English, just to help them better understand.

Based on my experience at the CCIC, I soon realised that many in the community, especially non-native speakers of English, were still unaware of the basic facts about cancer. Encouraged to put my language skills to better use, I have now become a volunteer Community Engagement Speaker on behalf of Cancer Council.

I deliver sessions in both Arabic and English to groups varying in size from 10 to 50 people in areas like Campbelltown, Bankstown, Cabramatta, Auburn, Fairfield, Campsie and suburbs within Liverpool. Topics can sometimes be about specific cancers such as bowel or skin cancer but most times focus on educating communities about healthy lifestyles and ways to reduce cancer risks. Conducting these sessions gives me great satisfaction, knowing I'm playing a small part in reducing cancer, by providing information in people's first language and increasing their understanding of cancer.

When I first started volunteering I was often asked by others in my community why I gave so much of my time to this cause, but now people understand the importance of volunteering and getting involved. They too now want to help in some small way to make a difference.

I believe that "lighting the candle is better than cursing the darkness" and I'm waiting for the day where people can be told: "Yes, you have cancer but it can be cured".

Kamal Hadid

Volunteers form an integral part of Cancer Council NSW and are involved in every aspect of the organisation.

Over 36,000 volunteers contribute to our work. The administrative and specialist support provided by our office-based volunteers is invaluable and the contributions of specially trained volunteers, such as event supporters, community fundraisers, speakers and advocates, make many of our programs possible. Our volunteers are a vital bridge connecting us to the NSW community, enabling us to work directly with communities and supporting them to take action against cancer.

"When I first started volunteering I was often asked by others in my community why I gave so much of my time to this cause, but now people understand the importance of volunteering and getting involved. They too now want to help in some small way to make a difference."

Kamal

Message from the Chair and CEO

All those who have experienced cancer in some form know what a confronting challenge it is. The challenge of cancer is also confronting for an organisation such as Cancer Council NSW – whose vision is the defeat of cancer. We know that it is simply not sufficient to do things as they have always been done. We set out each year to improve and to do things that make genuine, beneficial change to the lives of people affected by cancer and in the way our society and community respond to the problem of cancer. All of the developments we embrace and the changes we make are built on our four pillars: insight into cancer, impact through making a measurable difference, connecting people to the cause, and contributions from individuals and other organisations.

Insight into cancer

Whatever we attempt, the key to having a genuine impact is a deep understanding of cancer and the context in which cancer occurs. As a comprehensive cancer charity, we seek insight through research in many forms – in cancer causes, progress, impact and outcomes – and for all cancers. We add to this the accumulation of experience we gain from our contact with cancer patients and their carers, and our connections with the broader community.

This year has been an exciting time for research, with the pace of discovery accelerating through the use of new technology and by unlocking information in ever-larger data systems. This year, our own epidemiology researchers have demonstrated the power of data derived from large biobanks in studies of human papillomavirus (HPV) in oesophageal cancer, and the impact of the HPV vaccine in cervical cancer. Cancer Council NSW-funded research has also been instrumental in developing potential new treatment strategies in pancreatic and brain cancer.

At the same time, our engagement with a large number of financial advisers and solicitors providing pro bono service to cancer patients has given us new insight into the practical life challenges faced by cancer patients.

Our experience in research has also underlined the importance of providing well-documented bioresources for population and translational research in cancer. This year we have commenced a campaign to generate funds for the largest biorepository in Australia, to house specimens derived from the CLEAR and 45 and Up Studies. If successfully achieved, it will facilitate faster and cost-effective access to biological, genetic and lifestyle information of the scale increasingly essential for population studies large enough to reliably answer critical research questions. We also continued to support smaller clinical tissue collections in liver, brain, pancreatic and oesophageal cancer. Importantly, the PROBE-NET team investigating oesophageal cancer – based on such a collection and funded by Cancer Council NSW – successfully transitioned to longer-term alternative funding from the National Health and Medical Research Council (NHMRC).

Contribution from the community

Cancer Council NSW is almost entirely community funded, with 96% of our income coming directly from the community and investments. Fundraising is critical to our existence, and there are many fundraising areas in which we excel. This year, our Relay For Life event was a standout, increasing income significantly, with growth in gross income of 19% to \$7.7 million. This is a remarkable result, driven by 763 Relay committee members, who generously volunteered their time to create 58 successful events with 48,000 participants across NSW.

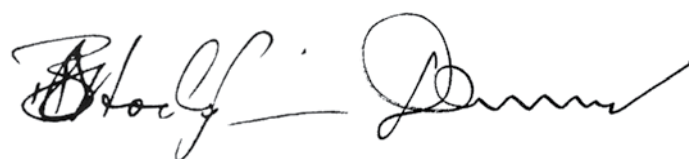
Although capital fundraising, corporate partnerships and online fundraising continue to be challenging areas for Cancer Council NSW, we recognise the need to develop innovative strategies to ensure that fundraising channels evolve to underpin growth in our research and cancer prevention strategies, and to improve the depth and breadth of our support to the increasing number of cancer patients.

Recognition for our transparency

Cancer Council NSW was pleased to be recognised as the winner in the revenue greater than \$30 million category in the 2011 PricewaterhouseCoopers Transparency Awards for the quality and transparency of our reporting. This accomplishment recognised the significant strides we have made in recent years to improve our communication with our supporters and stakeholders, and confirms our position of leadership in the not-for-profit sector in accounting to the community.

Thank you

We could not achieve all that we do without the continuing support and passion of our supporters. So to each and every one of our volunteers, fundraisers, donors, partners, advocates and staff, we say thank you: our successes are yours.



Bruce Hodgkinson SC
Chair

Dr Andrew Penman AM
Chief Executive Officer

For a full copy of our five-year strategic plan, visit www.cancercouncil.com.au and read a copy of *Strategic Directions 2010–2014*.

**Dr Andrew
Penman AM**

**Mr Bruce
Hodgkinson SC**

From the Chair

This year we will farewell Dr Andrew Penman, CEO, who is leaving Cancer Council NSW after 14 years at the helm.

If I could use four words to sum up Andrew Penman, I wouldn't need to look much further than our organisation's brand values: he is forward thinking, he has courage, he embodies independence and he exemplifies collaboration. Over and above this are his integrity, his intellect and his enormous passion for Cancer Council NSW and the people we are here to represent.

Through his tireless efforts Andrew leaves the organisation stronger for his involvement and in a very good position to pursue our mission.

On behalf of the Board and the rest of the organisation, I'd like to say thank you to Andrew for his enormous contribution. We honour your commitment and achievements, and wish you all the very best for the future.

The Board appointed Regina Sutton, former CEO of the State Library of NSW, as incoming CEO, who commenced in October 2012.

Strategic Priority 1

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

We are committed to funding research that results in real-world outcomes. Our research focuses on delivering insight and a deeper understanding about cancer, which is then translated into practical action to influence the development of policy and clinical practice.

Cancer Council NSW continues to be the largest funder of cancer research in the not-for-profit sector in our state. The full extent of our portfolio is detailed on our website – this report contains just a few illustrations and highlights.

In 2011/12, we funded \$15 million in research through our internal and external research program. This 7% decrease on last year largely reflects the completion of our NSW Clinical Trials partnership; however, the remainder of our research portfolio shows steady growth.

Advances in brain cancer treatments

Brain cancer is extremely hard to treat and is the leading cause of cancer death in people below the age of 39, and accounts for more than 30% of cancer deaths in children under the age of 10. There have been no significant improvements in long-term survival rates for glioblastoma, the most common and difficult-to-treat form of brain cancer, in more than two decades.

This year, we increased our commitment to **research targeting brain cancer** to \$4.1 million. Professor Philip Hogg at the University of New South Wales is targeting brain cancer in trials of a novel therapeutic agent that holds great promise to improve outcomes in this lethal form of cancer. The Australian Genomics and Outcomes of Glioma (AGOG) tissue bank, funded by Cancer Council NSW, has accumulated enough tissue specimens for their use in numerous clinical research projects, with a further four funding applications based on AGOG tumour samples currently under review with the National Health and Medical Research Council (NHMRC) and/or Cancer Australia. New funding provided under our Project Grants funding scheme allowed Dr Megan Chircop, Biomedical Researcher at the Children's Medical Research Institute, to make significant advances in her investigation of a new class of drugs which could ultimately be used to treat brain cancer. These new drugs – dynamin inhibitors, which work by interfering with cancer cell division – have reduced mouse brain tumours by more than 80%, with limited apparent side effects. The researchers hope that this new class of drug will perform better than existing chemotherapy drugs and have fewer adverse effects.

Understanding melanoma

Melanoma is the fourth most common cancer in Australia, and there are essentially no effective treatments for the advanced disease. Every year, more than 11,000 new cases of melanoma are diagnosed and there are more than 1,380 deaths from this cancer.

In June 2012, we contributed \$500,000 to the \$5.5 million **Australian Melanoma Genome Project**, a national research program that aims to identify the common genetic mutations that lead to melanoma, and to develop new treatments that will target the genetic characteristics of individual melanomas.

Led by Professor Graham Mann of the University of Sydney, and developed and coordinated by the Melanoma Institute Australia, the project brings together a national coalition of researchers from the Melanoma Institute Australia, the University of Sydney, the Westmead Millennium Institute, Royal Prince Alfred Hospital and the Queensland Institute of Medical Research.

Our investment augments the contributions of other key funding bodies, including the Melanoma Institute Australia, the NSW Ministry of Health and Biplatforms Australia, to take advantage of a unique opportunity to build on Australia's international leadership in this area and move the world closer to being able to prevent and cure melanoma.

Understanding barriers to diagnosis and treatment for Aboriginal people

Cancer is the second most common cause of death for Aboriginal people, who have a 60% higher rate of cancer mortality than non-Aboriginal people. For some cancers, such as cervical, oesophageal and kidney cancers in females, the mortality rate is three times higher for Aboriginal people.

Through our **Aboriginal Patterns of Cancer Care project** (APOCC), we are investigating the cancer journey for NSW Aboriginal people, in order to reduce the impact of a cancer diagnosis. We are investigating whether the increased mortality from cancer for Aboriginal people is due to lower treatment rates or later diagnosis compared to non-Aboriginal people – or both. In particular, we want to better understand the barriers that may contribute to Aboriginal people not receiving the best possible cancer care.

We have found the barriers to cancer diagnosis for some Aboriginal people include the stigma associated with a cancer diagnosis, and the view that cancer treatment and navigating the healthcare system are complex. Lack of accessible transport, accommodation and childcare, as well as limited access to radiation facilities, are also some of the practical obstacles highlighted.

The insight gained through this project will inform future work not only for Cancer Council NSW, but for government, health and community services across the country.

Cancer clinical trials in NSW

Clinical trials are a critical stage in the evaluation of the potential of new cancer diagnostics and treatments. Cancer Council NSW has played a pioneering role to support staff conducting multicentre trials in NSW, most recently through a five-year partnership with the Cancer Institute NSW. Our contribution constituted 18% of the annual costs of the NSW Clinical Trials Network.

With the conclusion of the partnership this year, Cancer Council NSW is now focusing its support of clinical trials through grants directed to specific trials in personalised medicine (PRIME Project Grant), and the design and establishment of specific trials, such as the IMPaCT Trial in pancreatic cancer.

We will continue to work collaboratively with the Cancer Institute NSW to explore ways to facilitate clinical trials which draw on the research capabilities and competitive strengths in NSW.

Collaborating across the world

Our research capabilities and reach are enriched by our Australian and international networks, with hundreds of collaborations with academics, organisations, networks and communities.

Cancer Council NSW has led the InterSCOPE Study, an international collaboration with researchers across nine countries, which this year suggested that there may be an association between certain forms of human papillomavirus (HPV) and oesophageal cancer.

Oesophageal cancer has a poor prognosis and is under-investigated in Australia. To remedy this, Cancer Council NSW funded the Progression of Barrett's Esophagus into Cancer Network (PROBE-NET) consortium more than \$1.25 million through our Strategic Research Partnerships funding scheme. This allowed Australia's four existing independent research groups with expertise in the area to combine their existing activities into a coordinated national endeavour to investigate the link between Barrett's oesophagus and oesophageal cancer. PROBE-NET has since evolved into a growing collection of over 4,400 tissue specimens from more than 550 patients.

We know that lifestyle factors including smoking and alcohol consumption are the main causes of the cancer. We also know that in some animals, papillomaviruses cause oesophageal cancer, but in humans the association has been unclear. Investigations will continue to discover more about the role of HPV in human cancer and the potential impact of the HPV vaccine in preventing not only cervical cancer, but also other HPV-related cancers. Currently, an international team led by Cancer Council NSW's Associate Professor Freddy Sitas and colleagues from the University of Sydney, the Australian National University and the German Cancer Research Centre, is undertaking investigation into the potential role of HPV in skin cancer.

Linking lifestyle with cancer risk

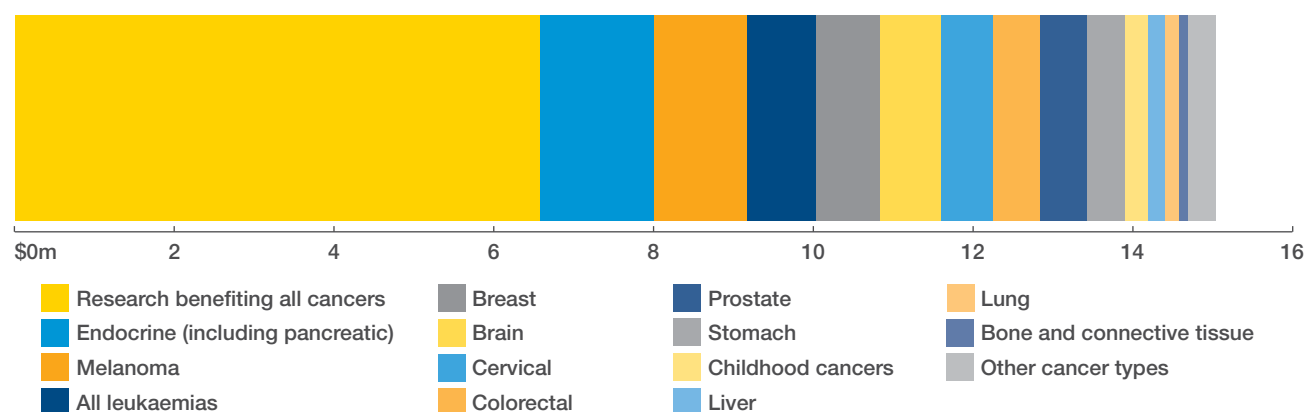
Excessive sun exposure, smoking, alcohol and obesity are all lifestyle factors that are known to lead to over one-third of all cancers. To better understand how lifestyle and genetic factors influence cancer, we are continuing the **Cancer Lifestyle and Evaluation of Risk (CLEAR) Study**. This will enable scientists to rapidly understand how genes discovered in the laboratory affect real-life risks in the population.

Looking ahead

In 2011/12, we undertook a feasibility assessment for establishing **Priority One**, a large-scale biobank that could become a permanent repository for the information and biodata collected through population health and clinical studies such as CLEAR, which will result in the most comprehensive database ever compiled on the lifestyle and genetic factors influencing cancer risk in the NSW community.

A biobank such as Priority One is an ambitious but vital piece of infrastructure. Estimated to cost around \$42 million, it will be a dedicated resource for research into cancer and other chronic illnesses in Australia and is becoming increasingly crucial for researchers in the 21st century. A capital fundraising campaign has been established to finance this resource, along with anticipated support from government, granting bodies and other potential partners.

Our research spend by cancer type



Strategic Priority 2

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

As many as a third of cancers are preventable by making cancer-smart choices as individuals and communities. Cancer Council NSW has particular focus on three key areas of cancer prevention: tobacco control, skin cancer prevention and nutrition/healthy weight, which are known to be the largest preventable contributors to the cancer burden.

Tackling tobacco

Smoking rates have declined significantly in Australia over recent years, down to 14.7% in NSW in 2011. Yet the most disadvantaged groups continue to smoke at very high rates – up to five times higher than the general population.

Cancer Council NSW's **Tackling Tobacco Program** partners with organisations that work with predominantly disadvantaged groups, such as community, social and welfare services, to help them incorporate smoking cessation into their work.

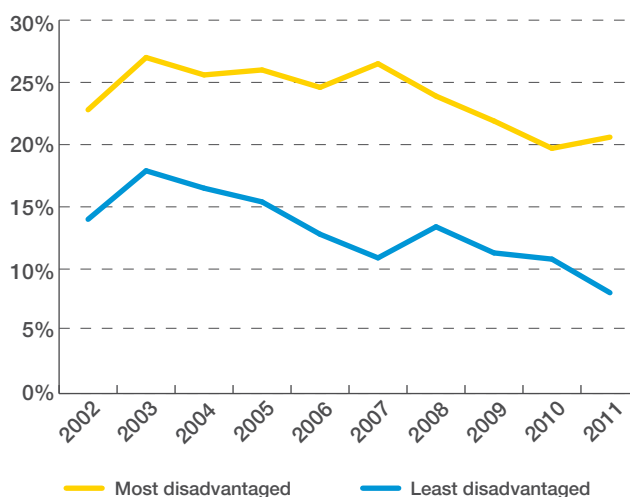
The program is now widely recognised for achieving a cultural shift in the sector, and highlights that addressing smoking in disadvantaged groups is a social justice issue. Tackling Tobacco was recognised for its success at the 2011 'Smoking: A matter of social justice' forum, which included representatives from a range of organisations, sectors and disciplines, united in a concern to do more about the impacts of smoking on disadvantaged and marginalised people.

Phase one of Tackling Tobacco was completed in 2011. Evaluation of the program demonstrated that the service providers recognise the harmfulness of smoking in the lives of their clients and the value of the program, and that clients are more receptive to receiving quit smoking support from a service they already know and trust.

Over the past year, Cancer Council NSW has extended the reach of our Tackling Tobacco Program by building new and strengthening existing relationships with more than 60 organisations throughout NSW. The program trained more than 180 service providers at 14 smoking care training sessions delivered across metropolitan and regional NSW.

As we move into phase two of Tackling Tobacco, we will focus on increasing the breadth of participation and depth of community service partner engagement in the program.

Trends in smoking by socioeconomic group in NSW (persons aged 16+)



Targeting skin protection messages

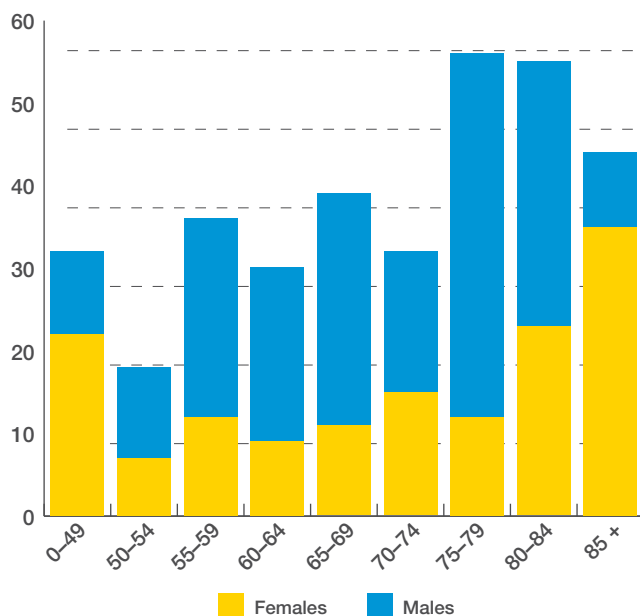
Two out of three Australians will develop some form of skin cancer in their lifetime. Cancer Council NSW is committed to reducing skin cancer rates through improved sun protection and the early detection of skin cancer.

We know that protecting children from overexposure to ultraviolet (UV) radiation significantly reduces their risk of skin cancer later in life. Our internationally recognised **SunSmart Program** supports childcare services and primary schools to develop and implement a 'best practice' sun protection policy, addressing 10 recommendations covering the environment, behaviours and information for the community.

In NSW, 80% of childcare centres and 46% of primary schools now take part in the program. While the rates of SunSmart childcare centres remain at a steady high, this year we achieved a record increase of 18% in the number of primary schools that have joined the program. While we continue to work with NSW primary schools to increase participation rates, our focus in childcare services is now on retaining and supporting our existing services, to ensure that they maintain these sun protection practices.

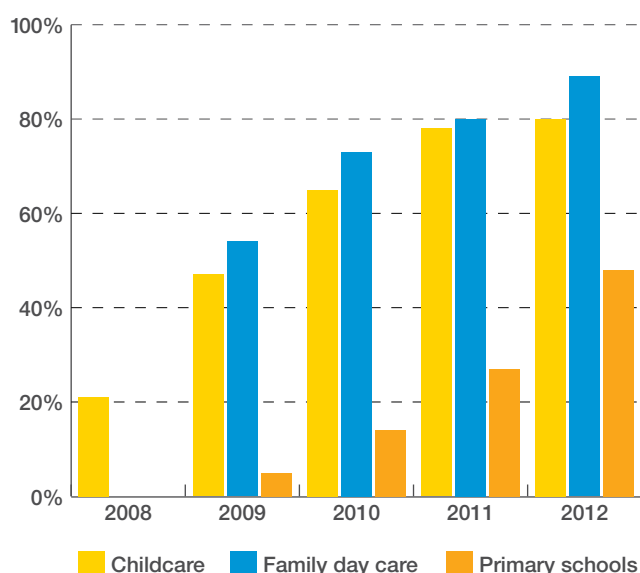
This year, we also ran a communications campaign, **Men Over 50**, which urged men in this age group to protect their skin and visit their doctor immediately if they notice any changes to their skin. Men aged over 50 are more than twice as likely to die from melanoma compared to women of the same age – and men aged over 55 are three times more likely to die from melanoma compared to women of the same age. This successful campaign reached a wide community audience through print media, online and social media, television and radio, including a partnership with 2GB. At the same time, we worked to raise greater awareness within the medical community through a partnership with the Australian Medical Association.

Number of mortality cases of melanoma by age group in NSW (in 2008)*



*Latest available data

Growth in SunSmart centres



Promoting better food choices

Cancer Council NSW aims to help prevent cancer and other lifestyle diseases through healthy eating. Evidence suggests a link between cancer and lifestyle factors, such as poor diet and being overweight. Currently, 61% of the Australian adult population and 23% of children in NSW are either overweight or obese.

In 2008, we began a pilot program in the Hunter Region, **Eat It To Beat It**, aimed at encouraging parents to eat more fruit and vegetables. Our evaluation of the program found that fruit and vegetable consumption increased by

half a serve per day among parents who participated in the 90-minute Fruit and Veg \$ense session, an amount that has been shown to deliver health benefits. With the demonstrated success of the pilot program, we will now be expanding Eat It To Beat It to additional areas in NSW.

As well as working directly with communities to improve nutrition, Cancer Council NSW campaigns on behalf of consumers to ensure that we all have access to better information about the nutritional content of the food we eat.

The Federal and State Health Ministers are currently investigating a **front-of-pack food labelling system**, and Cancer Council NSW has been providing advice on the best systems through participation in a government working group. Cancer Council NSW research into how consumers interpret on-pack nutritional information has assisted in this process.

Our research has found that terms such as 'energy', 'kilojoules' and 'calories' on food labels are not well understood by Australian consumers, and that there is misunderstanding around recommendations such as 'eat often' and 'eat moderately'. While front-of-pack food labelling that details nutrition information will help consumers make better food choices, we will continue to highlight that more consideration must be given to how this information is presented.

Reducing hepatitis B-related liver cancers

Despite being relatively uncommon in Australia, liver cancer is now the 10th most common cause of cancer death and is rising in incidence more rapidly in NSW than any other cancer.

Approximately 80% of liver cancer cases are causally related to chronic hepatitis B infection. Unfortunately, the vast majority of people remain asymptomatic until life-threatening disease complications arise – such as liver cancer, which occurs in approximately 25% of those infected. NSW residents born in countries where the infection is endemic (such as China, Vietnam, Hong Kong and Indonesia) are more likely to develop liver cancer than non-Indigenous Australian-born individuals.

The **'B Positive' Program** aims to reduce the number of hepatitis B-related liver cancers by working with the affected communities and their general practitioners to increase disease awareness, by testing for hepatitis B infection and through optimal follow-up and treatment to those with chronic hepatitis B. A chronic hepatitis B registry assists with regular patient follow-up. Since program inception, the awareness and treatment rates of hepatitis B treatment have increased significantly. Currently, treatment rates in the program area are the highest in the country, despite it having the lowest socioeconomic indicators in metropolitan Sydney.

Looking ahead

Our existing programs will continue to evolve and tackle new challenges over the upcoming year. The success to date of both Eat It To Beat It and Tackling Tobacco will see the programs expanded to improve their reach.

Strategic Priority 3

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

Cancer Council NSW plays a vital role in influencing legislation, public policy and public funding through advocacy that will help to reduce people's chances of developing cancer and improve services for those diagnosed with cancer in NSW.

Our advocacy programs enable members of the community to have an influential voice on cancer matters with key decision-makers, such as government and political leaders. Our advocates campaign for improved health policies, cancer care systems, research and funding.

Ensuring smoke-free outdoor areas

Smoking is the largest single preventable cause of death in Australia, killing more than 15,000 Australians a year. Exposure to second-hand smoke (inside or outdoors) increases the risk of cancer and other health problems. The vast majority of our community wants smoke-free outdoor dining – and 85% of the population does not smoke.

This year, our continuing campaign for the introduction of smoke-free public places and outdoor areas – especially where people eat and drink – achieved our major goals.

The Local Government and Shires Association of NSW formally endorsed our **Clear the Air** campaign, and at least 65% of local councils have adopted policies for smoke-free outdoor places – 26% of these include alfresco dining areas.

In October 2011, our Smoke-free Outdoor Areas Petition, containing over 12,000 signatures, was tabled in the Parliament of NSW, triggering parliamentary discussion on legislating for smoke-free outdoor areas.

In February 2012, the NSW Health Minister announced that new smoke-free legislation, covering children's playgrounds, sporting fields, covered bus shelters and taxi ranks, would be introduced in the spring session of Parliament in 2012. Smoke-free legislation for outdoor commercial eating areas will be introduced in 2015.

The introduction of this legislation is a significant win for the NSW community, and we will continue to work with the State Government to ensure that the new legislation is implemented as rigorously as possible.

Bowel cancer screening

Bowel cancer is the second most common type of cancer in both women and men – more than 13,000 Australians are diagnosed with the disease each year.

Cancer Council NSW joined Cancer Council Australia and our state and territory Cancer Council counterparts for **Get Behind Bowel Screening**, a national advocacy campaign urging the Australian Government to expand the National Bowel Cancer Screening Program to include screening for everyone over the age of 50 every two years.

In May, the Australian Government announced an additional \$50 million over four years for the National Bowel Cancer Screening Program. Our next priority is to ensure that the maximum numbers of eligible people participate in the program.

Solarium ban

In February 2012, the NSW Government announced that commercial solariums will be banned in this state from 31 December 2014.

Many Australians still mistakenly believe that a tan is a sign of good health and that solariums provide a safer way to tan than the sun. Research shows that people who use solariums before the age of 35 increase their risk of developing melanoma by 75% compared to people who have never used one, and the risk of squamous cell carcinoma is more than twice that of non-users, regardless of age.

Each year in Australia, as many as 280 new melanomas, over 40 melanoma-related deaths and some 2,500 new squamous cell carcinomas can be attributed to solarium use. Until the ban comes into effect, current government regulation of solariums will continue to apply to all commercial solarium businesses.

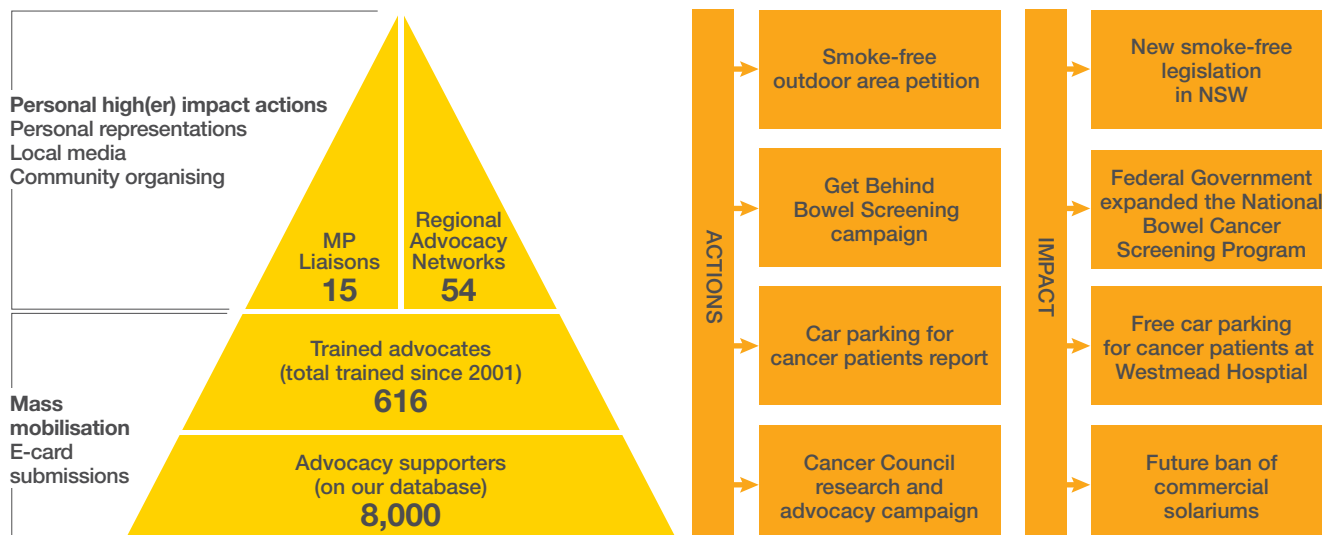
Improving practical issues for patients

Through our extensive community networks and the insights gained through Helpline and social workers in cancer treatment centres throughout NSW, we are able to identify the issues that impact on people with cancer and their carers.

One of the practical issues that we have long identified is car parking for cancer patients. Parking is a problem for many people attending hospital. However, it poses an extra challenge and large out-of-pocket costs for cancer patients experiencing the side effects of chemotherapy and radiotherapy, who need to visit hospital frequently and many times during the course of their treatment.

This year we released our **Car Parking for Cancer Patients in NSW** report, developed in conjunction with the University of Newcastle. The report surveyed 565 NSW cancer patients and 122 staff from 44 cancer centres. It found that difficulty with car parking facilities was the biggest practical problem for cancer patients when going through treatment.

Our advocacy supporter structure – led to big wins



Of the cancer treatment centres surveyed, 49% had no dedicated parking for cancer patients. Our report made a number of recommendations for Local Health Districts, cancer treatment centres and health infrastructure planners and managers, urging them to consider and revise the accessibility of car parking for cancer patients.

The work of our community advocates this year has already resulted in dedicated free car parking for cancer patients at Westmead Hospital, while Liverpool City Council has agreed to dedicate 10 free spaces at Warren Serviceway car park for cancer patients and their families.

Fighting for healthy food choices

As a part of our ongoing commitment to helping people make healthy food choices, we look for innovative ways to assist individual community members to get their voices heard.

Many parents struggle with the high levels of junk food advertising on television, particularly during family programming. In February 2012, Cancer Council NSW launched **Fat Free TV**, a counter-ad campaign and online tool that helps parents reduce their child's exposure to junk food advertising by identifying which television programs contain the highest or lowest number of these ads. Amongst those programs identified as having the highest 'Junk Rating' were sports programs, prime-time reality programs and Saturday night family movies.

As a result of the campaign, more than 240 people contacted television networks and 788 supported the call for Fat Free TV via our online petition.

Unite 4 Change – inspire, learn and act

In May 2012, Cancer Council NSW held **Unite 4 Change**, a free, two-day event that brought together 120 community members committed to defeating cancer.

Advocates attending Unite 4 Change were inspired by others involved in community cancer campaigns, learned about current advocacy issues in cancer, and set the direction for the first Cancer Council NSW advocacy campaign for 2012/13 – sun protection in primary schools.

A highlight of the program was the opportunity to connect each of the community advocates with 33 NSW Members of Parliament (MPs) at Parliament House, demonstrating that community members care about cancer issues. We also used the opportunity to provide the decision-makers with information about Cancer Council NSW's new advocacy agenda for cancer control. A number of MPs have since spoken in Parliament about our sun protection campaign, or made representation to the Minister for Education on our behalf.

Looking ahead

Through our **Unfinished Business** campaign, we are calling on the NSW Minister for Education to issue an updated, comprehensive sun protection policy that will be required to be implemented by all public primary schools. The NSW Government's existing sun protection guidelines have not been updated since 1997, and do not reflect 'best practice' sun protection measures.

Introducing stronger safeguards for tobacco retailing is another imperative, to further reduce the impact of tobacco. Despite their danger, tobacco products remain more widely available than any other consumer product in NSW. This ready availability of tobacco reinforces smoking and makes it harder for those trying to quit. We believe a tobacco retail licensing scheme would be an important first step to boost efforts to reduce the impact of tobacco retail on sustaining smoking rates in NSW.

Strategic Priority 4

To ensure no one faces a cancer diagnosis alone

Cancer Council NSW is there for people who have questions about cancer, who have been diagnosed with cancer, or who are undergoing treatment.

We offer a range of tailored information and programs that provide counselling, support groups and practical help for people with cancer, and their families and carers.

Accessing information at the right time, at the right place

Cancer patients, their carers and their families can now be better connected with information and support services, through **Cancer Council Information Centres** within hospitals and treatment centres around NSW. This year, we opened new centres at the Illawarra Cancer Care Centre in Wollongong, the Bourke Street Health Service in Goulburn and The Tweed Hospital in Tweed Heads. We also extended our presence at Liverpool Hospital with the addition of a satellite site to the existing centre.

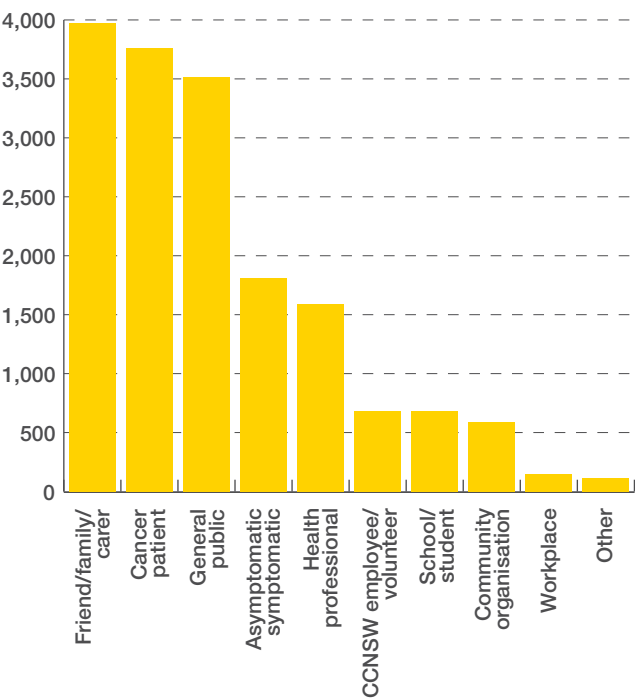
Staffed by specially trained Cancer Council NSW volunteers, the 12 centres across metropolitan and regional NSW provide a place for patients, carers, family members and friends to go to discuss their individual situations. Although it is not a professional counselling or medical service, the volunteers offer social support and help visitors navigate a range of cancer information and support resources and services available from Cancer Council NSW and within their local community. During the past 12 months, the volunteers have assisted more than 6,000 visitors.

This year almost 17,000 people called our **Helpline**, which remains a key hub for our cancer support proposition. People experiencing cancer and their families make up 22% and 24% of callers respectively. Helpline is an accessible way for people to find out more about cancer and available support services.

Although we know that many people now turn to the internet to answer basic queries about cancer-related facts, 38% of our calls are general inquiries with questions such as “Is cancer hereditary?” or “I have a lump – do you think it’s cancer?”.

For Cancer Council NSW, our Helpline is not only a service that we offer, it is a source of consumer insight and continues to inform the development of our practical support and advocacy programs, by identifying key areas of unmet needs and issues affecting people with cancer and their families.

Who called our Helpline?



Providing practical support

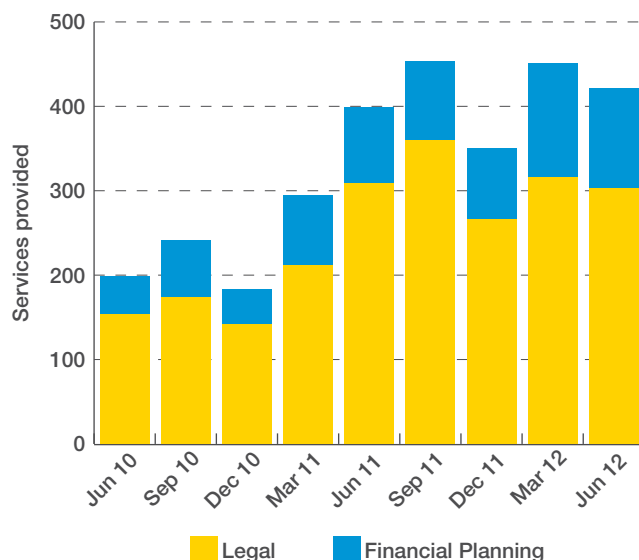
Cancer Council NSW provides a number of practical support programs that help people who have been diagnosed with cancer, and their families, carers and friends, deal with issues and difficulties flowing from a cancer diagnosis. One of the practical ways that we offer help is through financial and legal assistance.

We connect people affected by cancer with a lawyer or financial planner who is able to help across a range of issues. In order to ensure that these services meet the needs of our wider community, interpreting services are available.

This year, 1,003 people accessed our **Legal Referral Service** for assistance with Wills, accessing superannuation, insurance claims and disputes, employment issues, mortgage hardship and other legal matters.

Our **Financial Planning Referral Service** provided advice to 565 people on financial issues, such as applying for Centrelink benefits, planning for retirement, managing debt, accessing superannuation and claiming insurance. Our Legal and Financial Planning Referral Services are now also being extended across Australia in collaboration with other state and territory Cancer Council colleagues. Under this arrangement, Cancer Council NSW will continue to coordinate all referrals in other states.

Growth in pro bono legal and financial advice provided



No-interest loans

When experiencing cancer, it is not uncommon for people to give up work either temporarily or permanently. Often carers and family members also cease work or reduce their hours. This coincides with increased costs for doctors visits, medication, and travel to and from appointments.

No-interest loans of up to \$1,200 are available through Cancer Council NSW, supported by the National Australia Bank. These loans are designed to help people affected by cancer pay for household goods and other specific items they need. As the name suggests, no interest or fees are charged on these loans. The loan term is normally 18 months.

Cancer Council NSW has provided 38 loans since the program was established in January 2011. Although only a small program, the benefit to individuals – alleviating some of the financial impact of a cancer diagnosis – is enormous. To date, eight loans have been completely repaid and many more are currently in the process of being paid back. We anticipate that there will be an increasing need for such loans once their role and value are recognised more widely.

Cancer and work

Over 40% of new cancer cases in NSW occur in people of working age, and it can be difficult for employers and workplaces to know how to manage and support **employees affected by cancer**.

Following focus group research with employers from organisations of all sizes, Cancer Council NSW developed a series of fact sheets to assist managers and human resources professionals when a staff member is diagnosed with cancer or becomes a carer for a loved one with cancer.

The 10 fact sheets are available to download from Cancer Council NSW's website and provide information about cancer, treatment and side effects, and outline practical suggestions for making workplaces more cancer-friendly.

These new employer resources complement our *Cancer, Work and You* booklet for employees affected by cancer, and our Working Beyond Cancer workshops.

When treatment has finished

Cancer and its treatment can bring a host of practical challenges, from changes in appearance and body function to managing the emotional and social impacts. As cancer survival rates are increasing – 5-year cancer survival rates are now at over 64% in NSW – Cancer Council NSW appointed a dedicated team this year to develop programs to increase our support for those surviving cancer.

Our program **Living Well After Cancer** utilises the lived skills of trained cancer survivors and carers who volunteer their time to deliver a free three-and-a-half-hour community education program that aims to name and normalise survivorship, and offers practical information and open discussion for cancer survivors, carers, family and friends. Over 2,300 participants have attended the program across NSW since it began in 2008, with a satisfaction rate of 85%.

Looking ahead

The insight provided through calls to our Helpline and input from counsellors has highlighted the need for greater practical support for employees and small business owners. These are now two priority areas for Cancer Council NSW, and next year our pro bono programs will be expanded to include human resource advisers and assistance for small business owners.

Strategic Priority 5

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

More than 160,000 people supported Cancer Council NSW throughout 2011/12 by generously donating to our cause. We are 96% community funded, through our events, campaigns, face-to-face fundraising, retail stores, bequests and investments. Our portfolio includes some of Australia's most recognised and iconic cancer fundraising events, such as **Daffodil Day** and **Australia's Biggest Morning Tea**.

Our fundraising program not only supports the growth of our research, health promotion and practical support programs, it also offers the community the opportunity to contribute to our work through donations, fundraising and participation in our events.

Addressing challenges and opportunities in fundraising

Our gross revenue for 2011/12 was \$71.5 million, an increase of \$4 million or 6% on the previous year. This increase is predominantly attributed to standout results in our bequest program, which exceeded budget by \$3 million or 27%. We have seen an encouraging trend of modest growth in the number of bequests each year, attributed to our reputation in the community and the increasing profile of the collaborative 'Include a Charity' campaign.

Our economy has continued with some uncertainty this year, presenting challenges in generating revenue increases. We have experienced a reduction in the rate of revenue growth. This year, the increase in net fundraising would not have been achieved without bequests. Net income from general fundraising actually declined 1.5% net from the previous financial year – the first net decrease in many years.

Direct mail appeals declined for the third consecutive year, falling short of budget by 10%. Significant new acquisition work continues in this area, with a specific focus on online channels to reverse this trend in future years. Combined with new initiatives in operations and donor retention, the appeals program is being managed to regain momentum in 2012/13.

Continued strength in face-to-face fundraising

Through the generous support of our 43,000 regular givers, our Breakthrough program generated \$14.8 million in 2011/12, 33% of total fundraising income (excluding bequests).

Regular giving programs provide us with the opportunity to make long-term commitments to our research and programs, as they provide a steady and reliable income stream. In 2011/12, this channel continued to attract a small amount of negative publicity for the sector, yet it has been one of the greatest successes for Cancer Council NSW at a relatively low cost:income ratio – 19% in 2011/12 – ensuring a net contribution of almost \$12 million to research and support services.

Face-to-face fundraising, where third-party agencies undertake fundraising on our behalf, is key to the success of this program, as it is a cost-effective way to fundraise with operating expenses only incurred once long-term pledges are achieved.

Challenges and opportunities for established fundraising events

Maintaining high profit margins on well-established events in a competitive and changing market is a continual challenge, with 2011/12 seeing a few of our long-standing events experiencing decreases in net revenue.

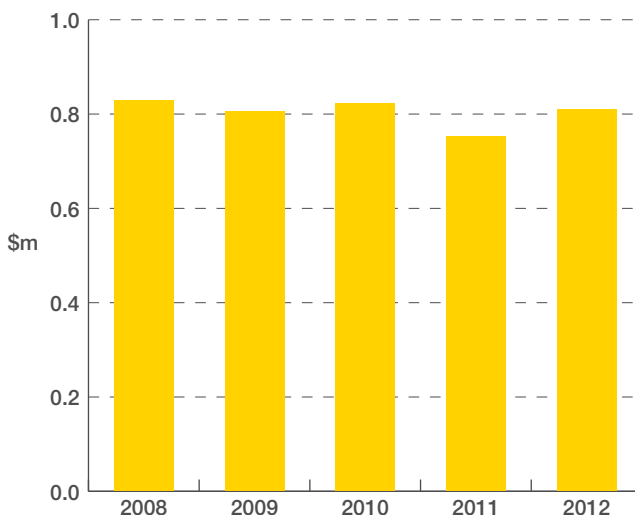
Daffodil Day has been a great success story for Cancer Council NSW over its 26 years, and raised a further \$1.9 million net in 2011/12. This result, however, was a decrease of 12% on 2010/11 and highlights a need for innovation to achieve future growth.

Pink Ribbon Day and Pink Ribbon events raised a combined net \$1.3 million in 2011/12 – a decrease of 16% on 2010/11. The third consecutive year of decreases for Girls' Night In led to the strategic decision to amalgamate this event within the Pink Portfolio for future years.

On a more positive note, Australia's Biggest Morning Tea, this year in its 19th year, raised a net \$3.6 million – an increase of 2.9% on 2010/11.

Collaborative working groups were formed for each of our major events during the year, drawing on the varied and complementary skills of staff across the organisation to analyse past performance and plan for the future. Results from these groups were encouraging, with each identifying potential growth opportunities. Our strategies have been well informed by the work of these groups, with revisions made for our mature events – Daffodil Day, Australia's Biggest Morning Tea and the Pink Ribbon portfolio – to secure their future as profitable contributors to Cancer Council NSW's mission.

Fundraising \$ per fundraising FTE* (includes bequests)



*FTE = Full-time equivalent staff member

Successfully connecting with communities through fundraising

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 2011/12, more than 3,200 community events were held in NSW, raising a net \$2.1 million – an increase of 16% on 2010/11.

We are very grateful to two major events who have chosen Cancer Council NSW as their charity – Tour De Cure and Sh*tbox Rally. Both events are continuing to raise valuable funds to support Cancer Council NSW's mission, with continued growth in Sh*tbox Rally expected in the years to come.

Support for our **Relay For Life** events this year was beyond expectations. With Relays held in 58 local communities across NSW, there were 48,000 participants, 3,969 teams and 2,225 cancer survivors involved. Thanks to the generosity of the community, the events raised a net \$4.9 million – a massive increase of 36% on 2010/11. It is a testament to volunteer-based Relay committees, teams and local Cancer Council NSW staff that this record result was achieved. Significant investment is planned in 2012/13 to revamp the Relay For Life website and expectations at this stage are for a slight drop in net income from this year's result.

Whilst the costs of running 58 Relay For Life events are classified entirely as fundraising costs, the events are an excellent way of delivering on our mission, connecting with, and involving the community in our research, prevention, support and education programs.

Challenges in retail sector

Our retail stores made a \$0.8 million net profit, which was a good result in challenging circumstances with a second successive year of La Niña weather conditions. The 2011/12 retail income of \$7.1 million was 3% lower than last year.

We rely on our summer sales of sun and skin protection products for this income stream and our sales records demonstrate that the weather is the strongest influence on sales, particularly in the summer months. With current predictions that La Niña is in decline, our sales forecasts are positive. However, we are mindful that current worldwide economic and retail trends may continue to impact on our sales.

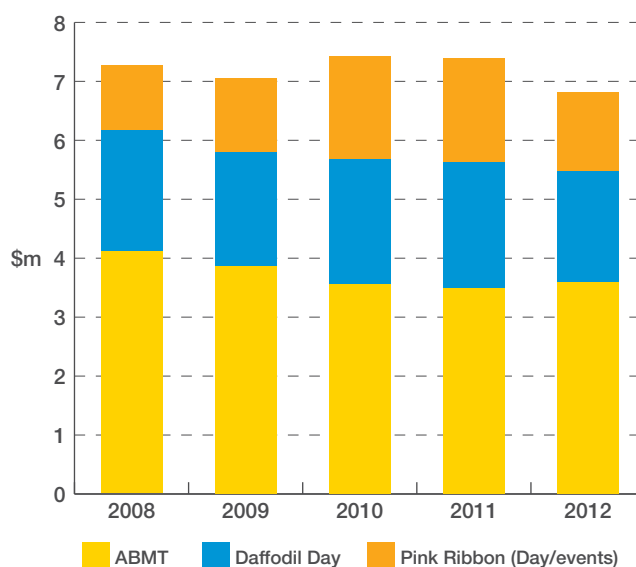
To ensure that our customer service standards within our retail stores are high, this year we undertook customer service analysis using mystery shopper survey company Retail Services 2000. We received an outstanding customer service standards score of 92%.

Our retail profits make a significant contribution to funding our melanoma and skin cancer programs, with almost \$11 million raised over the last 10 years. Over the same period we have sold and distributed more than **3 million sun protection products** to the NSW community.

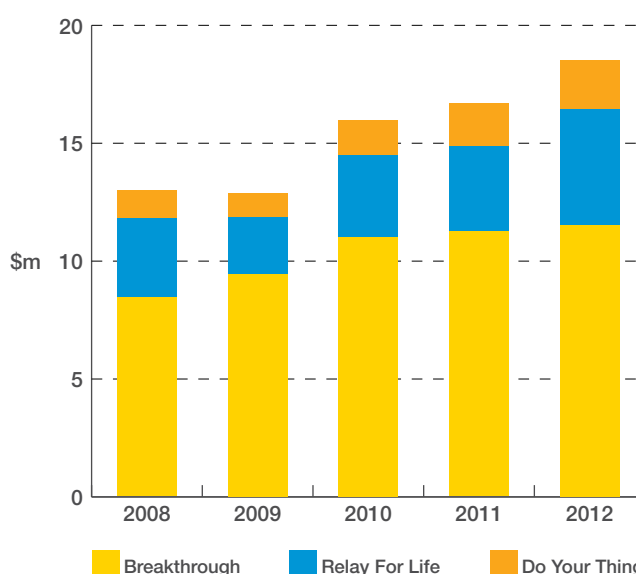
Looking ahead

As we move closer towards implementing a Constituent Relationship Management system (covered on page 26) we will be better able to understand and connect with our many and diverse stakeholders. Understanding how our supporters connect with us will allow us to better analyse our fundraising programs and make improvements to maximise cost-efficiencies.

Mature income streams (net income)



Growth income streams (net income)



I founded Sh*tbox Rally in 2010 after losing both my mother and father to cancer just 12 months apart. Mum's cancer started off as bowel cancer whilst Dad's was located in the prostate and then later spread to the bones. My younger brother Ben and I nursed them both through several rounds of treatment up until the last stages of their lives.

Mum died before Dad and so when Dad died, I guess I was a little lost. I needed to find something, a project, an adventure, and whatever it was, it had to be big and it had to excite me. Really, it had to bring the life and fun back.

I came up with the concept of Sh*tbox Rally as a fundraising event benefiting Cancer Council NSW, challenging teams to raise money driving rust bucket cars through some of the roughest roads in Australia. Every year, participation is growing, with 140 vehicles and 328 people involved in just the last rally. Most people take part because they have been impacted by cancer either directly or indirectly and are moved to make a difference in a way that appeals directly to them.

Before the first rally I couldn't even say "Mum" or "Dad"; I couldn't look at photographs of them. The rally was the first time that I could actually talk about them, and it was incredibly hard but it was great because I love them so much and I want to be able to talk about them. I like to think the rally helps others heal too.

I always find that if you're entertaining people, then people will happily hand over money to be entertained, and really that's what fundraising is about. When you're doing something that appeals to you and to other people, it's always going to work. With just some drive and enthusiasm, anyone, *anyone* can fundraise.

James Freeman
Director, Sh*tbox Rally

Events like Sh*tbox Rally are a vital fundraising component for Cancer Council NSW, raising over \$900,000 in 2012 alone. This brings the total raised to over \$1.7 million since its launch three years ago.

By understanding and embracing the philosophy that people have diverse interests and engage with the cancer cause in different ways, Cancer Council NSW is able to provide varied avenues and opportunities so that the community can come together to fundraise, make a difference and positively change the lives of those touched by cancer.



Use your QR reader to
watch James's story or visit:
www.beatcancer.cancercouncil.com.au



"BEFORE THE FIRST RALLY I COULDN'T EVEN SAY "MUM" OR "DAD"; I COULDN'T LOOK AT PHOTOGRAPHS OF THEM. THE RALLY WAS THE FIRST TIME THAT I COULD ACTUALLY TALK ABOUT THEM, AND IT WAS INCREDIBLY HARD BUT IT WAS GREAT BECAUSE I LOVE THEM SO MUCH AND I WANT TO BE ABLE TO TALK ABOUT THEM."

JAMES

How you can contribute

Call us on 13 11 20

Volunteer with us

Our volunteers are exceptional people who generously give their time, skills, and 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.

Find out more about opportunities for you or your organisation to volunteer with us by emailing:

volunteervacancies@nswcc.org.au

Join a Relay For Life

Relay For Life is a unique 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.

Register a team or join an existing event at:

www.relay.cancercouncil.com.au

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.

Please note that not all study participants need to be cancer patients. Register at:

www.cancercouncil.com.au/joinastudy

Call our Helpline

For information about any aspect of cancer, our Cancer Council Helpline is an excellent starting point. 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. Call us now on:

13 11 20

Join a fundraising event

Hosting or joining a fundraising event is a fantastic way to raise funds to help defeat cancer and have a great time with your friends, family or work colleagues. More than 28,000 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 and Pink Ribbon Day to name a few.

To find out when and how you can get involved, visit:

www.cancercouncil.com.au/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. To sign up as a regular giver, visit:

www.cancercouncil.com.au/donate

Visit us online

To get informed, get support, get involved or make a change, visit:

www.cancercouncil.com.au

Campaign with us

Simple actions by individuals can lead to big wins in our communities. Learn more about our current advocacy campaigns and opportunities to get involved – you Can Act and make a difference by visiting:

www.canact.com.au

Remember us in your Will

You can help us beat cancer by including a gift in your Will to Cancer Council NSW. 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 us by emailing:

bequests@nswcc.org.au

Online communities

Join us on social media – Facebook, Twitter, YouTube and more. Ask us a question, share your story, see what we are up to and the difference we are making. From healthy eating tips to finding out how you can take part in our events; from seeing the difference your donation makes, to locating cancer screening centres in your area – our online communities cover it all.

www.cancercouncil.com.au/social

For more information

To find out how you can contribute to our mission to defeat cancer, visit:

www.cancercouncil.com.au

Impact: Connecting with communities across NSW

There are over 7 million people in NSW and around 1 in 2 of these will develop cancer in their lifetime. This year alone, more than 36,600 people in NSW will be diagnosed with cancer.

Cancer Council NSW recognises and celebrates the diverse communities that are found across our state. We work to ensure that our programs meet the needs of our communities, and identify and embrace the opportunities and challenges that this brings.

Engaging with regional communities

With 10 regions across metropolitan, regional, rural and remote NSW, the on-the-ground Cancer Council NSW staff and our committed volunteers and supporters within each of these areas are best placed to understand the distinct needs of their particular community. Our connections throughout these vast regional networks enable us to offer services, programs, support, events and fundraising engagement at a local level.

Some of the ways we do this are through our:

- **42 Community Cancer Networks** which foster connection between the local community and Cancer Council NSW to identify local issues, develop strategies, support people and deliver information and programs
- **9 Regional Advisory Committees** made up of general practitioners, health professionals, local government representatives, business representatives and community members, who provide local context and advice on our regional strategic direction
- 66 partnerships with other organisations formalised through agreements or Memorandums of Understanding.

One of our biggest challenges lies in connecting with remote communities, where distance, limited access to health and community services and no access to Cancer Council NSW outlets prove to be obstacles.

Our on-the-ground advocacy networks are responsible for bringing about real change to their communities. This year, some of our local advocacy highlights include:

- An agreement for expansion of the lymphoedema services at Royal North Shore Hospital through a collaboration with the Northern Sydney Lymphoedema Support Group
- Tackling the issue of parking at Westmead Hospital – free and dedicated parking for cancer patients is now being implemented at the hospital. This initiative arose from our review of parking across the state (see pages 14–15)
- The development of the North West New England Cancer Treatment Centre – this is currently underway following a sustained campaign by community advocates to bring radiotherapy services to Tamworth.

Cancer Voices

For 12 years, we have worked in partnership with Cancer Voices NSW, which provides an independent voice and works to improve the cancer experience for people diagnosed with cancer.

This partnership has provided many areas for collaboration, such as training, research projects and review panels, and the linking of Cancer Council NSW with Cancer Voices NSW consumer representatives to ensure they have the opportunity to provide input into our work. In return, we provide administrative support and services for Cancer Voices.

Sydney Alliance

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

In September 2011, 65 Cancer Council NSW staff and representatives attended the Sydney Alliance Founding Assembly. There were 2,500 members from across the partner organisations in attendance to ratify their commitment to bringing about change by presenting a united voice and engaging corporations, media, government and politicians to work with the group.

Cancer Council NSW values our membership with Sydney Alliance and its partner organisations, and all that we are able to learn from each other, along with the connections that this facilitates.

Engaging with culturally and linguistically diverse communities

Cancer affects people from all backgrounds and Cancer Council NSW has long held a commitment to engaging with culturally and linguistically diverse communities across NSW. This is done by developing the resources, programs and partnerships needed to increase our reach into all NSW communities.

One-quarter of our state population was born overseas and for many people, language remains a barrier to accessing information and services. This year, we focused on making our information resources more accessible to culturally and linguistically diverse communities.

We now have a **multilingual website**, featuring seven language groups: Arabic, Chinese, Greek, Italian, Spanish, Macedonian and Vietnamese. These same language groups can now access fact sheets across 23 topics, including the *Understanding Cancer* series, coping with cancer, and work and cancer.

This year Cancer Council NSW won the Community Relations Commission 2011 National Multicultural Marketing Award for our success in increasing the number of culturally and linguistically diverse participants in **Australia's Biggest Morning Tea**. No longer just 'a cuppa and a biscuit', this event now features chai, lassi and green tea, accompanied by prawn dumplings, rice paper rolls or fresh hummus.

Two of our pancreatic cancer resources were recognised as winners of the NSW Multicultural Health Communication Awards 2011. Both the *Understanding Pancreatic Cancer: You are not alone* booklet and DVD were translated into Arabic, Chinese/Mandarin and Vietnamese.

As well as ensuring that our information and services are accessible in other languages, Cancer Council NSW also works with groups within our community to extend our reach and discover how we can work together to connect with and support each other.

We have a formal partnership with the Chinese Australian Services Society (CASS) which has been running for over three years, providing access to information and support for staff and community members. This partnership has worked together on the development and delivery of an obesity and cancer prevention program and the **SunSmart Program**, and the association supports some of our key fundraising events, including **Australia's Biggest Morning Tea** and **Daffodil Day**.

Our teams in the Central and Southern Sydney and the Greater Western Sydney Regions have engaged with the Australian Tamil Seniors' Association to assist them to develop an action plan on how they can drive a cancer prevention and advocacy agenda. This has been helped by the **Regional Grants Program**, which provides small amounts of funding – up to \$3,000 – to develop local initiatives to reduce the impact of cancer in the community.

Working with Aboriginal communities

In 2010, Cancer Council NSW established an Aboriginal Engagement Strategy Group, a working group of staff to develop and implement initiatives to improve the way we engage with Aboriginal people.

Our **Aboriginal Patterns of Cancer Care project** (APOCC) has already identified the disparity in cancer outcomes for Aboriginal and non-Aboriginal people, and barriers to early diagnosis and treatment (see page 10). Cancer Council NSW is committed to Aboriginal health and engagement, and is determined to help close this gap.

Over the past year, we have been developing a **Reconciliation Action Plan**, using a nationally recommended model from Reconciliation Australia. This plan outlines specific actions, through which we will:

- Increase the cultural competence of our employees and volunteers
- Develop relationships and strategic partnerships with Aboriginal communities in the interests of cancer control
- Attract and retain Aboriginal staff
- Support culturally appropriate and relevant programs – including locally led and developed programs – to improve cancer outcomes for Aboriginal people.

The Reconciliation Action Plan will reinforce and strengthen the work we already undertake in Aboriginal communities:

- Working with the La Perouse Aboriginal Community and participating in a **'Back 2 Basics Back 2 Health' Closing the Gap event** held in Sydney's Royal National Park. The event brought together men from across the generations to celebrate their culture and to share an interest in improving their health and wellbeing
- Partnering with Brewarrina Primary Health through the provision of a **Cancer Council NSW Regional Cancer Control Grant** to help develop and promote a culturally appropriate cancer education program for the primarily Aboriginal community
- Delivering a series of **Cancer Yarn Up sessions** for Aboriginal men and women at Wallaga Lake, in partnership with the Aboriginal Health and Medical Research Council.

Our Reconciliation Action Plan was developed after considering contributions and suggestions from 24 Yarn Up sessions that were held over several months in 2011 throughout NSW, from Ballina and Brewarrina to Wollongong and Wagga Wagga. These sessions brought together 278 people, including Cancer Council NSW staff, volunteers and community members, to discuss ideas about how we might change the way we do business in relation to Aboriginal engagement and address Aboriginal cancer issues.

Nearly 50% of the participants were from other organisations and committees, at least 60 participants were Aboriginal, and a total of 32% of Cancer Council NSW staff took part.

Over 900 ideas were generated through these sessions, and these form the basis of the Reconciliation Action Plan, which will be launched in the second half of 2012.

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 being promoted through the media, social media, online or other organisational communication channels.

Increasing our share of voice

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.

Some of our results in 2011/12 included:

- Cancer Council NSW was **the leading cancer voice in NSW**. Our share of voice remained steady at 13%.
- We achieved 12,562 articles – an increase of 782 compared to the previous financial year.
- Our audience reach decreased slightly, down from 1.6 billion in 2010/11 to 1.5 billion.
- The value of coverage achieved was \$34 million, down slightly from \$34.7 million in 2010/11.
- We reached over 709.8 million households, which is a decrease from 736.4 million in 2010/11.

A spike in television coverage in May 2011 contributed to a higher increase in households and audience reach for the financial year 2010/11. We achieved more media articles in 2011/12, but as there wasn't an extraordinary high television spike in an individual month this year, household and audience reach fell very slightly. However, overall Cancer Council NSW coverage and share of voice are up on the previous financial year.

Harnessing the power of social media

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 2011/12, our social media capacity expanded significantly:

- The official Cancer Council NSW **Facebook page** grew by nearly 80% (from 1,758 to 3,168 fans).
- Cancer Council NSW's **Twitter** presence increased by 67% (from 3,499 to 5,834 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 33,552 members. We also have 1,471 Twitter followers for Do Your Thing. During the next year, we will be investigating ways to monitor and benchmark social media more accurately, to increase our ability to engage and connect with communities in this way.

We are 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.

Developing our online presence

We launched our new **Cancer Council NSW website** in January 2012. Significant improvements in design and navigation on the new site have enabled us to deliver our support and prevention content in a much more user-friendly format, as well as to effectively promote our services and fundraising activities.

Since the launch of the new website, the number of visits to the site has increased by 26% year-on-year and the number of pages visited has risen by 57%. We frequently receive positive feedback regarding the quality and quantity of the cancer information we provide online.

For the period 16 January – 30 June 2012, there was a total of 300,576 visits to the site from 216,282 unique visitors, with 1,126,859 page views.

This year saw the launch of the monthly Cancer Council NSW **Hope e-newsletter**. Still in its evolution, the *Hope* e-newsletter will become the main way that we update all our supporters on the progress we are making in our mission to defeat cancer. The newsletter will link in with our social media and website assets, and cover the news from the spectrum of Cancer Council NSW's mission delivery. With the introduction of the new Constituent Relationship Management (CRM) system, this newsletter will become increasingly tailored to individual constituent groups.

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.

In January this year, we also launched **Hope – Turning the Page on Cancer**, an online infographic campaign that helps people better understand what causes cancer, learn ways to prevent it and commit to a healthier lifestyle at the touch of a button. Designed to dispel cancer myths and reveal evidence-based facts on what causes cancer, primary risk factors and the five pillars of prevention, the information is followed by a call to action asking users to publicly declare – via Facebook and Twitter – the cancer risk factor they will commit to reducing this year.

In February 2012, the campaign was recognised by global advertising industry website Best Ads as the best interactive campaign for that month.



Use your QR reader to view
the Hope campaign or visit:

www.cancercouncil.com.au/hope

Reporting transparently

^{PwC}
Transparency
awards



Winner 2011
> \$30m revenue category

Cancer Council NSW was pleased to be recognised as the winner in the revenue greater than \$30 million category in the 2011 **PricewaterhouseCoopers Transparency Awards** for the quality and transparency of our reporting.



We were also recognised with a silver award at the **Australasian Reporting Awards** and highly commended runners-up in the special award for communications in the not-for-profit sector for the second year. As there were no gold award winners from the not-for-profit sector, this was a wonderful achievement.

Impact: Systems and infrastructure

At Cancer Council NSW, we recognise that we are at our most efficient when we have the systems and infrastructure that allow us to operate at our best – and we have undertaken a number of improvements over the last year.

Understanding and supporting our constituents

The implementation of a new **Constituent Relationship Management (CRM)** system is underway, with our Helpline and telephone support groups now using phase one of the new system. We are now undertaking the significant process of mapping data and planning the implementation across additional areas of the business for rollout over the coming two years.

Although a project of this size is a significant investment, it will increase our operational efficiencies and enable us to identify and execute strategies for sustainable growth. We will benefit from the more complete picture of our constituents, communities and stakeholders once the system is fully implemented.

Consolidating our finance systems

We conducted a thorough tender to replace our soon-to-be-obsolete accounting software, and Technology One Business Solutions was selected to support and drive Cancer Council NSW operations into the future. Major benefits of the new software include system-enforced internal controls and the consolidation of multiple systems into one integrated solution. Implementation is underway and has been used as an opportunity to review and streamline all of our accounting business processes and to move towards electronic workflows that minimise the use of paper.

Finding cost savings through ongoing review

This year, we undertook a review of our workers compensation insurance. A select group of brokers was invited to present ways in which we could improve our management of this growing expense. AON was appointed to work with Cancer Council NSW to reclassify our employee classification categories. As a result of this review, Cancer Council NSW has realised savings of over \$0.5 million for the last two financial years, with further savings to be achieved in future years.

Improving operational efficiencies

Cancer Council NSW conducts an annual benchmarking exercise to review and analyse performance against other state and territory Cancer Councils. Significant enhancements were made to this year's benchmarking exercise, with recommendations made to our Board and management teams on how we can work better with other Cancer Councils, learn from their wins and improve the efficiency of our operations. Some outcomes from national collaboration include NSW being appointed the lead state for cancer information publications and Victoria being appointed the lead state for online retail sales.

Compliance and fraud

A review of our Fraud Policy was conducted during the year, to ensure our position of zero tolerance for fraudulent and dishonest behaviour is clearly understood and communicated.

Whilst we did not achieve our goal of full compliance with Payment Card Industry Data Security Standards (PCIDSS) by 30 June 2012, we made significant progress, addressing the high-risk areas for credit card fraud. Our PCIDSS team convenes fortnightly to ensure continual progress in order to meet the revised deadline of 10 December 2012.

Sustainability and our environment

Steps were commenced this year to adopt a formal Environmental Sustainability Policy and Strategy. This will build on the individual controls taken over recent years to minimise energy consumption within our premises and facilities. A greenhouse gas assessment will be carried out to measure our 'carbon footprint', providing a basis for more analysis on whether to take further steps concerning our impact on the natural environment.

Sustainability and environmental performance have been a focus for Cancer Council NSW over a number of years, including a commitment to re-using and recycling office resources and waste. Our energy consumption through lighting and mechanical services is minimised by time-automated devices.

Impact: Our people

It is the commitment of our staff and volunteers to our vision, cancer defeated, that propels the growth and influence of Cancer Council NSW.

We have 374 permanent staff, around 6% growth on 2010/11. We have 36,312 volunteers, which includes 33,845 people who generously donate their time for events, research and other projects, and 2,467 registered volunteers who work alongside our staff performing specific roles. Our registered volunteers provide the backbone to many of our operations and programs.

Our staff and volunteers embody Cancer Council NSW's values: courage, collaboration, independence and forward thinking. These four values drive our workforce to excel in their work and strive to achieve our Strategic Priorities.

Cancer Council NSW constantly looks for new and better ways to support, engage and challenge our staff and volunteers through recognition, development and performance planning.

Developing performance and accountability

In 2011/12, a **Performance Planning and Development Framework** was developed, along with organisational objectives, to be implemented in the 2012/13 financial year.

Cancer Council NSW is committed to embedding a culture that focuses on performance planning and accountability. One of the tools to facilitate this focus is a new online performance planning and development system, developed by human capital management company PeopleStreme.

The new system reinforces a shift in culture and behaviours for Cancer Council NSW, as we become more outcomes focused, with the introduction of aligned organisational objectives and associated measures and targets. This new approach will enable vertical and horizontal alignment – to clearly link how individual performance contributes to organisational performance. Another key element of the framework is to emphasise the key behaviours that will drive organisational performance at the team member, manager and Executive Director level. How we deliver results is as important to the organisation's success as the results themselves.

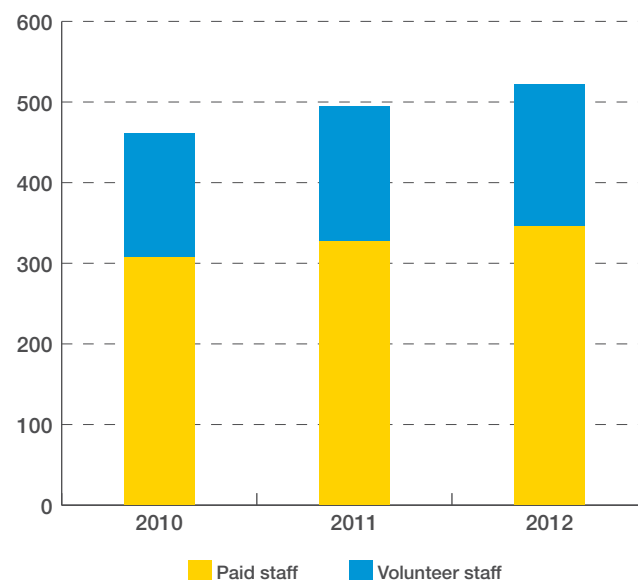
The development of our staff

We are committed to providing ongoing development opportunities for all staff to ensure that we have a skilled, flexible and engaged workforce.

In 2011/12, we continued to roll out our new organisation-wide **learning and development framework**. We offered a training curriculum for staff that covers the working environment, community engagement, organisational competencies, and leading and managing people.

A new four-part leadership training series, **Leadership through a Different Lens**, was launched this year to enhance leadership capability, create refreshed perspectives on what it is to be a leader and ensure greater accountability.

Staff totals at 30 June 2012 (FTEs*)



*FTE = Full-time equivalent staff member

Managers and staff identified as emerging leaders within Cancer Council NSW attended the leadership training. Each day of the series was structured around our four organisational values – courage, independence, collaboration and forward thinking – and provided the skills to ensure timely and 'courageous' conversations, improved collaborative discussions, heightened accountability and better decision-making.

We will be undertaking an Employee Engagement Survey in the second half of 2012 to gauge employees' views about their job and the organisation. This will then inform the development of processes to provide staff with the opportunity to contribute to shaping our culture and work environment.

Ensuring a safe work environment

The new *Work Health and Safety Act 2011* (Cwlth) was implemented from 1 January 2012, with particular regard to volunteers now being defined as 'workers'. The health, safety and welfare of our volunteers have always been managed using 'best practice' methods; however, the new legal duties are the subject of ongoing attention to ensure compliance at all levels of management.

Recognising the achievements of staff and volunteers

The motivation and satisfaction of all staff and volunteers are paramount to the achievement of our overall Strategic Priorities. An employee who feels recognised and rewarded for their efforts and contribution is more likely to feel engaged and motivated.

Reward and recognition take many forms at Cancer Council NSW, and can be formal or informal, and focused around an individual, a team, a unit or across Divisions. Reward and recognition can be tangible or intangible, and their effectiveness will often depend on an individual's motivation.

Some examples include team-building days, flexidays, celebrations for milestone lengths of services, and volunteer morning teas and lunches.

Women in our workplace

Each year Cancer Council NSW reports to the **Equal Opportunity for Women in the Workplace Agency** for the period 1 April – 31 May. This year our highlights included:

- The Executive leadership team comprises 80% females. Other management groups include operational managers (65% female), team leaders (57% female) and retail managers (100% female)
- 30% of Board members are female
- 21 staff accessed paid parental leave
- 80% of all female staff have returned to Cancer Council NSW following maternity leave, a slight increase from the previous year.

The Equal Opportunity for Women in the Workplace Agency commended Cancer Council NSW on our promotional opportunities, mentoring and leadership series, as well as our flexibility around family and study commitments. They recommended that within the next 12 months we report on secondary caregivers' leave, and monitor the progress of our new performance culture in line with the new performance planning and system.

Changes to the Executive team

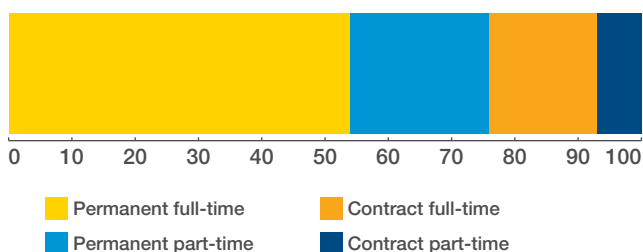
This year, Cancer Council NSW underwent an Executive team restructure that reduced the operational management responsibilities of the Chief Executive Officer (CEO) to allow for greater strategic focus.

Sally Chatterjee was appointed to the role of **Chief Operating Officer (COO)** in March 2012. This role now oversees Corporate Services, People Learning and Culture, and Statewide Services.

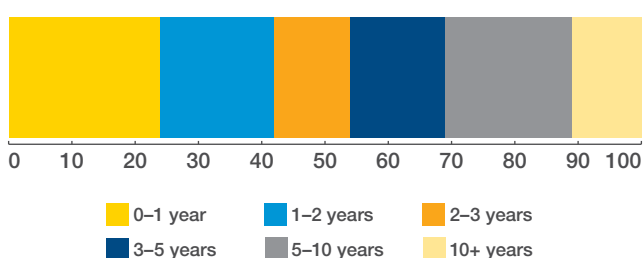
This change reflects our commitment to improving organisational efficiencies, and recognises both the continued and anticipated growth of Cancer Council NSW.

Trudi Mitchell, who had been Acting Director, Marketing and Communications, since June 2011, was appointed permanently to the role in December 2011.

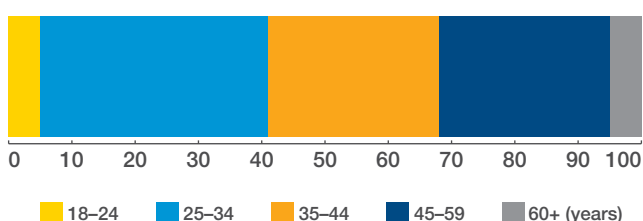
Staff by employment type (%)



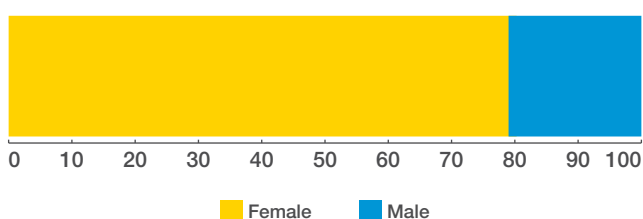
Staff by tenure (%)



Staff by age group (%)



Staff by gender (%)



Valuing our volunteers

Volunteering is integral to our mission of engaging the community and essential to achieving the reach that we need to bring about the change required to realise our vision of cancer defeated.

Cancer Council NSW has 2,467 registered volunteers who work across research; cancer prevention; policy and advocacy; information and support programs; regional program delivery; media, marketing and communications; fundraising; and infrastructure and investment. In addition, all the members of the Board of Cancer Council NSW voluntarily give their time to overseeing the governance of the organisation.

We recognise the need to ensure that our existing volunteers are retained and we are aware that there are significant trends in volunteering – more people are volunteering but are giving less time. Volunteering has declined in the community sector and there is greater competition from the increasing number of not-for-profit organisations.

We take an inclusive view of our workforce, developing staff and volunteers alike to play roles where leadership and initiative are key ingredients.

In October 2011, we engaged Oakton Consulting to undertake a 'best practice' audit of our volunteering program. Cancer Council NSW either fully attained or partially attained the required standard in comparison to the National Standards for Volunteering. Recommendations from this report have been incorporated into our **NSW Volunteer Strategic Plan**, which recognises the critical role volunteers can play in community engagement and social change.

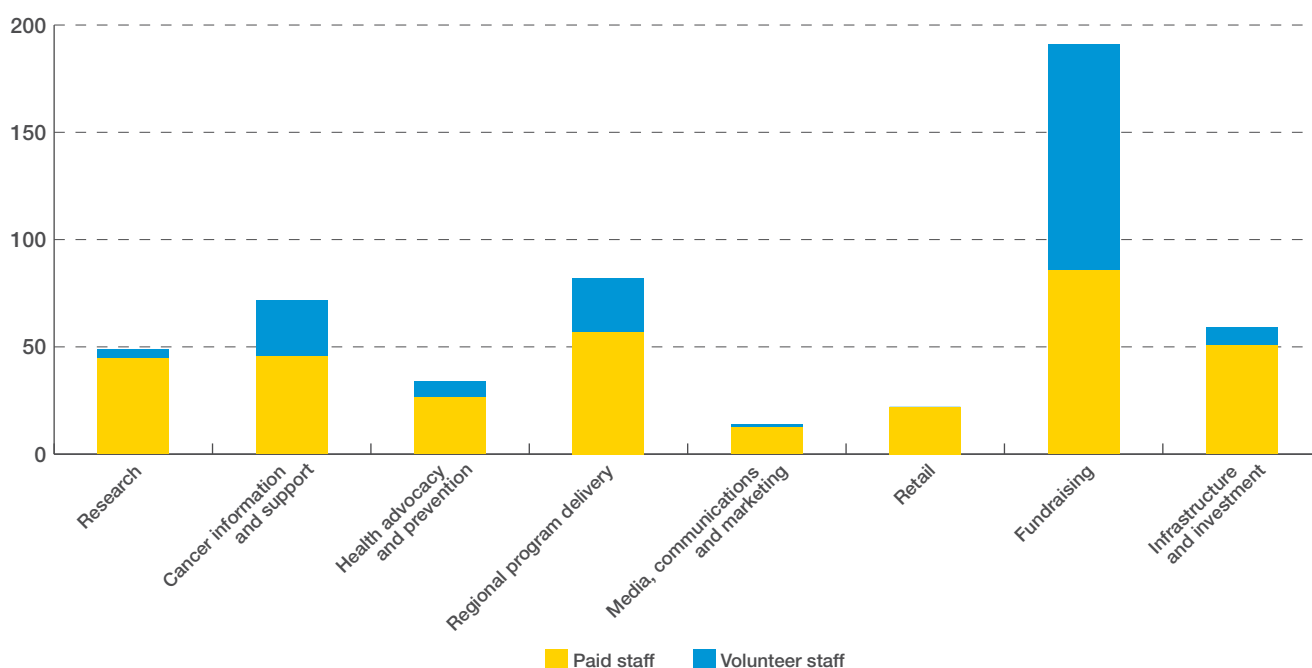
Six key priority areas will recognise and support our existing volunteers and ensure that we are able to grow this program to facilitate continued support for the organisation, and to provide opportunities for volunteers such as skills, experience and new ways to contribute towards our mission.

Looking ahead, we will work on a number of areas to ensure that we are well equipped to recruit, retain, manage, support and recognise our volunteers.

Cancer Council NSW thanks each and every one of our volunteers. Without them, we would not be able to achieve all that we do.

Our people's contribution – paid staff and volunteer staff

Full-time equivalent staff (FTEs)*



*FTE = Full-time equivalent staff member

The volunteer contribution graph above reflects the results of an organisational-wide survey of staff who worked with volunteers during 2011/12. The survey sought insights into the nature of volunteering activity, the hours contributed and the estimated dollar value of the contribution made (including one-off volunteering for fundraising events). We have converted estimated volunteer hours into full-time equivalent staff (based on a 35-hour working week).

Our performance












Our Strategic Priorities

Our performance

What and how (some examples from 2011/12)	Outputs/measurables	2008	2009	2010
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	22	28	10
	Total research grants funded	75	76	65
	Epidemiological studies in progress	35	58	52
In partnership with government and collaborators, we fund a large population biobank of specimens as our leading capital campaign.	Number of specimens in biobank	#	#	95,004
	Number of research grants received	5	9	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	782	2,046	1,167
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 (millions)	\$12.9	\$14.4	\$14.3
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 culturally and linguistically diverse communities, parents and children.	Community Grants awarded	146	123	117
We facilitate cancer-smart policies and practices in organisations and settings.	Newly accredited SunSmart centres	314	1,015	850
We support individuals to adopt cancer-preventative behaviours, including increased fruit and vegetable consumption.	Parents participating in the Fruit and Veg \$ense program	#	127	482
Our community engagement framework connects people and organisations to the cancer cause, providing opportunities to contribute directly to cancer control.	Community Cancer Networks	#	#	30
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

Program/initiative did not exist in this year










2011	2012	Some outcomes from 2011/12 – our impact, contribution, insight or connection	
30	20		Highlight: Cancer Council–supported researcher Dr Megan Chircop at the Children's Medical Research Institute has made significant advances in her investigation of a new class of drugs which could ultimately be used to treat brain cancer.
93	79		
60	65		
175,802	281,473		Highlight: A biobank stability study was conducted on a biospecimen collection to provide quality assurance to future users of the biobank.
8	2		Highlight: Evidence about the quality-of-life effects of prostate cancer treatment from our NSW Prostate Cancer Care and Outcomes Study was used by the United States Preventative Task Force in the development of recommendations on screening for prostate cancer.
32%	29%		
			Lowlight: We applied for and received fewer new research grants this year, largely due to our research team working to capacity on existing research grants and projects.
1,902	1,440		Highlight: Data from the CLEAR and 45 and Up Studies is being used by internal and external researchers to gain insights into the lifestyle and genetic factors that influence cancer.
\$16.1	\$15.0		Highlight: Our investment in research makes us the largest financial supporter of cancer research outside of government funding agencies in NSW.
101	96		Highlight: Community Grants enable local solutions for community issues, such as programs and initiatives in health promotion and cancer information and support.
931	671		Highlight: Significant growth in SunSmart-registered primary schools, leading to protection for many more thousands of NSW children from overexposure to ultraviolet (UV) radiation.
1,285	1,573		Highlight: Delivery of the 15-minute Fruit and Veg \$ense session as part of primary schools' Transition to School program allowed us to significantly increase the number of parents reached, with an expectation of higher fruit and vegetable intake for their families. An evaluation of this brief session in 2013 will inform the effectiveness of the shorter format.
35	42		Highlight: Community Cancer Networks across NSW provided connections and insights about the most important issues for local focus.
achieved			Highlight: Phase one of Tackling Tobacco was completed in 2011. We have moved into phase two, focusing on increasing the breadth and depth of the program, and increasing the positive outcomes and impact on clients' smoking rates.

Our Strategic Priorities

Our performance

What and how (some examples from 2011/12)	Outputs/measurables	2008	2009	2010
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	80	78	72
	Cancer Council advocacy supporters in NSW	*	*	2,133
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	30%	38%	50%
We enhance understanding and support among policymakers 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 Helpline	19,538	19,004	16,536
	Patients and carers using Helpline	8,258	9,308	8,131
	<i>Understanding Cancer</i> publications distributed	224,866	218,454	232,914
	<i>Understanding Cancer</i> publications viewed online – unique page views	*	436,849	431,411
	Telephone Support Group (TSG) sessions held	213	249	229
	Cancer Council Connect – number of referrals matched	631	626	640
We provide increasing help with the high cost of cancer.	Financial assistance grants to cancer patients and carers	1,809	1,893	1,774
	Financial assistance grants \$	533,083	472,000	490,102
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	#	#	126
	Number of patients/carers assisted by our pro bono Financial Planning Referral Service	#	#	46
We improve access to treatment via the provision or support of patient transport services.	Patient transport kilometres funded	303,130	834,464	706,221
We improve access to treatment via the provision or support of patient accommodation services.	Patient accommodation nights supported by Cancer Council	*	20,185	20,440

* Accurate data not available for this year
Program/initiative did not exist in this year

2011	2012	Some outcomes from 2011/12 – our impact, contribution, insight or connection	
68	50		Highlight: We collated supporter details from recent campaigns into one central database providing us with a greater network of advocates to communicate with and mobilise for future campaigns.
3,672	8,000		
58%	65%		
			Highlight: Our advocacy campaigns led to four successful outcomes in 2011/12 across: <ul style="list-style-type: none">• Smoke-free outdoor areas• Bowel cancer screening• Car parking for cancer patients• Future ban on commercial solariums. (see pages 14–15).
16,812	16,846	 	Highlight: Calls to Helpline remain steady; however, the nature of the calls are changing – patients and carers are calling for more detailed information and the duration of the calls are getting longer. Highlight: An increased proportion of people diagnosed with cancer received multiple services and support during their diagnosis and treatment.
8,092	7,728		
244,000	276,947		
426,981	394,187		
223	196		
516	445		
1,573	1,904		Highlight: 1,904 cancer patients and carers have received financial assistance in the last year, helping relieve the stress related to the high cost of cancer.
381,909	418,463		
698	1,003		Highlight: Over 1,500 cancer patients and carers received pro bono legal or financial advice valued at more than \$2 million during a difficult time of their lives.
309	565		
740,753	709,284		Highlight: 191 volunteer drivers and transport coordinators contributed over 8,000 hours of their time, ensuring patients in need could access transport services to and from treatment.
19,674	12,401	 	Highlight: Our House, a 20-unit cancer care accommodation facility part-funded by Cancer Council, was opened. Located adjacent to the Lismore Integrated Cancer Care Centre, it services patients from Tweed Heads in the north, south to Grafton, east to Ballina and west to the Tablelands. Patients throughout this region no longer need to travel to capital cities for their cancer treatment. Lowlight: The joint venture partnership for Blue Gum Lodge at Greenwich was terminated by HammondCare in September 2011, leading to a drop in the accommodation nights supported this year. We are investigating the best future option for supporting cancer patient accommodation needs in the Sydney metropolitan area.

Our Strategic Priorities

Our performance

What and how (some examples from 2011/12)	Outputs/measurables	2008	2009	2010
----------------------------------------------	---------------------	------	------	------

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	29%	33%	29%
	Fundraising income/fundraising staff FTE	\$829,000	\$804,000	\$813,000
	Average \$ per Relay For Life event	\$88,136	\$72,464	\$90,970
We facilitate mass participation events and appeals across NSW that engage the community in our mission to defeat cancer.	Number of event hosts and supporters	*	*	*
	Number of Relay For Life events	59	69	67
We build a robust, diverse fundraising portfolio to ensure the ongoing funding of our programs and to underpin the independence of our operations.	Total fundraising income (\$m)	51.0	48.3	53.8
	Bequests – number of new estates notified during the year	98	83	104
	Percentage of funds received from the community	96%	95%	94%








Our people

We engage volunteers in a wide variety of roles, extending our mission and reach in the community.	Volunteer contributions (hours captured)	*	*	258,246
We ensure volunteers have opportunities to use their diverse skills and capabilities.	Number of volunteers contributing during the year	*	*	32,933
We have an engaged and highly skilled paid workforce.	Number of staff, headcount (excluding casuals)	313	317	320
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	0.9%	1.2%	0.9%

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	10%	8%	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	-11%	-13%	14%
	Months of operational expenditure covered by investments	10.4	8.5	10.9
We maintain best-in-class financial and business reporting within the framework of corporations and related law.			achieved	achieved

* Accurate data not available for this year
Program/initiative did not exist in this year

2011	2012	Some outcomes from 2011/12 – our impact, contribution, insight or connection	
32%	31%		Highlight: Analysis of prior year Relay For Life results showed that running fewer, more cost-effective events would lead to increased profitability. Our average Relay For Life event income increased 32% to \$132,845 in 2011/12 from running fewer events.
\$751,000	\$809,000		
\$100,789	\$132,845		
24,200	28,300		Highlight: Our events raised \$18.3 million, thanks to 12,185 event hosts, 9,265 supporters and 6,850 volunteers. Through our events, hundreds of thousands more people were engaged in our prevention messages and made aware of our support and information programs.
67	58		
52.9	58.5		Highlight: Maintaining a 96% community-funded model ensures a unique position of independence in addressing cancer issues in NSW.
94	97		
96%	96%		
279,843	294,109		Highlight and lowlight: Although we have recorded fewer volunteers contributing to our work in 2011/12, the total number of volunteer hours has increased to 294,109 with an estimated value of \$8.8 million.
37,153	36,312		
352	374		Highlight: A new four-part leadership training series, Leadership through a Different Lens, was launched this year for managers and staff identified as emerging leaders. Structured around our four organisational values – courage, independence, collaboration and forward thinking – the series was designed to enhance leadership capability, create refreshed perspectives on what it is to be a leader, and ensure greater accountability.
1.0%	1.0%		
7%	8%		Highlight and lowlight: Our investment return was a disappointing 0% for the year; however, this performance exceeded the ASX200 return (-11%) for the eighth straight year.
9%	0%		
10.9	10.9		
achieved	achieved		Highlight: Winner in the revenue greater than \$30 million category in the 2011 PwC Transparency Awards.

Our Board

Dr Stephen Ackland MBBS, FRACP

First elected to the Board in August 2006,
re-elected December 2008 and December 2011

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. 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 anti-cancer 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.

Associate Professor Michael Back

First appointed to the Board in December 2011

Director, Northern Sydney Cancer Centre



Associate Professor Back is a radiation oncologist, and also has postgraduate qualifications in psycho-oncology, as well as in business management with an MBA. He is Director of Cancer Services for Northern Sydney Local Health District, as well as Director of Radiation Oncology at the Northern Sydney Cancer Centre and the future Central Coast Regional Cancer Centre. His past involvement with Cancer Council NSW has included cancer awareness workshops, fundraising activities and events such as Relay For Life.

Ms Jill Boehm OAM, RN, DC, MMgt

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

First elected to the Board in August 2006, re-elected
December 2008 and December 2011



Ms Boehm is a registered nurse and midwife, and a representative of the NSW Nurses and Midwives Board on professional and tribunal matters. She was appointed an inaugural Board member of the Illawarra Shoalhaven Local Health District in 2011. 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 their 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 Board in April 2007, re-appointed April 2010

Chief Executive Officer, 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 Cancer Council NSW 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 Board by the Cancer Institute NSW in August 2008. Retired from the Board on 25 June 2012

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 Board in July 2007, re-elected October 2009

Barrister, Denman Chambers

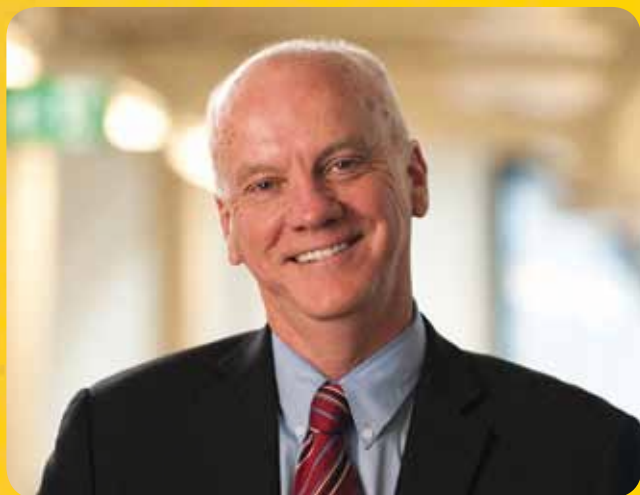


Mr Hodgkinson has been a practising barrister at the Sydney Bar since the early 1980s. He was appointed Senior Counsel in 2001 and continues to practise extensively in the occupational health and safety field. Through his practise as a barrister, he has provided advice to corporations and their boards 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 Cancer Council NSW. 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 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 WDSScott, 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.

Mr Stephen Roberts BB, MBA, MAICD

First elected to the Board in October 2007, re-elected November 2009

Senior Partner, Asia Pacific for Mercer Investments



Mr Roberts is a member of the boards of Cancer Council Australia and Social Ventures Australia Capital Fund. Professionally, he is Senior Partner and Regional Business Leader of Asia Pacific for Mercer Investments, and brings extensive business and management experience.

Mr Roberts is trained as a chartered accountant, and is also Chair of the POSH Committee, which engages in fundraising activities for Cancer Council NSW.

Mr Bob Sendt BA(Econ), GDipEnvStud, FCPA, FIPA, FAICD

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

Consultant and former NSW Auditor-General

First appointed to the 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, Chairman 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 Board in December 2008



Ms Trethowan has been actively involved in cancer issues since 2004. To date, her roles with Cancer Council NSW 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.

Directors' benefit

No Director of Cancer Council NSW 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	*	*	*	*	*	*	*	*
M Back	3	3	*	*	*	*	*	*	*	*
J Boehm	5	6	5	5	*	*	3	3	*	*
M Chiew	5	6	*	*	*	*	*	*	*	*
P Cregan	6	6	*	*	*	*	*	*	2	2
B Hodgkinson	6	6	*	*	*	*	3	3	2	2
P Lahiff	4	6	*	*	5	5	*	*	2	2
G Mann	3	3	*	*	*	*	1	1	*	*
S Roberts	5	6	*	*	*	*	*	*	*	*
R Sendt	6	6	5	5	*	*	*	*	1	2
M Trethowan	6	6	*	*	*	*	*	*	*	*

A = Number of meetings attended

B = Number of meetings held during the time the Director held office or was a member of the Committee during the year

* = Not a member of the relevant Committee

Our management

Andrew Penman AM

Chief Executive Officer



Dr Andrew Penman has degrees in Biochemistry and Medicine from the University of Queensland and has worked in various countries, including the United States and New Zealand, in emergency medicine, primary health care and public health. 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 Cancer Council NSW in 1998.

Andrew has influenced the view that cancer goes beyond being a medical issue, and is in fact a social issue – as much of what leads to cancer is socially determined. This is essential in answering a real need in the community and means that the focus of Cancer Council NSW is not just on cancer support, but also on cancer prevention and healthy living.

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

Gillian Batt

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, including 20 years spent working in the National Health Service (NHS) and the Department of Health in England.

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. 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 families.

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.

Kathy Chapman

Director, Health Strategies



Kathy Chapman has a Bachelor of Science degree and a Masters degree in Nutrition and Dietetics from the University of Sydney. 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.

Kathy has over 40 peer-reviewed journal publications. She has significant expertise and standing in public health nutrition and food policy issues.

As Director of the Health Strategies Division, Kathy is responsible for developing strategies in relation to cancer control as well as for specific programs related to prevention, policy, advocacy and research strategy. This involves leading the cancer prevention work of Cancer Council NSW in tobacco control, nutrition and skin cancer, as well as advancing policy and advocacy initiatives in these areas.

Kathy is the Chair of Cancer Council Australia's Nutrition and Physical Activity Committee and Chair of the Coalition on Food Advertising to Children.

Sally Chatterjee**Chief Operations Officer**

Sally Chatterjee holds a Bachelor of Arts (Honours) degree in Law and Accounting from the University of Manchester and an MBA from INSEAD. She has over 20 years' experience in commercial roles spanning the fast-moving consumer goods (FMCG), media, telecoms and tourism industries. She began her career with Unilever, before moving on to specialise in strategic consulting for the media and telecoms sector. She was involved in the first commercial launch of digital television in the UK before joining Tesco, the UK's biggest retailer, to set up Tesco Mobile, a mobile service provider with almost 3 million European subscribers. Sally left Tesco to become General Manager of BT's consumer voice telephony division, a business with an annual revenue of over £2 billion.

Prior to moving to Australia, Sally was Chief Executive Officer of Visit London, a public-private partnership tasked by the Mayor of London to promote the city in the run-up to the London 2012 Olympic and Paralympic Games.

As Chief Operations Officer, Sally oversees Corporate Services, People Learning and Culture, and Statewide Services.

Trudi Mitchell**Director, Marketing and Communications**

Trudi Mitchell holds a postgraduate degree in Marketing from the University of New South Wales. She has spent 19 years in the not-for-profit sector in fundraising and marketing, including roles at Australian Red Cross and The Shepherd Centre, where she has managed multiple projects across multidisciplinary teams, led strategic marketing initiatives,

managed integrated marketing campaigns, and strategically developed internal and external stakeholder relationships.

Trudi has spent the last five years at Cancer Council NSW across roles managing the Direct Marketing Unit and Marketing and Communications. Trudi previously managed Events Marketing from 1997 to 2003. She was appointed Director of Marketing and Communications in December 2011, and oversees the brand, marketing, communications, data analytics, events and fundraising, major gifts and retail stores for Cancer Council NSW.

Trudi has held a position on the Direct Marketing Executive for the Australian Direct Marketing Association and is currently a member of the Fundraising Institute of Australia.

Freddy Sitas**Director, Cancer Research**

Freddy Sitas holds a Bachelor of Science and a Master of Science (Medicine) from the University of the Witwatersrand (South Africa), a Master of Science in Epidemiology from the London School of Hygiene and Tropical Medicine, and a Doctor of Philosophy in Epidemiology from the University of Oxford.

Freddy has headed the National Cancer Registry in South Africa, and in 1999 was awarded a Readership in Epidemiology by the University of the Witwatersrand.

Research programs in the Cancer Research Division include how lives can be saved by understanding the causes of cancer, improving diagnoses and treatments of cancer patients, and modelling future effects of currently available interventions, such as the HPV vaccine.

Freddy is an Associate Professor in the Schools of Public Health at the University of Sydney and the University of New South Wales.

Our structure

Board of Directors

Mr Bruce Hodgkinson SC
(Chair)
Barrister, Denman Chambers

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

Assoc Professor
Michael Back
(from December 2011)
Director, Northern Sydney
Cancer Centre

Ms Jill Boehm OAM
(Deputy Chair)

Ms Mary Chiew
Chief Executive Officer,
Giorgio Armani Australia

Dr Patrick Cregan
(to June 2012)
Clinical Director Surgery,
South West Sydney Area
Health Service

Mr Paul Lahiff
Consultant

Professor Graham Mann
(to December 2011)
Deputy Director, Westmead
Institute of Cancer Research

Mr Stephen Roberts
Senior Partner, Asia Pacific
for Mercer Investments

Mr Bob Sendt
Consultant and former NSW
Auditor-General

Ms Melanie Trethowan
Consultant

In attendance:

Dr Andrew Penman AM
Chief Executive Officer,
Cancer Council NSW
(CCNSW)

Mr Ted Starc
Head, Corporate Services
and Chief Financial Officer,
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 Charles Micallef
Oakton

Mr Ben Owens
Oakton

Mr Paul Bull
BDO

Mr Greg Bell
BDO

Dr Andrew Penman AM
Chief Executive Officer,
CCNSW

Ms Sally Chatterjee
(from March 2012)
Chief Operating Officer,
CCNSW

Mr Ted Starc
Head, Corporate Services
and Chief Financial Officer,
CCNSW

Ms Kylie Williams
Minute Secretary, CCNSW

Remuneration Committee

Mr Paul Lahiff (Chair)
CCNSW Board Member

Dr Patrick Cregan
CCNSW Board Member
(to June 2012)

Mr Bruce Hodgkinson SC
CCNSW Board Chair

Mr Bob Sendt
CCNSW Board Member

Investment Committee

Mr Paul Lahiff (Chair)
CCNSW Board Member

Mr Doug Bartlett
(to February 2012)
Grant Samuel & Associates

Ms Jacqueline Bekker
(from February 2012)
Grant Samuel & Associates

Mr Bruce Tomlinson
Sunsuper Pty Ltd

In attendance:

Ms Jodie Hampshire
Mercer Investments

Mr Craig Hughes
Mercer Investments

Mr Mark Wall
Mercer Investments

Dr Andrew Penman AM
Chief Executive Officer,
CCNSW

Ms Sally Chatterjee
(from March 2012)
Chief Operating Officer,
CCNSW

Mr Ted Starc
Head, Corporate Services
and Chief Financial Officer,
CCNSW

Ms Kylie Williams
Minute Secretary, CCNSW

Ethics Committee

Assoc Professor
Bettina Meiser
(Chair to August 2011)
Non-Medical Graduate
with Research
Experience
Department
of Medical Oncology,
Prince of Wales Hospital

Ms Meghan Carruthers
(Chair from August 2011)
Lawyer, HWL Ebsworth

Ms Amanda Adrian
(to March 2012)
Laywoman

Sister Therese Carroll
(to October 2011)
Religious Representative
Sisters of St Joseph

Mr John Friedsam
(to October 2011)
Allied Health Professional
CCNSW Staff Member

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

Professor Graham Morgan
Medical Graduate with
Research Experience

Ms Joanne Muller
Lawyer

Rev John Neasey
(from October 2011)
Religious Representative
Anglicare Chaplain

Mr Felix Ratcliff
(from October 2011)
Allied Health Professional
CCNSW Staff Member

Dr Monica Robotin
Medical Graduate with
Research Experience
Medical Director, CCNSW

Dr John Sanders
Layman

Mr Leonardo Simonella
(to October 2011)
CCNSW Staff Member,
Project Coordinator

In attendance:

Ms Kathy Chapman
Director, Health Strategies
Division, CCNSW

Ms Catherine Holliday
(to December 2011)
Head, Research Strategy Unit,
CCNSW

Dr Libby Topp
(from April 2012)
Manager, Research
Strategy Unit, CCNSW

Ms Nicci Bartley
(from April 2012)
Project Officer, Research
Strategy Unit, CCNSW

Dr Lauren Puglisi
(to October 2011)
Ethics Secretary, CCNSW

Ms Kate Whittaker
(to May 2012)
Ethics Officer, Research
Strategy Unit, CCNSW

Cancer Research Committee

Professor Michelle Haber
(Chair)
Executive Director, Children's
Cancer Institute Australia

Professor Mark Baker
Professor of Proteomics,
Macquarie University

Ms Jane Bennett
Consumer Representative

Professor Andrew Biankin
Garvan Institute of
Medical Research

Assoc Professor
Anna deFazio
Clinical Associate Professor,
Sydney Medical School,
Department of Obstetrics,
Gynaecology and
Neonatology,
University of Sydney

Professor Sandra Jones
(from October 2011)
Director, Centre for
Health Initiatives,
University of Wollongong

Assoc Professor
Reg Lord AM
Program Head,
Gastroesophageal Cancer
Research, St Vincent's Centre
for Applied Medical Research

Assoc Professor
Bettina Meiser
(to Nov 2011)
Department of
Medical Oncology,
Prince of Wales Hospital

Mr John Moroney
Consumer

Dr Andrew Penman AM
Chief Executive Officer,
CCNSW

Dr Melanie Price
(from Oct 2011)
Executive Director,
Psycho-Oncology
Co-operative Research Group,
University of Sydney

Dr Monica Robotin
Medical Director, CCNSW

Assoc Professor
Natalka Suchowerska
Head, Research and
Education, Department
of Radiation Oncology,
Royal Prince Alfred Hospital

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

In attendance:

Ms Kathy Chapman
Director, Health Strategies
Division, CCNSW

Ms Catherine Holliday
(to December 2011)
Head, Research
Strategy Unit, CCNSW

Dr Libby Topp
(from April 2012)
Manager, Research
Strategy Unit, CCNSW

Dr Lauren Puglisi
(to October 2011)
Minute Secretary, CCNSW

Ms Kate Whittaker
(to May 2012)
Ethics Officer, Research
Strategy Unit, CCNSW

Governance Committee

Mr Bruce Hodgkinson SC
(Chair)
CCNSW Board

Assoc Professor Michael Back
(from June 2012)
CCNSW Board Member

Ms Jill Boehm OAM
CCNSW Board Deputy Chair

Mr Chris Dawson
Turner Freeman Lawyers
(retired)

Professor Graham Mann
(to December 2011)
CCNSW Board Member

In attendance:

Dr Andrew Penman AM
Chief Executive Officer
CCNSW

Ms Angela Aston
Company Secretary
CCNSW

Ethics Committee

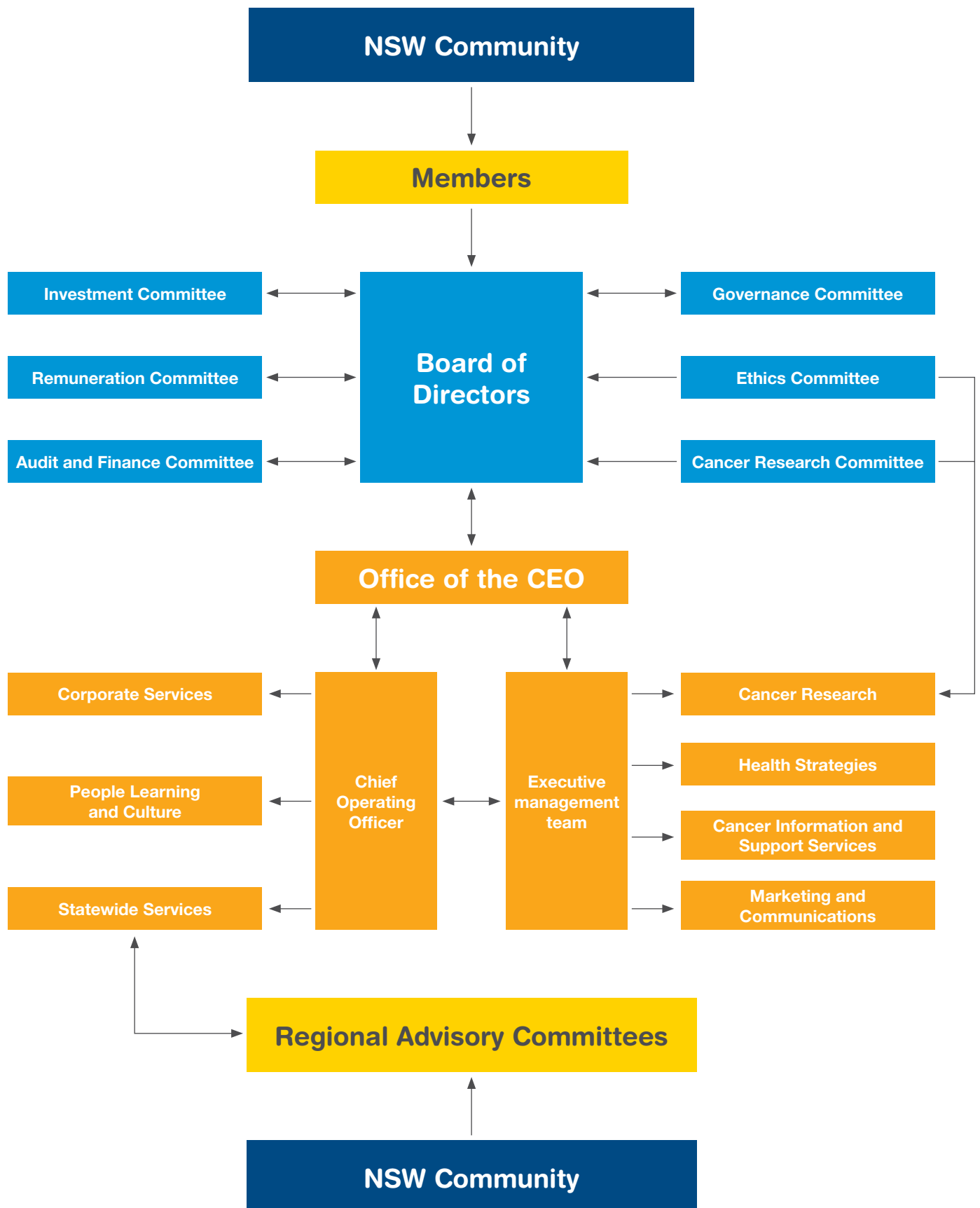
Membership changes to Cancer Council NSW's Ethics Committee this year included a change in the Ethics Chair as Associate Professor Bettina Meiser stepped down from the role she had held since January 2009, and Ms Meghan Carruthers took up the position. Associate Professor Meiser was thanked for her eight years of service to the Committee. Mr Felix Ratcliff, replacing Mr John Friedsam as Allied Health Professional, and Rev John Neasey, replacing Rev David Pettett as Religious Representative, were welcomed onto the Ethics Committee. 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. Cancer Council NSW's Ethics Committee aims to have more than the required number of members filling each category, as stipulated in the NHMRC's National Statement on Ethical Conduct in Human Research, to ensure a full representation at every meeting.

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 operates within the parameters provided by the NHMRC's National Statement Guidelines, and Cancer Council NSW's Privacy Management Plan. Committee members are encouraged to attend various training sessions as offered by the NSW Ministry of Health and the NHMRC to ensure they are adequately equipped for reviewing proposals.

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

Research Review Committee

The Research Review Committee, reporting to the Cancer Research Committee and chaired by Professor Louisa Jorm, Director of Research at the Sax Institute, provides a research review service for internal researchers and for researchers applying for ethics approval who have not obtained a scientific peer review of their study.



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 Health Promotion Charity.

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 (some parts have been replaced with the Federal *Fair Work Act 2009*)

Long Service Leave Act 1955 No 38

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

Criminal Code Act 1995

Competition and Consumer Act 2010

Corporations Act 2001

Disability Discrimination Act 1992

Fair Work Act 2009

Fringe Benefits Tax Assessment Act 1986

Human Rights 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

Work Health and Safety Act 2011.

Government funding

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

- Funding totalling \$1,274,000 from the National Health and Medical Research Council (NHMRC) 2011/12
- Funding totalling \$95,000 from the Cancer Institute NSW 2011/12.

Our Health Strategies Division received:

- Funding of \$22,000 from NSW Health for supporting the Swap It campaign
- Funding of \$138,000 from NSW Ministry of Health for mental health professionals' training
- Funding of \$65,000 from the NSW Ministry of Health for food policy.

Our Cancer Information and Support Services Division received:

- Funding of \$47,000 from Cancer Australia for supporting people with cancer
- Funding of \$80,000 from the Cancer Institute for the Hepatitis B, Let's talk about it project
- Funding of \$56,000 from the Department of Ageing, Disability and Home Care for a variety of programs and information to assist carers to support cancer patients
- Funding of \$10,000 from Transport for NSW for community transport.

Our governance

Governance principles

Principle 1:

Lay solid foundations for management and oversight

The role of the Cancer Council NSW Board is defined by our Board Charter, which is available on our website (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.

In March 2012, a Chief Operating Officer (COO), Ms Sally Chatterjee, was appointed. The COO role has responsibility for all internal operations, and for delivering and enhancing organisational performance to deliver value to customers and stakeholders. The role also focuses on improving our delivery against strategic objectives and on leading closer alignment across the organisation.

In 2012, a cross-organisational working group undertook a review of the performance planning system. A provider was selected after a tender process and the new system will commence at the start of the 2012/13 financial year. The new system ensures vertical and horizontal alignment of objectives, and ensures senior management objectives directly link to organisational priorities.

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 announced that Andrew Penman would be leaving Cancer Council NSW. The Board formed a Selection Committee to commence a search for a new CEO, and Andrew Penman and the Board worked on strategic options and developed a briefing for a CEO charged with building the organisation for the future. The Board is working closely with the CEO, COO and Executive team to facilitate a smooth transition of leadership. Regina Sutton was appointed as the new CEO, commencing October 2012.

Principle 2:

Structure the Board to add value

The process for electing members to the Board is outlined in the Constitution, which is available on Cancer Council's website (www.cancercouncil.com.au). In 2011/12, the majority (8 of 10) of the Board members were 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 Cancer Council NSW. The Chair of the Board is an independent Director and the CEO is not a member of the Board.

The Board has the power to, and does when appropriate, seek independent professional advice. In 2012/13, the Governance Committee will facilitate a Board health check to measure its performance, to ensure it continues to add value to the organisation.

Principle 3:

Promote ethical and responsible decision-making

The organisational Code of Conduct provides an ethical framework for all decisions and actions, and ensures that Cancer Council NSW demonstrates fairness, integrity and sound professional and ethical practice at all times. The policy is available on our website (www.cancercouncil.com.au).

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. Cancer Council NSW acknowledges that it may be possible for Directors to be paid a fee for services performed or requested by Cancer Council NSW, but this would be for specific work for Cancer Council NSW beyond or outside the Directors' ordinary duties. 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.

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 our website (www.cancercouncil.com.au).

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**

Cancer Council NSW is not a listed company; however, it reports to its members and to regulators through the medium of an annual report issued in compliance with the *Corporations Act 2001* (Cwlth), and through the Annual General Meeting.

Principle 6:**Respect the rights of “stakeholders”**

As of June 2012, Cancer Council NSW had 56 (51 Ordinary, five Organisational) formal members. We communicate with our membership via the annual report, which is mailed to them, and the Annual General Meeting. Other stakeholders include event volunteers, various Committee members (such as the Cancer Research Committee, the Ethics Committee and Regional Advisory Committees across NSW), as well as donors and consumers. We communicate with our stakeholders via the website, social media, various quarterly newsletters such as *Volunteer Voice* and *Members Update*, and face-to-face meetings throughout the year.

Principle 7:**Recognise and manage risk**

On behalf of the Board, the Audit and Finance Committee is authorised to oversee the adequacy and effectiveness of the accounting and financial controls and procedures, and the Governance Committee oversees the policy framework and organisational compliance. Both committees assess, monitor and manage business risk. Cancer Council NSW has a three-year Internal Audit Plan to review and address relevant risks. Internal audits conducted in 2011/12 are summarised on page 48.

In 2011/12, the Investment Committee continued to review the optimum level of the investment portfolio, taking into account both current and future spending expectations.

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* (Cwlth). 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 *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* (NSW). Cancer Council NSW'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.

During 2011/12, no applications were received for internal review under Division 1, section 36 of the *Privacy Act 1988* (Cwlth) or Part 6 of the *Health Records and Information Privacy Act 2002* (NSW).

Internal audits conducted in 2011/12

Review	Number of recommendations made	Percentage (%) of recommendations implemented to date
Statewide Service and Metropolitan Sydney cyclical review Challenges: A number of the recommendations have since been integrated into the comprehensive review of Statewide Services	12	50%
'Best practice' use of volunteers Challenges: A number of recommendations on hold due to Volunteer Development Adviser vacancy	12	75%
Review of retail operations	3	100%
Effectiveness of shared service functions	8	75%
Performance, strategic planning alignment and reporting Challenges: Final recommendation not due until December 2012 to review implementation of new system	17	95%
Payroll and Human Resources process review	4	100%
IT general control review Challenges: Final recommendations not due until June 2013	4	75%
Compliance management framework Challenges: Final reviews due December 2012	6	75%
Skin Cancer Prevention Unit programs and campaigns review	3	100%

Publications and submissions

The following pages document the extensive research undertaken by Cancer Council NSW staff and published in peer-reviewed publications in 2011/12. 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

- Aminisani N. Cervical screening in New South Wales and its relationship to country of birth and socioeconomic status. PhD [thesis]. Sydney: University of Sydney; 2011. [Cancer Council NSW]
- Canfell K, Lew JB, Smith M, Walker R. Modelling HPV test of cure. In: Moss S, Kelly R, Legood R, Sadique Z, Canfell K, Lew JB, Smith M, Walker R, editors. Evaluation of sentinel sites for HPV triage and test of cure. Report to the NHS Cancer Screening Programs. UK; 2011.
- Chambers SK, Pinnock C, Lepore SJ, Hughes S, O'Connell DL. A systematic review of psychosocial interventions for men with prostate cancer and their partners. *Patient Educ Couns*. 2011;85(2):e75-e88.
- Chapman K, Stacey F, Groves E, Pratt IS. After the storm: nutrition after cancer treatment. *Cancer Forum*. 2011;35(2):77-81.
- Fry SA, Afrough B, Lomax-Browne HJ, Timms JF, Velentzis LS, Leatham AJ. Lectin microarray profiling of metastatic breast cancers. *Glycobiology*. 2011;21(8):1060-70.
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Submissions

- Submission (on behalf of Cancer Council Australia) to Department of Agriculture, Fisheries and Forestry re: National Food Plan – September 2011
- Submission (on behalf of Cancer Council Australia) to Australia and New Zealand Food Regulation Ministerial Council re: Comments on the recommendations of the Labelling Logic Report – September 2011
- Submission to NSW Health re: Aboriginal Health Plan NSW – January 2012
- Submission (in collaboration with LifeCircle) to Palliative Care NSW re: Response to Palliative Care in NSW: Palliative Care NSW Policy Statement Discussion Paper – January 2012
- Submission to Transport for NSW re: Response to Community Transport Driver Authorisation Discussion Paper – January 2012
- Submission to NSW Parliament Select Committee re: Provisions of the Election Funding, Expenditure and Disclosures Amendment Bill 2011 – January 2012
- Submission (on behalf of Cancer Council Australia) to the National Health and Medical Research Council (NHMRC) re: Draft Australian Dietary Guidelines and Australian Guide to Healthy Eating – February 2012
- Submission to Department of Family and Community Services re: Towards a NSW Whole of Government Ageing Strategy: Ageing Roundtable Summary Report – February 2012
- Submission to Commonwealth Department of Health and Ageing re: Strategic Review of Health and Medical Research in Australia – March 2012
- Submission (in collaboration with LifeCircle) to Senate Inquiry re: Palliative care – March 2012
- Submission (on behalf of Cancer Council Australia) to Food Standards Australia New Zealand re: Proposal P293 – Nutrition, Health and Related Claims – March 2012
- Submission to Transport for NSW re: Response to the NSW Long Term Transport Master Plan Discussion Paper – April 2012
- Submission to Cancer Research Leadership Forum White Paper: Towards a National Cancer Research Plan – May 2012
- Submission to National Drug Strategy re: Draft National Tobacco Strategy – June 2012

Our summarised financial report

The financial statements and charts in this summarised financial report have been derived from Cancer Council NSW's *Full Financial Report 2011/2012*.

For a full understanding of the financial performance, financial position, and financing and investment activities of Cancer Council NSW, please see the full financial report and auditor's report on our website (www.cancercouncil.com.au/annualreport2012).

A commentary is also provided in the full financial report to assist readers in understanding the year's results, compared with last year and budget.

Statement of comprehensive income

For the year ended 30 June 2012

	2012 \$'000	2011 \$'000
Revenue		
Fundraising income	44,516	42,986
Bequest income	13,997	9,957
Retail income	7,130	7,283
Interest and investment income	2,726	4,564
Grant income	2,340	1,925
Other revenue	811	880
Total revenue	71,520	67,595
Increase in fair value of investment property	30	–
Total income	71,550	67,595
Expenses		
Fundraising	18,235	16,918
Retail	6,295	6,388
Research	14,962	16,053
Regional program delivery	6,438	5,599
Health advocacy and prevention	4,695	4,777
Cancer information and support services	8,126	7,049
Media, communication and marketing	2,853	2,614
Infrastructure and investment	5,516	4,664
Total expenses	67,120	64,062
Surplus before income tax	4,430	3,533
Income tax expense	–	–
Surplus/(deficit) for the year	4,430	3,533
Other comprehensive income		
Increase/ (decrease) in fair value of available-for-sale financial assets	(2,461)	117
Total comprehensive income for the year	1,969	3,650

Statement of financial position

For the year ended 30 June 2012

	2012 \$'000	2011 \$'000
Assets		
Current assets		
Cash and cash equivalents	8,323	3,142
Trade and other receivables	2,160	1,689
Inventories	1,348	1,263
Financial assets	305	2,057
Total current assets	12,136	8,151
Non-current assets		
Investment properties	330	300
Financial assets	52,392	52,800
Intangible assets	424	–
Property, plant and equipment	17,963	17,899
Total non-current assets	71,109	70,999
TOTAL ASSETS	83,245	79,150
Liabilities		
Current liabilities		
Trade and other payables	3,543	2,504
Provisions – employee benefits	1,964	1,779
Total current liabilities	5,507	4,283
Non-current liabilities		
Provisions – employee benefits	728	477
Total non-current liabilities	728	477
TOTAL LIABILITIES	6,235	4,760
NET ASSETS	77,010	74,390
Funds		
General funds	71,544	65,231
Restricted funds reserve	6,538	8,421
Available-for-sale financial assets reserve	(4,647)	(2,186)
Asset revaluation reserve	3,575	2,924
TOTAL FUNDS	77,010	74,390

Statement of changes in funds

For the year ended 30 June 2012

	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 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
Opening balance as at 1 July 2011	65,231	8,421	(2,186)	2,924	74,390
Transfer to/(from) reserves	1,883	(1,883)	–	651	651
Total comprehensive income for the year	4,430	–	(2,461)	–	1,969
Closing balance as at 30 June 2012	71,544	6,538	(4,647)	3,575	77,010

Nature and purpose of reserves

Restricted funds reserve

The restricted funds reserve relates to bequests and donations received by Cancer Council NSW 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

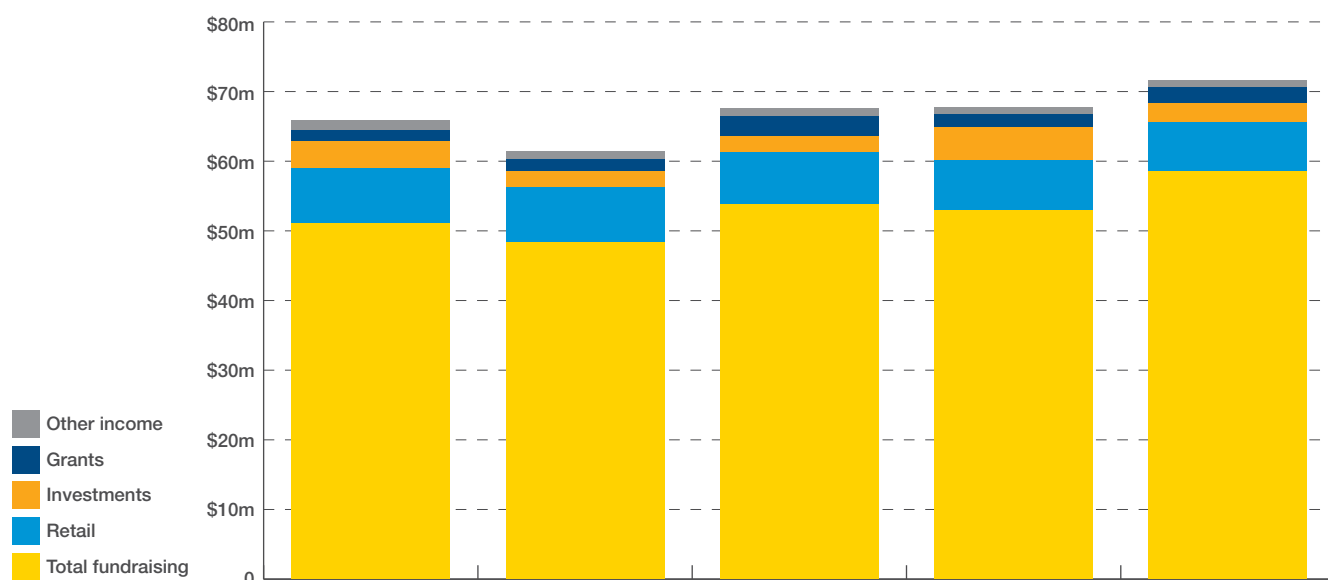
The asset revaluation reserve is used to record increments and decrements on the revaluation of Cancer Council NSW land and buildings.

Statement of cash flows

For the year ended 30 June 2012

	2012 \$'000	2011 \$'000
Cash flows from operating activities		
Receipts		
Receipts from supporters and funding sources (inclusive of GST)	65,886	61,130
Receipts from grant funding	2,340	1,925
Dividends, franking credits and interest received	673	1,043
	68,899	64,098
Payments		
Payments to suppliers and employees (inclusive of GST)	(63,989)	(61,991)
	(63,989)	(61,991)
Net cash inflow from operating activities	4,910	2,107
Cash flows from investing activities		
Proceeds from sale of property, plant and equipment	834	394
Proceeds from sale of available-for-sale financial assets	–	7,900
Proceeds from sale of held-to-maturity investments	2,057	5,000
Payments for purchase of available-for-sale financial assets	–	(17,900)
Payments for purchase of held-to-maturity investments	(305)	(2,057)
Payments for purchase of intangible assets	(434)	–
Payments for purchase of property, plant and equipment	(1,881)	(1,367)
Net cash (inflow)/outflow from investing activities	271	(8,030)
Net increase/(decrease) in cash and cash equivalents	5,181	(5,923)
Cash and cash equivalents at beginning of year	3,142	9,065
Cash and cash equivalents at end of year	8,323	3,142

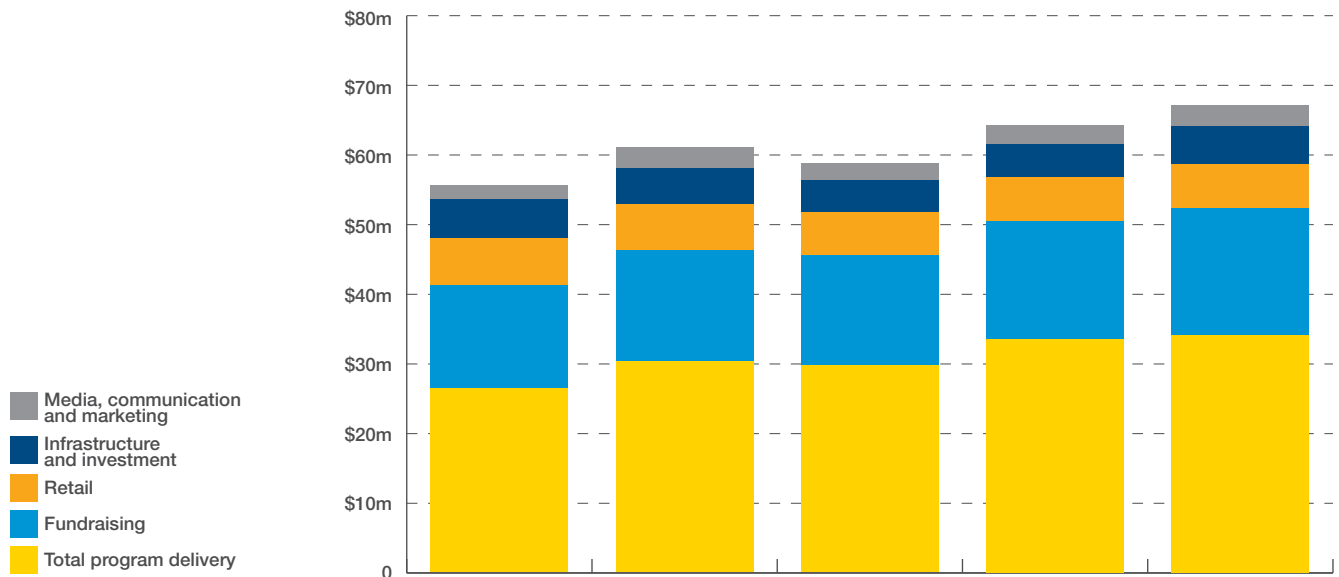
Where the money comes from ...



	2008 \$m	%	2009 \$m	%	2010 \$m	%	2011 \$m	%	2012 \$m	%
Events	12.5		12.6		15.2		16.6		18.3	
Appeals	24.6		25.7		26.2		26.3		26.2	
Bequests	13.9		10.0		12.4		10.0		14.0	
Total fundraising	51.0	78%	48.3	78%	53.8	80%	52.9	78%	58.5	82%
Retail	8.0	12%	8.0	13%	7.5	11%	7.3	11%	7.1	10%
Investments	3.8	6%	2.2	4%	2.3	3%	4.6	7%	2.7	4%
Grants	1.6	2%	1.8	3%	2.8	4%	1.9	3%	2.3	3%
Other income	1.4	2%	1.1	2%	1.1	2%	0.9	1%	0.9	1%
Total income*	65.8		61.4		67.5		67.6		71.5	

*Excludes capital gains on investments

Where the money goes ...



	2008 \$m	%	2009 \$m	%	2010 \$m	%	2011 \$m	%	2012 \$m	%
Program delivery expenditure										
Research	12.8		14.4		14.4		16.1		15.0	
Regional program delivery	4.5		5.1		5.0		5.6		6.4	
Health advocacy and prevention	3.6		4.1		3.7		4.8		4.7	
Information and support	5.6		6.8		6.7		7.0		8.1	
Total program delivery	26.5	48%	30.4	50%	29.8	51%	33.5	53%	34.2	51%
Other Expenditure										
Fundraising	14.8	27%	15.9	26%	15.8	27%	16.9	26%	18.2	27%
Retail	6.7	12%	6.6	11%	6.1	10%	6.4	10%	6.3	10%
Infrastructure and investment	5.6	10%	5.2	8%	4.7	8%	4.7	7%	5.5	8%
Media, communication and marketing	1.9	3%	2.9	5%	2.3	4%	2.6	4%	2.9	4%
Total expenditure*	55.5		61.0		58.7		64.1		67.1	

*Excludes capital losses on investments



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 of The Cancer Council NSW, which comprises the statement of financial position as at 30 June 2012, the summary statement of comprehensive income, summary statement of changes in equity and summary statement of cash flows for the year then ended, related notes, are derived from the audited financial report for the year ended 30 June 2012. We expressed a qualified audit opinion on that financial report in our report dated 29 October 2012.

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 audit financial report of The Cancer Council NSW.

Directors' Responsibility for the Financial Report

The directors of the company are responsible for the preparation of the summary of the audited financial report on the basis described in Note 1.

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 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.

BDO East Coast Partnership

Paul Bull
Partner

Sydney, 29 October 2012

Thank you

We thank these very generous individuals and organisations who have supported us in 2011/12. 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.

Laurie Bender	Sh*tbox Rally	CRAB (Cancer Research Advocate Bikers)	Kay Sidman
Count Charitable Foundation	Tour De Cure	Myles Craye	Stylecraft
Franklins – parent company	Angus Knight Group	Zoe Davis	The Patronax Foundation
Desiree Fraser	Aqua Dining and Ripples Group of Restaurants	Catherine Giunta	The Profield Foundation
Allan and Irene Moss	Boehringer Ingelheim Pty Ltd	Heaven Can Wait Committee	Theresa Quattromani
NAB	Josephine Borg	Jessica Hore	Fiona Tranter
Keith and Alison Ross	Mirella Carbone	Annette Kritikos	TVSN
Barry Rushworth	Angela Cho	Maximum Adventure	Victor and Maree Virgona
Maxwell Schroder	Julie Covenco	Relais & Chateaux	Vodafone
		Ritchies stores	Kristen Webster
		Nancy Sherry	Winning Appliances

Professional services

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

Bankers	Auditors	Investment advisors	Solicitors
NAB	Internal Auditors – Oakton External Auditors – BDO	Mercer	Turner Freeman Lawyers

Thank you for bequests

We acknowledge the extraordinary generosity of the following people who left a bequest to Cancer Council NSW in their Will. Their kindness enables us to fund life-saving research and provide cancer support services now and into the future. There can be no greater legacy than a gift that keeps on giving. There are some significant benefactors who wish to remain anonymous, and to whom we also say thank you.

Marjorie Alma Symonds Barnard	Joan May Piravano
Veronica Maria Bolt	Carmel Lee Pledger
Dorothy Alice Brown	Vincenzo Spitalieri
Boris Cape	James Henry Taylor
Beryl Clark	Margaret Valerie Taylor
Marjorie Ethel Edwards	Leida Ukskull
Thomas Robert Fleming	Colin Wilfred Ward
Martha Anne Green	David Kimberley Watt
Florence Marion Lansborough	Ethel Mary Webb
David Geoffrey Levers	Mavis Margaret Webb
Edna Margaret Moore	

For more information

You too can help us beat cancer by including a gift to Cancer Council NSW 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 for more information.

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Ph: (02) 4223 0200
Fax: (02) 4285 0268
info.southern@nswcc.org.au
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Community Centres

Bega Cancer Council Community Centre

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Bega NSW 2550
Ph (02) 6492 1805
Fax (02) 6492 3834

Young Cancer Council Community Centre

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Boorowa Street
Young NSW 2594
Ph (02) 6382 3426
Fax (02) 6382 5129

Hunter (Newcastle)

Level 1, 215 Pacific Highway
Charlestown NSW 2290
Ph (02) 4923 0700
Fax (02) 4920 7997
info.hunter@nswcc.org.au
www.cancercouncil.com.au/hunter

Community Centre

Upper Hunter Community Centre

69 John Street
(PO Box 570)
Singleton NSW 2330
Ph (02) 6571 2899
Fax(02) 6571 4101

North West (Tamworth)

Shop 1, 218 Peel Street
(PO Box 1616)
Tamworth NSW 2340
Ph (02) 6763 0900
Fax (02) 6766 7053
info.northwest@nswcc.org.au
www.cancercouncil.com.au/northwest

Far North Coast (Alstonville)

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

Mid North Coast (Coffs Harbour)

121 High Street
Coffs Harbour NSW 2450
Ph (02) 6659 8400
Fax (02) 6652 1530
info.midnorthcoast@nswcc.org.au
www.cancercouncil.com.au/midnorthcoast

South West (Wagga Wagga)

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

Western (Orange)

75 Kite Street (PO Box 1977)
Orange NSW 2800
Ph (02) 6392 0800
Fax (02) 6361 7425
info.western@nswcc.org.au
www.cancercouncil.com.au/western

Cancer Council NSW shops

Penrith

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

Kotara

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

Warringah Mall

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

Hornsby

Shop 3010, Westfield Hornsby
Pacific Highway
Hornsby NSW 2077
Ph (02) 9987 0662
Fax (02) 9987 1778

Chatswood

Shop 442, Level 4
Westfield Chatswood
Victoria Avenue
Chatswood NSW 2067
Ph (02) 9413 2046
Fax (02) 9410 2804

Bondi

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

Miranda

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

Rouse Hill

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

Online store

www.cancercouncilshop.org.au

FSC Details to be inserted by Printer



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