

Annual Report 2016/2017

A CANCER-FREE FUTURE

CONTENTS

About us	2
Our strategic priorities	3
Hello from our Chair	4
Hello from our CEO	5
Our highlights	6
Our impact across NSW	8
Research	10
Prevention	14
Information and support	18
Advocacy	22
Fundraising	26
Our communities	30
Our communications	33
Our people	35
Our structure	38
Our Board	39
Our management	42
Our committees	44
Our organisation	46
Our infrastructure and systems	47
Publications and submissions	48
Our summarised financial report	51
Thank you	58
How you can get involved	60
Contact us	61

OUR VISION A cancer-free future

OUR PURPOSE

We are Australia's leading cancer charity; uniting the community, investing in research, supporting people and saving lives

OUR VALUES

Our values influence the work that we do and the way we work with our colleagues and with our community

-

INNOVATION Seek and embrace the best

RESPONSIBILITY Be accountable for our results and resources



COURAGE Speak out and step up



COLLABORATION Work together to achieve our goals

ABOUTUS

Cancer Council NSW believes in a cancer-free future. There are things that we can all do every day to help make this happen.

Every year in NSW alone, more than 48,000 new cases of cancer are expected to be diagnosed, and the impact on families, carers and communities is significant.

Together with our volunteers, supporters, stakeholders and staff, we are committed to reducing the impact of cancer on individuals and the community, and to lessening the burden for people affected by cancer.

We are the only organisation that works across every area of every cancer:

- conducting and funding world-class research that underpins our work across the cancer journey
- preventing cancer by encouraging cancer-smart lifestyles
- supporting people as they navigate the cancer journey
- advocating to ensure that governments take action on cancer.

We are there not only for those touched by cancer today, but to prevent and manage cancer for future generations.

Our 2016/17 Annual Report is a snapshot of our achievements. In the following pages, we are able to share just some of the stories and successes from the past year. These are not just Cancer Council NSW's stories, they reflect a community that shares our vision of a cancer-free future.

OUR STRATEGIC PRIORITIES





Find out more about our *Strategic Intent 2014-2018* and strategic priorities online at cancercouncil.com.au/about-us

HELLO FROM OUR CHAIR

Thanks to our supporters and our partnership with the community, 2016/17 was another strong year for Cancer Council NSW.

Our fundraising income has remained steady this year and we have invested more in our mission areas of research, prevention, information, support and advocacy. As a community-funded organisation, we are dedicated to ensuring our services and programs meet the needs of communities across NSW.

While we focus our activities predominantly within NSW, we are a member of a national federation of Cancer Councils that covers every state and territory across Australia. This federated model allows us to focus on opportunities, needs and initiatives within NSW, while collaborating nationally on issues that have an impact on all Australians.

This year, all members of the federation have come together with a new shared vision of a *cancer-free future*. This is aspirational and is meaningful for people across the country.

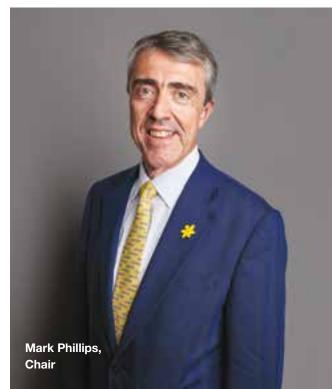
I am very proud of what Cancer Council NSW has achieved throughout 2016/17. We continue to provide support and assistance to large numbers of people affected directly and indirectly by cancer. Our advocacy and awareness campaigns have brought substantial progress in addressing and resolving some key issues. We have remained one of the largest non-government funders of cancer research in Australia.

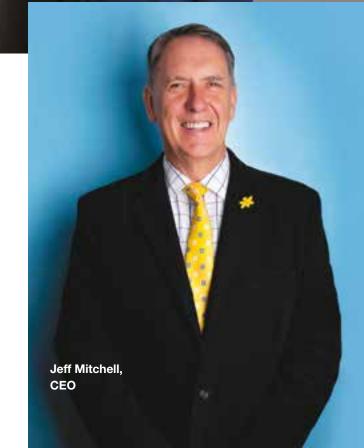
This year has also been one with new direction and leadership for Cancer Council NSW. In October 2016, we farewelled outgoing CEO, Jim L'Estrange, and welcomed Jeff Mitchell into the role. Jeff was a member of our Board before taking up this position, and his experience has ensured a smooth transition and a strong foundation for the organisation's future.

We also have a strong and diverse Board that provides effective leadership; and I thank all of my fellow directors for their efforts, passion and skills in contributing to our work.

On behalf of the Board, I would like to thank our volunteers, supporters and staff for their hard work and dedication to Cancer Council NSW. We are privileged to have the support of so many people contributing to our cause.

Mark Phillips Chair, Cancer Council NSW





HELLO FROM OUR CEO

This has been a year of change, a year of progress and most importantly a year of working together with and in the community to bring us closer to a cancer-free future.

I began my new role as CEO in October and I want to thank and acknowledge Jim L'Estrange for his leadership and contribution as the outgoing CEO. Jim did so much to build relationships and strengthen our organisation, and he remains an active supporter.

We have a fabulous team of volunteers, supporters and staff across NSW and I want to thank them all for their enthusiasm and hard work.

Our 2016/17 Annual Report showcases some great stories and illustrations of our work. We have continued with strategies that have served us well and we have commenced new initiatives across a range of areas from research to supportive care. Some of the themes this year were:

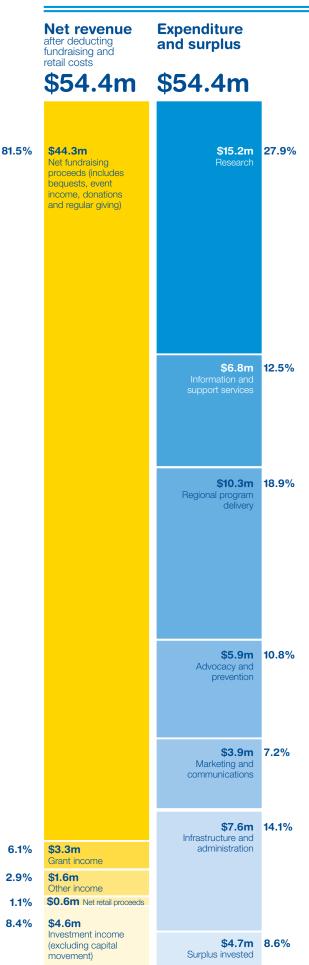
- Simplifying our processes We have embarked on a program called Business Transformation, to streamline processes, technology and systems, so that more of our time and effort will be on our core mission.
- Building our reach and impact Throughout the year we have refined our programs and implemented new activities to extend our reach, so we can support more people affected by cancer. We have made some good progress and there is still more work to do.
- **Investing more in cancer research** With support from our Board we have commenced a long-term program of epidemiological research called *Pathways to a cancer-free future*. Collaborating with some of the best researchers, this program will help us build evidence-based recommendations on where to invest our resources to have the greatest impact on reducing the burden of cancer.
- The power of the community voice Thanks to the strength of our community, the *I Care for Palliative Care* campaign has made a real difference in ensuring better palliative care services across the state.

This is all made possible because of support from local communities across NSW, to whom we say a very big thank you.

Jeff Mitchell

Chief Executive Officer, Cancer Council NSW

Where our funds came from and where they were spent



OUR HIGHLIGHTS

COMMUNITY

WE ARE 95% COMMUNITY FUNDFD

28,100+community supporters get behind our cause.

3,000+

registered volunteers generously donate their time and work alongside our staff.

Our network of 14 offices, seven retail outlets and 19 Cancer Council Information Services enables us to work within communities across NSW and ensure that our programs and services are tailored to meet their needs.



RESEARCH

INVESTED IN 2016/17



INVESTED OVER THE PAST 10 YEARS

OUR RESEARCH:

has provided critical information about cervical screening in our population, supporting Australia's renewed National Cervical Screening Program.

found that 83,800 lives could be saved if 60% of Australians participated in the National Bowel Cancer Screening Program.

determined a 20% tax on sugary drinks has the potential to reduce consumption, save lives and have wider economic benefits.



PREVENTION

17,000+ people took our cancer risk quiz

on **1in3cancers.com.au** to learn which lifestyle choices can reduce their cancer risk.

900,000+

children across NSW are protected from the harmful effects of the sun while at school and childcare services because of our **SunSmart Program.**

12,900+

parents are helping protect their children from cancer by getting them to eat more fruit and vegetables, thanks to our **Eat It To Beat It program.**



INFORMATION AND SUPPORT

199,000+ understanding cancer resources

were distributed, ensuring people have access to reliable and easy-to-understand cancer information.

\$1.5M

worth of assistance was provided for free through our **Pro Bono Legal and Financial Program**, helping 864 people in NSW with legal, financial and workplace advice.

12,200+

people called **Cancer Council 13 11 20 for Information and Support** from our specialist cancer professionals.



ADVOCACY

26,500+

CANACT COMMUNITY SUPPORTERS have helped us achieve

some amazing wins.

Our I Care for Palliative Care campaign helped achieve a record \$100 million funding commitment from the NSW Government to improve palliative care services.

Nine Cancer Advocacy Networks are addressing local cancer-related issues like funding for oncology social workers and securing smoke-free local council areas.

OUR IMPACT ACROSS NSW

We work in local communities across the state, which means we can deliver programs and services that best meet their needs and have the greatest impact. Here is a snapshot of some of our local stories from 2016/17.



We visited **6** remote communities in far western NSW to increase knowledge about cancer and spread prevention messages.

Cancer Council NSW partnered with the Royal Flying Doctor Service to deliver education sessions about bowel, lung, breast and skin cancers in a Fly Around Clinic in **western NSW**. We also promoted Cancer Council NSW support services and visited schools to raise awareness of sun safety and healthy eating, for reducing cancer risk.



We provided **19,897** nights of affordable accommodation so that cancer patients and their carers could stay close to treatment centres.

When Keith Bryce was diagnosed with prostate cancer, he needed to be close to hospital for daily radiotherapy but he lived more than 200 kilometres away. He and his wife stayed at Lilier Lodge in **Wagga Wagga** which meant he could access treatment easily.

= Cancer Council NSW offices



Our **26,561** CanAct Community members got behind our palliative care campaign across the state.

After losing his mother to breast cancer, Mitch Williams became involved in the *I Care for Palliative Care* campaign. He worked with the **Tamworth** community, collecting pledges and speaking at local events. He is dedicated to improving palliative care and speaking out on behalf of the local community.



Our Transport to Treatment drivers made **20,296** trips, covering nearly 800,000 km.



We helped **215** survivors and carers adjust to life after cancer through our ENRICHing Survivorship program.

The program allowed Lily Gubbay, a cancer survivor from **Sydney**, to connect with other people who had been through similar experiences and work with professionals to improve her health. She enjoyed the nutrition and diet advice, which helped her to get back into her normal life.



Thanks to community support, we have contributed \$15.2 million to conduct and fund world-class research, which underpins everything we do.

The Honeybees from **Illawarra** are a group of ladies who fundraise for cancer research in a variety of ways including raffles and craft sales. Each with their own connection to cancer, the women also help out at events like Daffodil Day and the Stars of Wollongong. The Honeybees have raised \$125,000 since 2004, enabling us to fund important research projects. Margaret Watson from **Newcastle** drives local cancer patients and their carers to treatment. After her husband died from cancer, Margaret was motivated to volunteer with Cancer Council NSW and help people in her area. She is committed to making their experiences with cancer a little bit easier.



Our **19** Cancer Council Information Services (CCIS) are located in hospitals and treatment centres, providing free information and support services.

Sue Woodward volunteers at the CCIS at **Blacktown** Hospital. She is there to listen and support people – as a cancer survivor, she can understand what they are going through. Sue is fluent in multiple languages, so she can provide easy-to-understand information about Cancer Council NSW's support services to people from many backgrounds.



For more information about our work in local communities, visit cancercouncil.com.au/local-services

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To conduct and fund world-class research that reduces the impact of cancer. Research guides our path to a cancer-free future. Cancer Council NSW is committed to conducting and funding research that enhances outcomes across the entire cancer journey and is of value to the community. As an evidence-based organisation, research helps us prioritise areas where we can have the greatest impact, and it underpins our prevention, information and support, and advocacy programs.

Cancer Council NSW is proud to be one of the largest non-government funders of cancer research in Australia. On behalf of the community, in 2016/17 Cancer Council NSW **invested \$15.2 million** to conduct and fund research.

We believe cancer survivors, carers and members of the general public should be at the heart of cancer research, and the community plays a vital role in supporting our work – not only by raising money for research, but also in selecting which projects we fund. Members of the community have a unique insight into the problems faced by those going through cancer. Their involvement in the funding process means that research is conducted in partnership with the people it is intended to benefit. This partnership helps to ensure real-world needs are met by the research Cancer Council NSW funds.

Pathways to a cancer-free future

Our dedicated team of internal researchers has embarked on a new long-term program that aims to save more lives by identifying where the greatest impact can be made on reducing the burden of cancer.

The program is called **Pathways to** *a cancer-free future* (*Pathways*) and will bring together experts and policy makers to determine the greatest opportunities for reducing the impact of cancer by 2040. *Pathways* will guide our activities across research, prevention, advocacy, information and support.

This world-leading program is underpinned by innovative predictive modelling research across five initial cancer types: cervix, lung, bowel, prostate and breast. Together, these are responsible for a large number of cancer cases in Australia.

Funding world-class researchers

Every year we award grants to Australia's leading research teams. Before we invest in a new project, it is reviewed by both scientific experts and our panel of cancer survivors and carers.

In 2016/17, we invested \$8.8 million to fund 256 researchers from 13 institutions, who are working on 70 projects. In addition, we awarded 15 new external research projects, worth \$6 million over the next three years. These projects include studying a new treatment combination to stop breast cancer growth and improve patient outcomes, and testing drug combinations for pancreatic cancer that could overcome or prevent resistance to treatment. Another project will explore how to help the immune system to fight lymphoma.

In 2016/17 we funded:

256 Researchers

> 70 Projects



I am a thoracic physician sub-specialising in lung cancer. I got involved in *Pathways* because the program, including the modelling framework developed by the team at Cancer Council NSW, has the potential to help us address the huge burden of disease from lung cancer. Specifically, we are evaluating the cost-effectiveness of lung cancer screening in Australia.

Our aim is to identify how we can have the biggest impact along the whole journey; investigating things like helping people stop smoking or making sure people diagnosed with cancer get the best treatment and care possible. We also aim to improve screening and detection for people at risk of lung cancer, given that most cancers are currently diagnosed at a late stage when cure may no longer be possible.

An important part of this research is advanced modelling – looking at what options are most useful and effective, and putting them into practice so that people in the community can benefit.

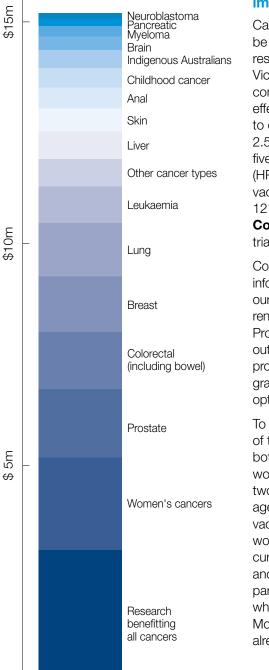
It is very rewarding work. In the clinic, we can help one person at a time. *Pathways* has the potential to affect many people by improving the whole system, and making a major impact on society.

Throughout my career we have witnessed many improvements to cancer detection, interventions and treatments, but there is still a lot of work to do. Lung cancer is the biggest cause of cancer deaths in Australia. No one is immune and no one deserves it. And together, we are working hard to help everyone achieve the best possible outcome.

Professor Kwun Fong Chair of *Pathways* Lung Scientific Advisory Committee

> EVERYONE WORKING TOGETHER FOR A CANCER-FREE FUTURE

Our research spend



Demonstrating the real-life impact of HPV screening

Cancer Council NSW continues to be a world leader of cervical cancer research. In collaboration with the Victorian Cytology Service, we are conducting a trial to compare the effectiveness of the two approaches to cervical cancer screening -2.5 yearly Pap test screening and five-yearly Human Papillomavirus (HPV) screening - in an HPVvaccinated population. With 121,000 female participants, the Compass trial is the largest clinical trial in Australia.

Compass has provided critical information about cervical screening in our population, supporting Australia's renewed National Cervical Screening Program, which is expected to roll out in December 2017. It will also provide data to other countries grappling with the challenges of optimising cervical screening.

To conduct a controlled assessment of the performance of HPV testing in both unvaccinated and vaccinated women, the trial is divided into two cohorts based on women's age and eligibility for the HPV vaccine. Over 36,300 unvaccinated women aged 36-69 years are currently participating in the trial, and recruitment is underway for participants aged between 25 and 36 who have been offered vaccination. More than 60,000 participants have already been recruited.

Saving lives with increased bowel cancer screening

In 2016/17, our researchers examined the potential impact of Australia's National Bowel **Cancer Screening Program** between 2015 and 2040 and the effect that improved participation rates could have.

> If 60% of Australians participated in the **National Bowel Cancer** Screening Program, 83.800 lives could be saved between now and 2040.

Currently, around 40% of those who are eligible for bowel screening participate in the program. At this level of participation, the program is expected to prevent 59,000 bowel cancer deaths between now and 2040.

The study found that if 60% of Australians participated in the program, 83,800 lives could be saved between now and 2040.

We also examined the costeffectiveness of the program, considering the high burden and cost of treating bowel cancer. Our researchers found cost savings to the health system could be achieved within a decade of roll-out of the screening program.

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PERFORMANCE

HOW	MEASURES	2013	2014	2015	2016	2017
We forge new discoveries in cancer causes, biology, trends and consequences, through funding world-class research.	New research grants awarded	21	16	16	16	15
	Total research grants funded	71	72	77	80	70
In partnership with government and collaborators, we seek competitive grant funding.	Number of research grants received	19	9	14	12	11
	Total research grants received (\$m)	1.5	0.4	0.9	1.5	1.2
We trial and deploy novel funding strategies and partnerships to unite the best ideas and researchers for the benefit of cancer control.	Total research expenditure (\$m)	14.8	14.2	14.9	15.0	15.2

HIGHLIGHT

• We launched Pathways to a cancer-free future, our long-term program that aims to save more lives.

CHALLENGE

We are refreshing our external grants program to align with changes to the National Health and Medical Research Council's national grants program.

We know that 90% of bowel cancers can be cured if detected early. We encourage Australians aged 50 to 74 to take part in the National Bowel Cancer Screening Program and complete the test when they receive it in the mail.

Estimating the economic benefit of a sugar tax

Consuming sugary drinks can lead to obesity, which is a risk factor for 11 types of cancer, including some breast, bowel, kidney, endometrial, gallbladder and pancreatic cancers. Being overweight or obese is linked to nearly 4,000 cancer cases in Australia each year.

This year, our researchers explored how a **tax on sugary drinks** would impact on Australia's productivity. The Australian-first study found that a 20% tax on sugar-sweetened beverages has the potential to reduce consumption, avoid unnecessary health care costs and save lives, and enhance incomes and economic growth.

Such a tax would also have wider economic benefits, including helping prevent obesity and the illnesses associated with it, so more people would be able to keep working for longer. Specifically, the study estimated that over the lifetime of the adult Australian population, the tax would translate into productivity gains of \$750 million in the paid work sector alone, and almost \$1.2 billion across volunteer and other unpaid work.

Cancer Council has recommended that the Australian Government introduce a tax on sugary drinks. Additional measures that the government should consider as part of a comprehensive approach include reducing children's exposure to marketing of sugary drinks, and restricting the sale of these drinks in all children's settings such as schools and sporting venues.

Predicting lung cancer risks

Lung cancer is the leading cause of cancer death in Australia and is the fifth most commonly diagnosed cancer type. A study by Cancer Council NSW has, for the first time in Australia, evaluated the performance of a **lung cancer risk prediction tool**, developed in the United States and Canada, to predict current and ex-smokers at the highest risk of lung cancer.

Lung cancer screening is only effective at reducing mortality among those smokers and ex-smokers at the highest risk of lung cancer, making targeting the right group essential. So far, identifying high risk groups has been an unsolved challenge in Australia. This year, however, our researchers successfully tested a promising method that could reduce the number of people who might be screened unnecessarily. Results of this study have major implications for the future of lung cancer screening in Australia.

The study compared the tool's predictions with real life outcomes among 95,000 people aged 55–74 years in the 45 and Up Study. It correctly predicted nearly 70% of all lung cancers that occurred up to six years from the commencement study. Applying a risk prediction tool to identify people who are at the highest risk has the potential to reduce the number of people needing to be screened, as well as the number of false positives, making screening more efficient and cost effective.

While these findings are promising, there is a pressing need for more data and evidence about lung cancer screening. An Australian screening trial is underway to further evaluate the use of the tool in clinical settings. This research is part of a trial funded by the National Health and Medical Research Council, led by Professor Kwun Fong at The University of Queensland. Cancer Council NSW is planning a health economic evaluation of lung cancer screening for Australia using data from the trial, which is due for completion in approximately three years' time.



Recipients of external research grants for 2017 at Cancer Council NSW's annual Research Awards.

WHAT'S NEXT?

Lynch syndrome is an inherited genetic mutation that gives some people a higher chance of developing certain cancers, particularly colorectal cancer. Identifying patients with Lynch syndrome can save lives, but it is currently underdiagnosed. Our researchers have begun a project testing different approaches to ensure patients with a high risk of Lynch syndrome are identified and referred into genetics services.

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Read more about our research activities in our *Research Highlights Report 2016/2017* at cancercouncil.com.au/research-highlights-2016-2017





To reduce cancer in the NSW community by encouraging people to lead healthy, cancersmart lifestyles. Preventing cancer is one of the most effective ways of achieving a cancer-free future. Research shows that one third of all cancers are related to smoking, exposure to UV radiation, obesity, poor nutrition, alcohol consumption and lack of physical activity. By creating environments that promote cancer-smart behaviours, and helping people make healthier choices, we can reduce known cancer risks and lower cancer incidence.

To achieve a cancer-free future, we need to stop cancer before it starts. Our prevention programs focus on three key areas where we can make a big difference: tobacco control, skin protection and nutrition.

1 in 3 Cancers campaign

Evidence shows that in Australia 37,000 – or one third of cancer cases – are preventable. In September 2016, Cancer Council NSW launched the **1 in 3 Cancers campaign**.

While other campaigns have raised awareness of single risk factors such as smoking or UV exposure, our *1 in 3 Cancers* campaign is the first to look collectively at the lifestyle choices that influence an individual's risk of cancer. This includes quitting smoking, using sun protection, achieving a healthy weight, drinking less alcohol, cutting down on red and processed meat, eating more fruit and vegetables, and increasing physical activity.

The campaign calls on people to visit 1in3cancers.com.au and

complete our **Cancer Risk Quiz**. The quiz is designed to help people learn how their lifestyle choices affect their cancer risk. The campaign aired across television, digital and social media channels, reaching over one million people in NSW. There was a very positive response, with over 45,000 people visiting the website and over 17,000 people completing the quiz.

Evaluation of the campaign found that, when prompted, approximately 30% of the target audience of women and men aged 35-55 years recognised the campaign. Of these, nearly 60% could recall key campaign messages without prompting, increasing to 95% when prompted. These results demonstrate that the campaign resonates with our key audiences and the message 'you hold the cards to reducing your cancer risk' is both compelling and accessible. Our challenge ahead is to extend the campaign to reach a greater proportion of the community and encourage them to take action.

Instilling cancer-smart behaviours from a young age

Participating in outdoor sports is a large part of the Australian culture. In 2016/17, 30 junior cricket clubs continued to encourage cancersmart behaviours among young cricketers and their families through our Healthy Sports Initiative. The initiative supports clubs to address five health standards: sun protection, smoke-free environments, healthy eating, alcohol management, and healthy sponsorship and fundraising. The focus of 2016/17 was to promote sun protection while continuing to build on the smoke-free environment messages from 2015/16.

Reducing harm from smoking

Tobacco smoking is the biggest risk factor for preventable cancers, causing one in five of all cancer deaths in Australia. While smoking rates have declined significantly in recent years – to 15% of NSW adults – they remain significantly higher among some groups in our

Continued...

Evaluation of the 1 in 3 Cancers campaign



58%

of people who recognised our 1 in 3 Cancers campaign recalled key messages including:



I founded Blowfly Cricket Club nine years ago. I've always loved sports and wanted to create an environment where children with special needs have the opportunity to participate in a team sport, get outdoors and keep active.

We've been involved in the Healthy Sports Initiative since it began in 2015. It's a fantastic program that the club has really taken ownership of.

We began the program by encouraging our members to be more sun-safe. For children with physical and intellectual disabilities keeping a hat on or applying sunscreen can be difficult, but our club members learned to really embrace it. Today, the children are so switched-on reminding everyone to wear their broadbrimmed hats and to keep in the shade when they're not on the field.

We've also worked on keeping our playing field and club house smoke-free and are encouraging healthy eating at our weekly barbeque by introducing meat-alternatives.

The most rewarding part of being involved in this program is seeing the kids act out those healthy behaviours on their own accord.

> I always say to the team, 'this is your club,' so it's so great to see them embrace the Healthy Sports Initiative. Whether it's by putting up Cancer Council sun safety signage, reminding others to wear their sunscreen or participating in the cricket match, they're really involved and they're taking on these healthy habits.

> > At Blowfly Cricket we promote an accepting, safe and healthy environment for all children of all abilities, and the Healthy Sports Initiative has become a big part of that philosophy.

Mark Rushton Blowfly Cricket Club Founder, Healthy Sports Initiative participant

EVERYONE

WORKING TOGETHER for a cancer-free future community, such as Aboriginal people and those with a mental illness.

Our Tackling Tobacco program

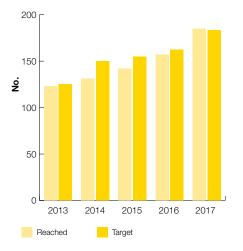
partners with community organisations that work with these priority populations to reduce smoking-related harm for their clients. In 2016/17, we worked with 53 organisations and completed 36 projects. We have centralised and automated the recruitment process for new Tackling Tobacco projects, leading to an 18% growth in completion from 2015/16.

A key focus this year was working with eight Aboriginal health organisations on Tackling Tobacco projects with an adapted version of the program to make it more culturally appropriate. We also brought Aboriginal health workers together to share their stories of what they are doing to address smoking in their communities.

We have also continued our work towards smoke-free living for people in apartment complexes. We know that 93% of adults do not permit smoking inside their home, yet very few strata schemes in NSW have adopted by-laws to address smoking. With new model by-laws introduced under the Strata Management Regulation, Cancer Council NSW ran a campaign featuring a story of a mother with young children affected by smoke-drift. The campaign promoted our Achieving Smoke-free Apartment Living toolkit. This toolkit

summarises the health, financial and legal benefits of smoke-free apartment complexes, as well as how to achieve this, and examples of what to include in a smoke-free by-law.

Number of social and community service organisations reached through Tackling Tobacco



Preventing skin cancer

Australia has one of the highest rates of skin cancer in the world, with two in three people who grow up in Australia diagnosed with some form of skin cancer by the time they are 70 years old. We continue to deliver sun protection programs designed to reduce the incidence and mortality of skin cancer in high risk populations such as children, young people and older men.

Our SunSmart Program

supports the development and implementation of best practice sun protection policies in primary schools and childcare centres. We know that reducing UV exposure during the first 15 years of life significantly reduces the risk of developing skin cancer later in life. In NSW, 92% of early childhood services and 81% of primary schools participated in the program during 2016/17, reaching an estimated 900,000 children.

Practicing sun-safe behaviours at any age reduces the risk of skin cancer. This year, we continued to work with the support of Cancer Institute NSW to promote sun protection practices among men aged 40–64 years through **Improve your long game**, a skin cancer prevention program running in NSW golf clubs.

We know that men over the age of 40 are 1.5 times more likely to be diagnosed with melanoma and more than twice as likely to die from it than women of a similar age. In 2016/17, a record 82 NSW golf clubs registered to implement the program throughout summer, estimated to reach more than 10,000 members. Participating clubs are provided with sun protection signage and sunscreen to use at various sites across the clubhouse and on the green, with reminders to reapply sunscreen at the 10th hole.

Enhancing advice regarding the safe use of sunscreens

In early 2017 there were media reports that a number of well-known brands of sunscreen, including our

PERFORMANCE

HOW	MEASURES	2013	2014	2015	2016	2017
We facilitate cancer-smart policies and practices in organisations and settings.	Percentage of NSW primary schools participating our SunSmart Program	67%	75%	78%	80%	81%
We support individuals to adopt cancer preventative behaviours, including increased fruit and vegetable consumption.	Number of new parents participating in the Eat It To Beat It program	3,443	8,912	13,227	12,300	12,933
We help at-risk populations change their behaviour, including partnering with social and community service organisations to address tobacco issues and support clients to quit.	Number of new projects with social and community service organisations reached through Tackling Tobacco	22	10	11	15	28

R HIGHLIGHT

• The new Tackling Tobacco in Aboriginal Communities initiative engaged eight Aboriginal Medical Services.

▲ CHALLENGE

 In response to issues regarding sunscreen sensitivity, we have worked on increasing community awareness around the safe and effective use of sunscreen. own Cancer Council SPF 50+ Kids sunscreen, had caused a small number of adverse reactions.

Reactions to sunscreen are rare and can result from a sensitivity or allergy to any of the ingredients used in these products. For this reason, Cancer Council recommends performing a patch test before applying any sunscreen, and stopping use if any unusual reaction occurs.

The manufacture of sunscreens is strictly regulated by the Australian Government's Therapeutic Goods Administration (TGA) and **all Cancer Council sunscreens are thoroughly tested** to ensure they are safe and TGA-approved.

Cancer Council has made improvements to the advice we provide regarding how best to use sunscreen, including use of sunscreen with babies and children. This is supported by enhancements in the instructions on sunscreen packaging and the removal of Cancer Council aerosols from market.

Preventing cancer through healthy eating

Eating a nutritious diet with plenty of fruit and vegetables can reduce the risk of bowel, oesophageal, lung and



Lat o sublin of carbon cart on provinting

1 in 3 Cancers campaign poster.

some mouth and throat cancers. A healthy diet also helps maintain a healthy body weight, but only one in five Australians are eating enough vegetables and about half eat the recommended amount of fruit.

Our free Eat It To Beat It program

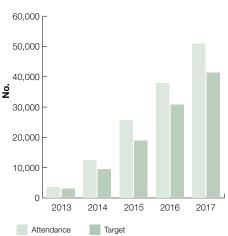
now covers all of NSW with its expansion into southern NSW and metropolitan Sydney this year. As part of the program, 11,858 parents of kindergarten-aged children attended our 25-minute Healthy Lunch Box sessions to learn how to pack a healthy lunch box. A further 1,075 parents took part in our Fruit & Veg Sense Workshops to learn about preparing healthy family meals, with a focus on increasing fruit and vegetable intake.

Campaigning for healthier environments – junk food marketing to children

Cancer Council NSW continues to conduct research into the **impact of unhealthy food marketing on children**. In 2016/17, our research into the sponsorship of junior sports programs by food, beverage, alcohol and gambling companies found that while there are a relatively low number of these sponsors, 91% are marketing unhealthy products.

We also analysed advertisements broadcast during children's peak viewing times. Our results found that there was no change in the rate of unhealthy food and drink advertisements on television since our last study in 2011, despite

Number of parents who have attended Eat It To Beat It sessions



voluntary self-regulatory initiatives introduced by the food industry in 2009. We found 44% of food advertisements featured unhealthy foods, exposing children to three junk food advertisements every hour.

We found 44% of food advertisements featured unhealthy foods, exposing children to three junk food advertisements every hour.

Both pieces of research gained significant media attention, highlighting our calls on the government to take action to protect children from the influence of junk food sponsorship and advertising, and progress an evidence-based recommendation to address childhood obesity.

WHAT'S NEXT?

Over the next year, we will explore strategies to extend the reach of the 1 in 3 Cancers campaign, including finding ways to link the campaign with our existing initiatives such as Relay for Life. We will continue to refine our campaign strategy to promote and support healthy lifestyles across the NSW community.





INFORMATION AND SUPPORT

To empower and support people affected by cancer, so that no one need face cancer alone. Cancer Council NSW supports people affected by cancer through all stages of their cancer journey. As well as providing evidence-based information about cancer, we provide practical and emotional support to help people cope better with cancer. As cancer treatments improve, more people are living longer after a cancer diagnosis. Adjusting to life after cancer makes the availability of ongoing support crucial.

Cancer Council NSW is there for people who have questions about cancer, have been diagnosed with cancer or are undergoing treatment, or are caring for loved ones. Anyone can call Cancer Council's 13 11 20 Information and Support service and speak to a health professional about any aspect of cancer. This year, we received 12,225 calls and emails to 13 11 20. Of these, approximately 60% (7,198) were referred to additional Cancer Council NSW support services for practical and emotional support.

Practical support for anyone affected by cancer

A cancer diagnosis can bring about a range of financial and legal issues, which can be difficult for a person to deal with while undergoing treatment or caring for a loved one. To help reduce the stress related to these issues we offer a range of practical support programs and services.

Financial stress is reported by one third of people with cancer and around a quarter of carers. In 2016/17, the **Financial Assistance Program** provided information, support and financial assistance to 2,750 people affected by cancer and experiencing acute financial hardship. As part of this, our **Emergency Financial Assistance** service provided \$587,052 worth of aid to 2,538 people across NSW to help with household expenses and the cost of getting to treatment. This included vouchers for food and petrol as well as help with utility bills.

An evaluation of these programs conducted in 2016/17 found that those who had accessed the service felt less stressed and better able to cope with their financial situation once they understood what assistance was available.

Cancer Council's Pro Bono Program continues to help people affected by cancer access free legal, financial planning and workplace advice. Cancer Council NSW manages the Pro Bono Program across Australia through partnerships with Cancer Councils in every state and territory. In 2016/17, professionals provided \$1.5 million worth of support for free, assisting 864 people in NSW with 1,128 issues including legal disputes, wills, superannuation, budgeting and negotiation with employers. Nationally, this program helped 2,630 people with 3,519 matters amounting to \$5 million of assistance in 2016/17.

We continue to strengthen our relationships with professionals who deliver these services free of charge, and in 2016/17 the program reached a milestone of partnering with over 1,000 service providers nationally. This year, Cancer Council NSW teams met with lawyers and financial planners in regional areas across western and northern NSW to promote the program, recruit additional advisors, and thank existing advisors for their ongoing support. During 2016/17, the expansion of this service was also driven by a new partnership with the Financial Planning Association of Australia, which is providing access to more financial planners.

Supporting emotional needs

Cancer Council NSW provides support to ease the emotional burden for people while they are undergoing treatment, making decisions about life matters or coming to terms with their circumstances. We offer opportunities for people to talk to cancer professionals or connect with people who have had similar experiences – one-to-one through our Cancer Connect program over the phone, in group settings or online.

This year we launched our newly redesigned **Cancer Council Online Community** which is a safe, online space for cancer patients, survivors, families and carers. The website offers information and support, and reduces isolation by allowing people to share their cancer experience through blogs, discussion forums and support groups.

18

66 I was 28 years old when I was diagnosed with stage three colorectal cancer. I was living and working in Beijing at the time and was back home in Australia for a week when I received my diagnosis. With no known family history, my cancer came as a real shock.

It was completely out of the blue and it took my life in another direction.

I underwent 18 months of treatment involving radiotherapy, chemotherapy and surgery.

I became involved with Cancer Council NSW early on. I started volunteering post-surgery. Since then I've been a guest speaker on the webinar series and active on the newly launched Online Community, engaging with patients and survivors while sharing my experience and understanding.

Cancer can be a very isolating experience. That's why online support services are so important, particularly for people in my age group. We're online all the time, so it's reassuring to know that Cancer Council NSW facilitates these services so we can trust the information and access it anywhere, anytime.

One of the most valuable features of these online support services is that most of the comments you receive are in real-time. It creates a twoway dialogue and helps you to cope better.

> I continue to keep in touch with the people I meet through my involvement with these support services. They're all affected by cancer differently, but all are able to empathise and understand the impact it has. The more connected all people affected by cancer can be, the better.

Ben Bravery Survivor and Cancer Council Online Community member

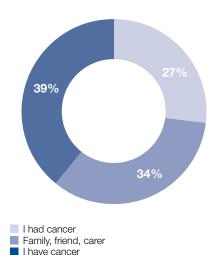
EVERYONE WORKING TOGETHER

FOR A CANCER-FREE FUTURE

Research shows that access to reliable online information helps people affected by cancer to reduce anxiety, create realistic expectations, promote self-care and minimise feelings of isolation.

Since its launch in November 2016, the website has grown to over 5,100 community members and there have been over 27,700 visits.

How cancer relates to members of the Online Community



PERFORMANCE

A trusted source of information

We know how important it is for people to be able to access reliable information about cancer at the time they need it and in a place and format that is right for them.

To achieve this, we created a series of 10 **podcasts** this year, called *The Thing about Cancer.* The podcasts provide a new and engaging way for people to access trusted information, and are particularly helpful for those who are too fatigued to read, have low literacy levels, or simply prefer to listen rather than read.

Presented by renowned Australian broadcaster Julie McCrossin, each episode focuses on a different topic such as coping with a cancer diagnosis, making treatment decisions, explaining cancer to children, managing fatigue, and how cancer affects carers. The podcasts are proving popular, with more than 3,600 listens in the first six weeks. They are available for free on our website or through the online iTunes Store.

Our *Understanding Cancer* series continues to provide information

about cancer through booklets, fact sheets, online content, CDs and DVDs. The series includes over 85 clinically reviewed information resources, including 51 printed booklets. In 2016/17, we distributed 199,040 printed resources and a further 19,179 were downloaded from our website. In addition, we have expanded our range of ebooks to 22 editions.

During 2016/17, we added two new national online fact sheets to the Understanding Cancer series – Understanding Immunotherapy and Understanding Lymphoedema – and updated 10 online workplace fact sheets to assist human resources teams and managers to support any employees who are affected by cancer.

To complement our *Exercise for People Living with Cancer* booklet, we developed 22 **exercise videos** which are available on our website. Research indicates that exercise during and after cancer treatment is beneficial in a number of ways. Coupled with the information in the booklet and on the website, the videos encourage people to be active during their treatment, make exercise easier and more achievable,

HOW	MEASURES	2013	2014	2015	2016	2017
We increase the number and reach of information and support services for people	Calls and emails to 13 11 20 Information and Support	18,339	15,763	12,335	11,948	12,225
with cancer and their families.	Cancer Council resources distributed	239,961	241,825	238,014	228,264	199,040
	Understanding Cancer booklets and ebooks downloaded	-	11,731	14,942	28,774	19,179
We provide help with the high cost of cancer.	Financial assistance grants to cancer patients and carers	1,937	1,794	1,831	2,228	2,538
	Financial assistance grants (\$)	444,551	441,853	486,083	508,000	587,052
We receive pro bono contributions from organisations and businesses with expertise and capacity to lend support to cancer patients and carers.	Number of matters referred to our Pro Bono Programs across Australia	2,685	3,165	3,457	3,882	3,518
We improve access to treatment via the provision or support of patient transport and accommodation services.	Number of trips by our Transport to Treatment program	-	-	-	-	20,296*
	Patient accommodation nights supported by Cancer Council NSW	16,633	18,700	19,246	19,878	19,897

R HIGHLIGHT

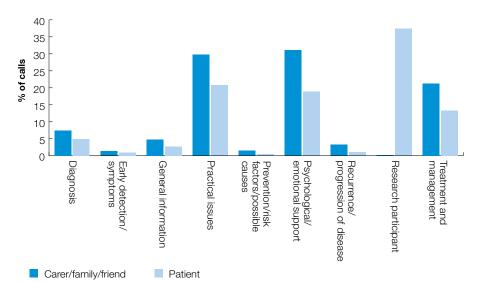
 Partnerships with utility providers contributed \$153,000 towards our Financial Assistance Program meaning more assistance could be provided at no additional cost to Cancer Council NSW.

A CHALLENGE

 While the total number of printed Understanding Cancer resources distributed this year is slightly lower, distribution to cancer treatment centres and hospitals in NSW has increased.

*In 2016/17, we implemented a new method of reporting Transport to Treatment trips.

Why patients and carers call Cancer Council 13 11 20 Information and Support



while supporting people to do the exercises safely and correctly.

We have 19 **Cancer Council Information Services** (CCIS) located in hospitals and treatment centres across NSW, providing free information and access to support services for people with cancer, their families and carers. This year we introduced the use of mobile devices which enable our volunteers to move around treatment wards and speak with people on the go. This has resulted in more effective data collection and flexibility in delivering information.

When treatment has finished

Over the years, cancer treatments and survival rates have continued to improve, which means more people are adjusting to life after cancer. This is why we offer a range of programs and services to address the unmet needs of cancer survivors.

During 2016/17, we redeveloped one of our key survivorship programs to deliver a more sustainable program called **ENRICHing Survivorship**. This brings together exercise, nutrition, mindfulness and peer support into one program.

For cancer information and support, call: Cancer Council 13 11 20 Information and Support or visit:

Six pilot programs of ENRICHing Survivorship were delivered in 2016/17, with participants reporting a greater positive impact on health and wellbeing outcomes than previous program variations. ENRICHing Survivorship has since been rolled out statewide, with many sessions delivered in collaboration with treatment centres.

Cancer survivors, carers, their family and friends can access real-time information through Cancer Council NSW's webinar series. The webinars allow anyone in Australia to interact with the presenters and other participants and learn about strategies to improve their wellbeing. The webinars continue to be well received, with eight held in 2016/17 on topics including anger after cancer, fatigue after treatment and the guilt of surviving cancer. Across the series, there were 3,140 registrations and 1,306 live and recorded views.

This year we also developed three **webinars for the Chinese community** in Mandarin, Cantonese and English to address the needs of this group. The project, funded by a grant from Cancer Australia, aimed to address some of the barriers that Chinese migrants face in accessing cancer information and support. The webinar series focuses on themes that our research with the Chinese community identified as being the most essential to feeling well informed and supported: trust, wellness, and legal and financial assistance.



Our *Understanding Cancer* booklets provide reliable and easy-to-understand information.

cancercouncil.com.au/get-support

WHAT'S NEXT?

In 2017/18, we will expand our financial counselling program into regional areas, and fund a financial navigator who will be a first point of contact to answer financial questions and discuss options.



To ensure that governments take action to reduce cancer risk and improve access to care and treatment. We know that, at times, government policies do not reflect what available evidence tells us about cancer prevention and access to care and treatment. Cancer Council NSW brings evidence and people together to influence policy, funding and legislation to help prevent cancer and improve cancer treatment and care.

Our **CanAct Community** is made up of 26,561 people across NSW who have the passion and power to change what politicians do about cancer. Cancer Council NSW works with these dedicated supporters to identify cancer-related issues and speak out on behalf of the community. We connect these people with each other, and their Member of Parliament (MP), to ensure decision-makers take action on cancer.

We know that when we act together, we make change. Our work has led to things like more funding for palliative care; better access to affordable car parking for people undergoing cancer treatment; and more smoke-free areas to protect the community from second-hand smoke as well as support people trying to quit.

Ending the palliative care shortage

When our loved ones have terminal cancer, they deserve the best care and support. However, without enough palliative care doctors and nurses to meet the needs of the community, this isn't always possible.

In June 2017, in response to community pressure including from Cancer Council NSW, the NSW Government announced a record \$100 million funding boost for palliative care over the next four years. This funding will allow for additional specialist palliative care nurse and physician positions across NSW, as well as provide training and scholarship opportunities to help develop the palliative care workforce of the future. This is a significant investment and indicates the strength of the community campaign on this issue.

Cancer Council NSW supported Push for Palliative's campaign for many years, and we increased our focus and attention on the issue in the lead up to the 2015 state election. Since then it has continued to be a key advocacy priority for Cancer Council NSW and our CanAct Community.

We launched our *I Care for Palliative Care campaign* in November 2016. We called on the NSW Minister for Health to fund at least 10 more full-time specialist palliative care physicians to bring NSW in line with recommended staffing ratios. We also called for 129 full-time palliative care nurses, to bring us in line with other states.

To ensure that Aboriginal people get the unique support they need, we called for more culturally-appropriate specialist palliative care services for Aboriginal people. Aboriginal people have limited access to palliative care that fits with their community values, beliefs and heritage, and this is an area that we want to continue working on with the government.

We launched the campaign at our **Planning 4 Change** event, where

Results from our *I Care for Palliative Care* campaign



OVER 50%

of Members of NSW Parliament briefed and 65 pledges from MPs, including the Minister for Health



endorsements from businesses and organisations

1 7 local launches with community members and NSW MPs



local media stories reaching 100% of state electorates



At the time, I was living in Australia while she was back home in the United States. It's always hard losing a loved one, but even more so when you're not there with them.

After she passed away I thought of how the support and care she received could have been improved. I knew I could put my skills in public health to use and affect real change. Around that time I got involved with Cancer Council NSW.

I joined the CanAct Community in 2013, and two years later I trained to become an MP (Member of Parliament) Liaison Officer. This volunteer role brought me face-toface with my local MP so I could discuss our advocacy campaigns and how we want government to respond.

I never thought it could be possible to meet with politicians and open up the conversation about action on cancer. That's why the CanAct Community is so powerful.

The recent *I Care For Palliative Care* campaign is one very close to my heart. My five-year-old niece requires daily care from a palliative care nurse, and has needed it since she was two. I know how important this type of care is, not only for the patient but their family as well. It can make a world of difference.

In the months leading up to the NSW Government's announcement of \$100 million in palliative care funding, I could feel the momentum building. It had been months of hard work from passionate advocates and it paid off.

Jamie Seymour CanAct Community MP Liaison Officer

> EVERYONE WORKING TOGETHER FOR A CANCER-FREE FUTURE

we brought more than 100 CanAct Community members and Cancer Council NSW staff together to build community leadership and share experiences of palliative care. We also launched the *Our Stories* booklet, a collection of personal accounts of palliative care. The stories tell of the incredible difference that palliative care staff make, and the strain placed on families when they are unable to access the care and support they need.

Throughout April 2017, we also held a **palliative care call-in**, where we asked cancer patients, carers and families who had been affected by advanced or terminal cancer to share their experiences with us. We had a great response, with 339 calls to our 13 11 20 Information and Support service and questionnaires completed online. The information they shared demonstrated the significant difference that palliative care staff make to people's lives.

Together with our CanAct Community volunteers and supporters, along with Push for Palliative campaign leaders, Cancer Council NSW has kept the need for more palliative care in the hearts and minds of politicians. The commitment by the NSW Government shows it has listened, and will help ensure more people get the support they need at a time when they are at their most vulnerable.

Increasing Aboriginal workforce in health services

Our research shows that Aboriginal people are more likely to have cancer diagnosed later, receive less active treatment, and have poorer long-term cancer outcomes than non-Aboriginal people. To improve health outcomes for Aboriginal people and improve services and treatment, we want to strengthen the Aboriginal health workforce in NSW to ensure culturally appropriate care is more widely available. We continue to call on the NSW Government to increase the number of Aboriginal staff working in cancer services.

Cancer Council NSW participated in the review of the NSW Government's Good Health - Great Jobs: Aboriginal Workforce Strategic Framework 2016–2020. We ensured that cancer care was referenced as an area of need. However, the government indicated that the issue needs to be addressed at a Local Health District level. This issue continues to be an area of focus for Cancer Council NSW and we will include it in our agenda for the next state election. We aim to bring the issue forward and close the gap in Aboriginal health services at the local level.

Reducing harm from smoking

Reducing harm from tobacco continues to be a priority for Cancer Council NSW and reducing the retail availability of tobacco products is one way to do this. We held the first ever Tobacco Retail Summit in Sydney on World No Tobacco Day 2017. The event brought together nearly 100 policy makers, researchers and advocates to consider ways of addressing the oversupply of tobacco products in Australia. Presentations focused on successful international legislative initiatives, including in San Francisco and Hungary, and speakers also discussed potential models for an Australian context.

The Summit provided an opportunity to reinforce our position with the NSW Government as it develops the next NSW Tobacco Strategy. Cancer Council Australia and the National Heart Foundation's Tobacco Issues Committee also met the following day to continue working on a national approach to tobacco retail.

This year Cancer Council NSW, through this Tobacco Issues Committee, maintained our position for regulation for e-cigarettes. The Therapeutic Goods Administration (TGA) considered whether e-cigarettes and e-liquids containing nicotine below a certain amount should be exempt from the Poisons

Derformance

HOW	MEASURES	2013	2014	2015	2016	2017
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	85	106	51	65	66
	Cancer Council advocacy supporters in NSW	10,600	13,745	18,634	18,891	26,561
We enhance understanding and support among policy makers for changes required to reduce the incidence and impact of cancer.	Number of volunteers trained through our MP Liaison Program	24	19	14	17	8

R HIGHLIGHT

 In response to our advocacy efforts, the NSW Government has announced that it will invest an additional \$100 million in palliative care funding over the next four years.

▲ CHALLENGE

• We are improving our understanding of the best policy approach to deal with out-of-pocket costs incurred by people with cancer and their families. Standard. Along with other Cancer Councils we made submissions recommending the TGA maintain the status of nicotine as a dangerous poison and continue to restrict the sale of these products because there is little evidence that they are an effective tool to help quit smoking. In March 2017, the TGA decided to maintain the status quo in line with Cancer Councils' recommendation.

Advocacy at a local level

In addition to supporting statewide campaigns, our nine **Cancer Advocacy Networks** across NSW support the community to take action on local cancer issues. This year, they have won a number of local campaigns, including:

- securing a stand-alone palliative care ward at Westmead Hospital in Sydney
- funding for an oncology social worker in Albury.

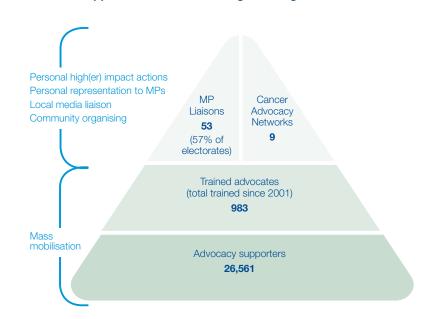
These local groups were also actively involved in the *I Care for Palliative Care* campaign and played a critical role in that achievement as well.

Evaluating our model

To evaluate the way we work with our CanAct Community, we took an in-depth look at whether Cancer Council NSW's **training**, **leadership development and** ongoing support give CanAct volunteer leaders the skills and knowledge they need for their role. We also conducted a survey with our CanAct members to see if the amount, and type, of advocacy they did increased as a result of our training and support.

Survey results showed that overall, the more training and development an advocate had, the more advocacy activities they undertook, especially more complex activities such as meeting with an MP. The results demonstrated that our model of advocacy is successful in building CanAct advocates' knowledge, skills and confidence, and helps them engage with decision-makers. Thanks to this model, we have a large group of trained advocates and MP Liaisons who are committed, active participants in Cancer Council NSW's advocacy campaigns, and successful at influencing policy change to reduce the impact of cancer on the community.

CanAct – our supporter structure – leading to change





Panel discussion at the Tobacco Retail Summit.

WHAT'S NEXT?

Our current priorities include advocating for further changes to smoke-free legislation, further restrictions on e-cigarettes and reducing retail supply of tobacco. We are also developing a campaign to increase pressure on the government to introduce more effective regulation of junk food marketing to children. This will help encourage healthy eating habits in children that will reduce their risk of cancer as adults. Over the next year, we will revise our advocacy agenda ahead of the 2019 NSW election.

To find out more about the CanAct Community and Cancer Council NSW's ongoing advocacy campaigns, visit: CanAct.com.au



To enable the community to raise money for a cancerfree future. With the help of our generous community supporters, each year we are getting closer and closer to a cancer-free future. Cancer Council NSW is 95% community funded and relies on the community to drive our fundraising efforts. Fundraising is essential for delivering our research, prevention, information and support, and advocacy programs.

Thousands of community members chose to support Cancer Council NSW through fundraising events and initiatives in 2016/17. More than 95,000 people donated, and over 26,000 community supporters gave their time and organised fundraising events for us – to all of these people we say thank you. We would not be able to do the work we do without you.

While the fundraising space is crowded and highly competitive, our diverse fundraising portfolio continues to perform well. The breadth and complexity of our fundraising activities reflects our **commitment to sustainable fundraising**. We know that our vision of a cancer-free future is not a short-term goal, and so we invest carefully in this range of sustainable fundraising programs to ensure that we raise funds not only for today, but for future generations.

This year, we raised a total of \$66.9 million, which is a decrease of 0.7% on the previous year. We strive for efficiency and this year we had a cost to income ratio of 34%.

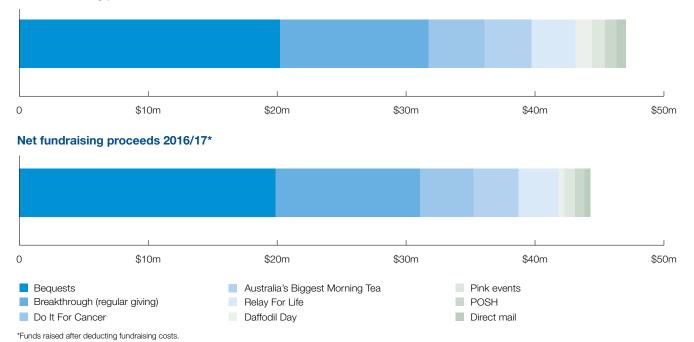
Thank you to our individual supporters

There are many ways that individuals can support Cancer Council NSW, including one-off gift donations, participating in workplace-giving programs, leaving a gift in memory of a loved one, or leaving a gift in their will. These programs make up two-thirds of the funds raised in 2016/17.

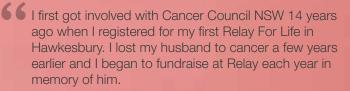
Individual supporters contributed \$44.2 million to Cancer Council NSW in 2016/17, with \$16.3 million of this coming in the form of monthly gifts to our **Breakthrough program**. We were delighted to welcome over 18,000 new regular givers to the Breakthrough program this year – this was a remarkable show of support from the community, and the most successful year for the program in over 10 years.

By pledging a gift to Cancer Council NSW in their will, supporters can help us ensure a strong foundation for the future. Thanks to the generosity of those who left us a gift, our **bequest program** raised \$21.1 million from 150 estates this year (see page 59). In addition, 504 people indicated that they intend to leave a gift in their will to Cancer Council NSW as part of their legacy. This is the highest number of people who have made this generous

Continued...



Net fundraising proceeds 2015/16*



His last dying words to me were, 'now is the time to show your mettle'. I made it my mission to get out there and do what I can to support others affected by cancer, especially when I know so many friends and loved ones who have also been impacted.

I've always loved walking, which made Relay For Life such a perfect event for me. But it wasn't until 2011, when I was 84 years old, that I started race-walking competitively. Now that I'm 90, I've competed in several World Masters Games and I've broken Australian and World Records for race-walking in my age group over the past six years.

When I heard about Cancer Council's The March Charge, I knew it was another perfect challenge for me to take on. This year, I set a goal of walking 200km over the month and reached it within 25 days! It was a great achievement, but more importantly it was the chance to raise money for the research, services and support that Cancer Council NSW delivers.

> I may not be your average 90-year-old, but if there is anything that I can do that will support Cancer Council NSW then I'm always up for the challenge!

> > Heather Lee The March Charge and Relay For Life supporter



TOGETHER

commitment in a single year since the program began more than 30 years ago.

Engaging the community through our fundraising events

Our iconic events are some of the most popular and well recognised in Australia, and include Daffodil Day, Australia's Biggest Morning Tea and Relay For Life. People can get involved and fundraise for Cancer Council NSW in a range of ways, whether it be entering challenge events or hosting or creating their own fundraiser. During 2016/17, almost 50,000 people across NSW took part in our fundraising events, helping to bring us another step closer to a cancer-free future. Together, our event hosts, volunteers and supporters helped raise \$22.7 million.

One of our biggest successes this year was **The March Charge** (themarchcharge.com.au). Now in its third year, over 6,500 people took on the month-long challenge and told cancer where to go by walking or running nearly 340,000 kilometres throughout the month and raising \$914,078 around Australia. This year saw the highest number of participants and most funds raised since the campaign began in 2015. The event also tied in with our work in prevention, reminding supporters of the importance of being physically active to reduce cancer risk.

Another key achievement was our annual **POSH Gala Ball** (poshauction.com.au). Over 730 generous community supporters and corporate partners raised \$1.1 million for Cancer Council NSW. We included the 'Fund a PhD Researcher' as an auction item again this year, which raised \$66,000 for cervical cancer research.

Strengthening our fundraising base

In 2016/17, we focused on further strengthening our fundraising base by increasing engagement opportunities for corporate partners, trusts and foundations, and major donors. Our focus was on **creating sustainable**, **long-term partnerships**, which align with our work to encourage cancersmart behaviours and environments. Some of the key highlights include:

- Cancer Council NSW was selected as an official charity partner of the NSW Waratahs. The club shares our vision of encouraging an active, healthy lifestyle, both through their professional teams and their junior sports development programs.
- We kick-started a partnership with Energy Locals, a social enterprise that donates half of its profits to hand-picked charity and community partners.
- We secured funding from Greater Charitable Foundation, who share our commitment to supporting regional communities. The grant will fully fund a full-time financial counsellor to support people affected by cancer in the Hunter Central Coast area.

WHAT'S NEXT?

In the year ahead, we will be improving our two-way communication with supporters. We are working on how we can improve their experiences and make it easier for supporters to access and engage with all of our services. We will also continue to build on the great relationships we are establishing with partnerships, and trusts and foundations.

Derformance

HOW	MEASURES	2013	2014	2015	2016	2017
For efficiency, we monitor our	Cost:income ratio	37%	37%	33%	30%	34%
fundraising portfolio to ensure profitability and continuous improvements in an ever-increasing competitive market.	Fundraising income/fundraising staff FTE*	\$774,000	\$818,548	\$820,492	\$812,230	\$891,788
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)	59.6	59.8	67.4	67.4	66.9
	Number of event hosts and community organisers	28,000	24,500	20,500	23,000	26,000
	Number of people who gave a monthly gift	54,595	57,201	56,710	55,923	60,353
	Number of people who left us a bequest	129	158	121	152	150
	Percentage of funds received from the community	96%	97%	97%	96%	95%

*FTE: Full-time equivalent

R HIGHLIGHT

• We saw the highest number of people signing up to the Breakthrough program in over 10 years.



 A declining participation trend among our national events means we need to look at new ways of attracting supporters.

OUR FUNDRAISING HIGHLIGHTS











\$21.1M was raised through bequests from 150 estates



6,829 hosts

raised \$4.9 million for Australia's Biggest Morning Tea, making this our highest fundraising event



4,350 volunteers

at 650 sites raised \$2.1 million for Daffodil Day



239 cars drove from Adelaide to Cairns in Sh*tbox Rally, raising \$1.6 million for research



28,000 supporters attended 44 Relay For Life events across NSW, raising \$4.4 million



1,298 people

created their own fundraiser for Do It For Cancer, raising more than \$2.1 million



15 'Stars of' local celebrity dance competitions across NSW raised \$1.5 million

Cancer Council NSW | Annual Report 2016/2017 (29)

OUR COMMUNITIES

Our vision can only be realised by harnessing the support and power of our community. Cancer Council NSW is community focused and 95% community funded. Our work drives positive and lasting change at a grassroots level, and brings people together to create a cancer-free future.

Working across metro, regional, rural and remote communities, our network of 14 offices, seven retail stores and 19 Cancer Council Information Services ensures that our programs and services meet community needs.

Improving outcomes for Aboriginal people

Aboriginal people are 60% more likely to die from cancer than non-Aboriginal Australians according to our Aboriginal Patterns of Cancer Care study, with cancer being the second leading cause of death. In 2016/17, a range of new initiatives continued our commitment to improving cancer outcomes for Aboriginal people.

A key reason Aboriginal people avoid cancer screening and treatment – a major factor in the high death rate – is due to a lack of culturally appropriate healthcare. Following consultation with Aboriginal communities, we partnered with two universities to establish **Indigenous Health Scholarships**. These will help address the healthcare issue and build on the future Aboriginal health workforce.

- The Norm Allan Cancer Council NSW Indigenous Health Scholarship, in partnership with UNSW in Sydney and the university's Nura Gili Indigenous Programs Unit, was awarded to a first-year medical student and provides financial assistance for the next three years.
- The MaryAnn Bin-Sallik Cancer Council NSW Indigenous Health Scholarship at the University of Wollongong was awarded to two students to assist with

their final year of study in a health-related discipline.

As part of our commitment to being a more welcoming and culturally safe place for Aboriginal and Torres Strait Islander people, 90% of Cancer Council NSW employees attended an **Aboriginal Cultural Awareness Workshop** in 2016/17. Staff developed their understanding of Aboriginal culture and learned culturally appropriate ways to communicate with Aboriginal people, to better connect with them and their communities.

The **Dadirri Yarning Circle**, a two-day workshop for 25 Aboriginal health workers from 10 Aboriginal Medical Services across NSW, enabled participants to discuss ways to address smoking in their communities. The workshop complemented our Tackling Tobacco program (see page 16), to help participants address smoking at their service and consider priority needs in Aboriginal communities across the entire cancer journey. It also helped build trusted relationships for future work together.

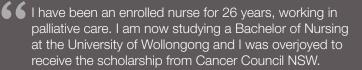
Working with culturally and linguistically diverse communities

In 2016/17, we continued our work with culturally and linguistically diverse communities. With **more than 30% of people living in NSW speaking a language other than English at home**, language remains a barrier to accessing information and services. To address this, we increased the cultural diversity of our volunteer workforce to reflect the communities in which we work.

Continued...



University of Wollongong student and scholarship recipient Marcelle Skimmings with her family.



Having worked in palliative care for so long, I am aware of the issues in our health system in providing culturally appropriate care for Aboriginal and Torres Strait Islander people. Improving this is a big part of closing the gap.

Cancer Council NSW recognises that there are areas that need improvement. As a high profile organisation, they are getting things moving in this space. For example, they are working hard to improve palliative care services and make them more culturally sensitive. This will have a big impact on families, because having a positive memory of the person's death helps people recover from losing their loved ones.

I identify as Torres Strait Islander and when I finish studying, my dream is to work as a nurse with communities on Thursday Island. This scholarship has allowed me to focus on my study while supporting my children. It really has made a difference to our lives.

> It's great for my three boys to see that if you work hard, you will get recognition and – no matter how old you are – you can ask for some support. When they see me studying, it gives them inspiration to do what they want to do, and follow their dreams.

> > Marcelle Skimmings The MaryAnn Bin-Sallik Cancer Council NSW Indigenous Health Scholarship recipient



At our Cancer Council Information Services located at Blacktown, Liverpool, Nepean and Westmead hospitals in the Greater Western Sydney area, we have recruited local volunteers who speak 12 languages, ensuring more people can understand what information and services are available to them at a time when they need it.

Providing patients with affordable accommodation options

Cancer Council NSW helps ease the financial burden of cancer by providing access to affordable accommodation for patients, carers and their families when travelling for treatment. In 2016/17, we provided 19,897 nights of accommodation for 1,024 people.

To address the lack of affordable accommodation close to treatment centres, our **partnership with Accor Hotels** continued to provide reduced-rate hotel rooms for cancer patients travelling. This complements the NSW Government's Isolated Patients Travel and Accommodation Assistance Scheme, which provides eligible cancer patients with accommodation reimbursements.

We also help provide **patient accommodation at 11 facilities** across NSW, through a range of funding and partnership models.

In 2016/17, Cancer Council NSW:

- launched the refurbished Lilier Lodge in Wagga Wagga, providing rural cancer patients a homeaway-from-home during their treatment. Cancer Council NSW and our partner CanAssist, with funding from the Dry July initiative, invested more than \$150,000 to refurbish the 21-room facility.
- formed a new partnership with Alkira Lodge, an accommodation facility in Wollongong. We are funding a Cancer Council NSW accommodation and support services coordinator to work on-site, and ensure that patients and carers can access our range of support services.

Cancer Council NSW also offers financial assistance through our **Accommodation Services Hardship Program**. In 2016/17, we provided 426 nights of accommodation, worth \$45,000, to 59 people.

Providing practical assistance

Through our consultation with the community, we know that practical support services such as transport and home help are a key need for people affected by cancer.

For those living in regional, remote or rural communities, it can be difficult to access cancer services and resources. This year our **Transport to Treatment program** expanded to 28 services, connecting 1,962 cancer patients and carers with drivers, so that they can get to treatment centres or hospitals. Many of these services are delivered by volunteer drivers, and funded by partnerships with local supporters and businesses. We will expand this by up to 10 services in 2017/18.

Our **Home Help program** supports people with cancer during treatment or recovery. By engaging local contractors, it assists with day-to-day jobs like mowing the lawn, cleaning and other domestic services. Piloted in the Hunter Central Coast region, the program helped 186 people in 2016/17. This pilot has informed a new strategy for home help services, which we are looking to implement across NSW in the coming year.

Reaching rural and remote communities

In October 2016, we worked with the Royal Flying Doctor Service to deliver

cancer-focused educational sessions through a **Fly Around Clinic** in far western NSW, where options for cancer information are limited.

We held interactive sessions in six communities, to increase knowledge around bowel, lung, breast and skin cancers, and how people can reduce their risk of cancer. We also promoted support services available through Cancer Council 13 11 20 Information and Support, and visited schools to talk about sun safety and healthy eating with students and teachers. Those who attended the clinics reported an increase in awareness of cancer risks, screening and support services, and we saw a rise in the number of calls to our information and support line.

Our retail stores

Cancer Council NSW's seven retail stores are located in major shopping centres in NSW, selling sun protection products including sunglasses, hats and sunscreen. We also manage the retail business in South Australia on behalf of Cancer Council SA. This year, our retail revenue in NSW and SA was \$8 million, with all of our retail **profits going towards melanoma research and prevention**.

In 2016/17, we continued to look for opportunities to engage customers with our programs and services in their local communities. A key highlight was the successful integration of the *I Care for Palliative Care* campaign into our NSW stores, which resulted in 900 pledges of support over a four-week period.

WHAT'S NEXT?

In the coming year, we will be reaching out to our communities to gather information that will help us plan and further improve our services to meet their needs. A key focus will be on helping even more people affected by cancer – we want to meet the needs of all parts of the community and raise awareness of all our services.

OUR COMMUNICATIONS

Our work is only possible with the support of the community, and we want to make sure that all our volunteers, stakeholders, partners, researchers, donors, advocates and community supporters are kept up-to-date with our progress.

It's important that we let our supporters know how they are making a real difference to the lives of people affected by cancer, and during 2016/17 we placed a greater focus on communicating about our impact.

We continued to connect with our volunteers through a range of **community newsletters** such as *Volunteer Voice*. We also expanded our existing communications and developed a number of newsletters for our fundraising supporters and advocacy community.

We also engage with our community through **online channels** including our website (cancercouncil.com.au), Twitter, Facebook and Instagram, providing opportunities for people to become informed, get support or be involved. During 2016/17, we ran a new social media campaign called Every cancer story must **be heard**, which featured in-depth interviews with members of the community across a number of posts. The stories portrayed each person's different experience of cancer, from screening and prevention, to survival and loss. The community engaged strongly with this campaign. With the generosity of those who shared their story, it reinforced to our wider community that they do not have to face experiences like these alone and showed how Cancer Council NSW has impacted the lives of people with cancer.

Our Cancer Council blog

continued to deliver the latest information from experts in a range of fields including cancer research, prevention, support and advocacy. In 2016/17, 32,760 people visited the blog, which provided a wealth of useful information on helping to reduce cancer risk, managing cancer and survivorship, our research discoveries, as well as stories from our volunteers and supporters.The mainstream media also plays a vital role in spreading the word about our work and getting people involved in our fundraising activities. Media coverage of our research, our cancer programs and our fundraising events is a key part of our communication with the public.

During 2016/17, we were pleased to receive a **Gold Award for Excellence in Reporting** at the Australasian Reporting Awards for the *Cancer Council NSW Annual Report 2015/16*. This was a significant achievement highlighting our commitment to transparency in our annual reporting, and the second year in a row we have received this award.



Our social media campaign, *Every cancer story must be heard,* featured personal stories from community members such as Amalda Fields (pictured left with her grandson Callum) and Emma Grant-Williams (pictured right).

I was diagnosed with head and neck cancer in 2011. It came as a shock, I was 44 years old and no one in my family had previously been affected by cancer.

When I walked out of the doctor's office after being diagnosed, I remember seeing the Cancer Council Information Service (CCIS) at the hospital. There was a lady there who I will never forget. She was very supportive and at that point I thought to myself, if I get through this, I'll give back.

Throughout my treatment I would stop by and say hello. I had intense chemotherapy and six weeks of radiation. I also had nine teeth removed, and I had to learn how to eat and speak again. Throughout it all, the support from Cancer Council NSW was amazing. I found the information booklets so helpful; I read them cover-to-cover.

When I got the all clear, I started volunteering at the CCIS at Nepean Hospital, and this year I moved to Blacktown Hospital. I go in one day a week and help people access Cancer Council resources, and have a chat with the people in the waiting area. I love being there. I hold the daffodil close to my heart as a symbol of hope.

When I had cancer, I felt relieved to speak to someone else who had been through it. Now, when I tell people I am a cancer survivor, I can see they relax because they have found someone to talk to who knows what they're going through.

Kathy Mandarano Cancer survivor and Cancer Council Information Service volunteer

EVERYONE WORKING TOGETHER FOR A CANCER-FREE FUTURE

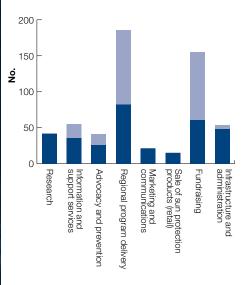
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OUR PEOPLE

Our staff and volunteers are our greatest assets and we value their commitment, passion and contribution to the cancer cause. At Cancer Council NSW we attract and retain the best workforce by investing in our people. Our positive workplace culture recognises performance, offers professional development opportunities and encourages innovation, so that together we can make the biggest possible difference.

Cancer Council NSW has a highly committed and diverse team. In 2016/17, our workforce comprised 368 permanent and contract staff and 28,114 community supporters (including 3,018 registered volunteers). Registered volunteers generously donate their time to work alongside our staff performing specific roles, amounting 282,985 hours or the equivalent of 155 full-time resources.

Staff and volunteer contributions in 2016/17 (FTEs*)



Voluntary contributions
Paid staff

*FTE = full-time equivalent staff member

Highly engaged workforce

To understand what motivates our staff and volunteers, we conduct regular engagement surveys. In May 2017, we surveyed both **employee and volunteer engagement** so that we could identify areas for improvement. We had strong completion rates, with 96% of employees and 33% of volunteers participating. The surveys were done in collaboration with other Cancer Councils in Victoria and Tasmania, allowing cost-savings for survey design and analysis.

In 2016/17, our employee engagement score was 80%, which is a slight increase from our 2015 result of 79%. This is 4% above not-for-profit, and 5% above health and community services benchmarks. Our key areas of strength were:

- belief in our mission and values
- organisational direction
- teamwork
- role clarity.

The survey also identified three priority areas for improvement:

- improving communication and collaboration across all sections of Cancer Council NSW
- making good use of our technology
- continuing to focus on the ongoing development of our people.

To increase employee involvement in driving engagement, in 2016/17 team

Employee engagement 80% Volunteer engagement 88% members from each division took on roles as divisional engagement leads. These employees will work with their teams to create action plans and address specific feedback from the survey results.

Our volunteer engagement score from the 2017 survey was also really strong at 88%, which is on par with our 2015 results. The top performing areas were:

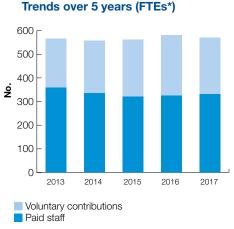
- belief in our mission and values
- ethics
- organisational objectives
- diversity.

Some key priority areas for volunteering are:

- recognising and acknowledging volunteer contributions
- consulting volunteers regarding decisions that affect them, encouraging feedback and input into everyday decision-making
- ensuring volunteers feel emotionally well while volunteering.

Continued...

(35)



*FTE = full-time equivalent staff member

Cancer Council NSW will continue to address these priority areas, with projects to improve volunteer training and development already underway.

Developing our workforce

To support the ongoing development of our people, we expanded our range of career development tools and resources.

This year, 10 managers participated in a **Career Navigation Program**, to help them proactively manage their career and provide a framework to support the career development of their team members. Participants gained a better understanding of their communication style, work preferences and motivations, and learned how to build a career development action plan.

We received government funding to provide employees with accredited training to build their **project management** capability. Employees studied four modules of the Certificate IV in Project Management Practice, and 20 employees completed the course.

We also received government funding to provide employees with accredited training to build their **leadership management** capability, which covered six modules of the Certificate IV in Leadership and Management. Twenty employees completed this course.

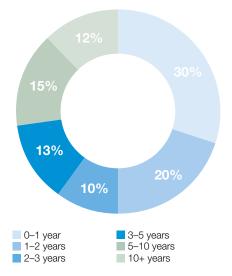
To help managers deepen their understanding of themselves as leaders and strengthen their confidence in having quality conversations with their team members, we continued to roll out training in High Performance Conversations across the organisation. The program incorporates the Herrmann Brain Dominance Instrument, a thinking-styles assessment tool, to promote better communication and collaboration within our organisation. This has resulted in improved teamwork, leadership, customer relationships, creativity and problem solving across the organisation.

In April 2017, we launched the **Volunteer Learning Hub**, an online learning and development platform. This will help improve flexibility, accessibility and availability of training opportunities for our volunteers. The hub collates a range of learning resources, including videos and webinars, as well as opportunities for on-the-job learning and learning through others. In the first three months, 341 people had visited the site.

Recognising our people

A key focus this year was recognising the great work being done by our employees and volunteers. To enhance recognition outside of direct reporting lines, we created a recognition system which allows for informal, peer-to-peer acknowledgment for employees and volunteers. Nominations are featured on a wall each month, after which time the certificates are distributed to the recipients and the names are communicated in our weekly internal newsletter. This has been very successful, with over 300 nominations since the initiative launched in August 2016.

Staff by tenure



Derformance

HOW	MEASURES	2013	2014	2015	2016	2017
We engage volunteers in a wide variety of roles, extending our mission and reach in the community.	Volunteer contributions (hours captured)	348,298	374,975	407,507	498,507	421,713
We ensure volunteers have opportunities to use their diverse skills and capabilities. Number of volunteers and capabilities.		38,156	32,681	27,154	33,318	28,114
We have an engaged and highly skilled paid workforce.			355	345	324	368
We provide learning opportunities to increase and extend the capabilities of our people, so that they are equipped	Learning and development spend as percentage of staff costs	0.8%	0.8%	0.8%	0.7%	0.7%

€ HIGHLIGHT

to deliver our mission.

 Cancer Council NSW won the Australian HR Awards 'Employer of Choice' award in the public sector and not-for-profit category.

▲ CHALLENGE

 As we strive to maintain a highly engaged workforce, we are looking at closing gaps in employee and volunteer engagement levels.

36

Attracting great talent

Cancer Council NSW has a great culture with supportive people, working together for an important cause. This year we took a creative approach to attracting new job applicants and developed a range of videos that feature our staff talking about why they love working for Cancer Council NSW. Their comments reflect on our organisational culture, career growth and development opportunities, as well as our organisational work/ life balance.

Cancer Council NSW's Human Resources team featured in *HRD* magazine's Innovative HR Teams 2017. The report showcases 'teams at the forefront of change and innovation in HR strategies and service delivery'. The team led the organisation's submission in the Australian HR Awards and we won the 'Employer of Choice' award in the public sector and not-for-profit category.

Gender equality

In May 2017, we submitted our annual Workplace Gender and Equality Report as required under the *Workplace Gender Equality Act 2012* (Cth). Some key highlights from 2016/17 were:

 Overall gender composition of our workforce is 81% female, significantly higher than the 2015/16 national workforce average of 46%.



Cancer Council NSW's Human Resources team at the Australian HR Awards in 2017.

- Our Executive team is made up of 62% women and 38% men.
- In line with the Australian Institute of Company Directors best practice, we achieved our target of 30% female representation among our Board Directors.

Work, health and safety

This year we focused on how we manage work, health and safety (WHS), bringing issues such as workers compensation and return to work under our Human Resources team. Cancer Council NSW also commissioned an independent audit of our WHS systems, which identified both areas of strength and actions for improvement.

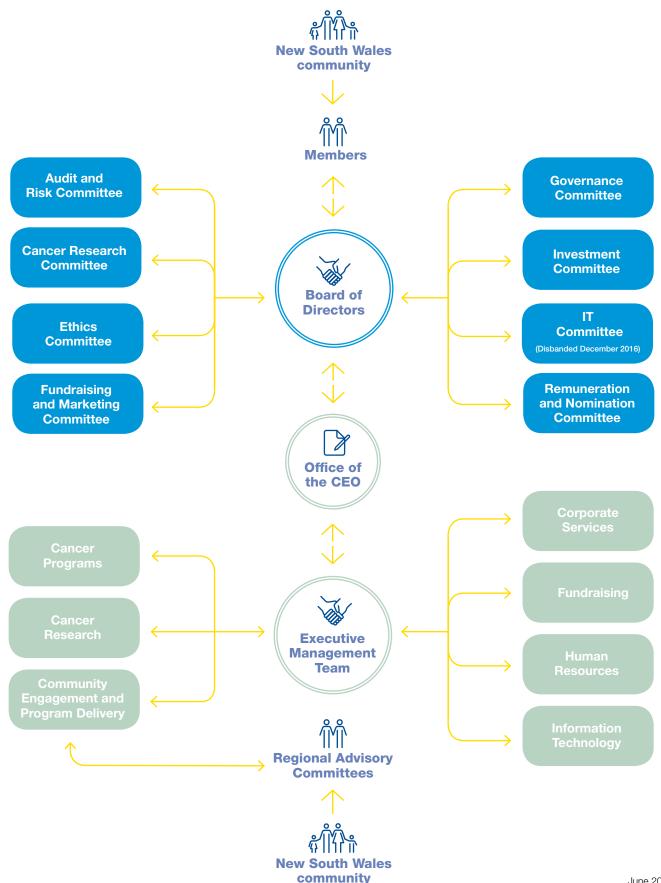
As a result, we have started to review WHS policies and procedures to ensure they conform with legislative changes. We are focusing on risk assessment, including refining the tools and improving risk management capability. To date, we have achieved savings through the assessment of our workers compensation industry classifications to ensure they align to our core business.

Make ^{your}mark

WHAT'S NEXT?

Next year we will further improve the way we recognise our people, with the launch of our new streamlined program, *Make your mark.* This will encompass formal and informal recognition initiatives culminating in the Annual CEO Awards to celebrate employee, volunteer and team of the year.

OUR STRUCTURE



OUR BOARD



From left to right, top to bottom: Mark Phillips, Nicholas Adams, James Butler, Dr Toby Heap, Professor Lisa Horvath, Dr John Laker, Associate Professor Joe McGirr, Melanie Trethowan and Professor Jane Young.

Mr Mark Phillips

BCom (Hons), MCom, FAICD

Chair of the Board, Cancer Council NSW representative on the Cancer Council Australia Board

Appointed to the Board in April 2013 and re-appointed April 2016

Mr Phillips has more than 30 years' experience in business. In a 20-year career with the Commonwealth Bank of Australia, he was instrumental in the development of a range of new business divisions. Subsequently, Mr Phillips spent more than 10 years as the Chief Executive Officer of various companies listed on the Australian Securities Exchange and as an adviser to businesses and not-for-profit organisations. He is currently Chief Executive Officer of CatholicCare Sydney.

Mr Nicholas Adams BCom (Marketing)

Chair of the Fundraising and Marketing Committee

Elected to the Board in December 2015

Mr Adams is the Chief Market Manager at Allianz Australia Insurance and has 23 years' experience in financial services and telecommunications marketing with companies such as Westpac, American Express and Bupa. He has expertise in customer relationship management (CRM), loyalty and digital marketing, and building data-driven marketing programs to drive both revenue and customer engagement with brands. At a community level, Mr Adams is involved with supporting the homeless through the St Vincent de Paul Society, and Weave, a not-for-profit group focused on disadvantaged and vulnerable young people, women, children and families in the City of Sydney and South Sydney.

Mr Adams was recognised as a Rising Star of Australian Marketing in 2004 and was named the Australian Direct Marketer of the Year in 2010. He was also identified as a Global Marketing Leader in 2011, 2012, 2013 and 2014 by the New Yorkbased *Internationalist Magazine*.

Mr James Butler

Member of the Remuneration and Nomination Committee, Chair of the Consumer Research Review Panel, Chair of the Relay For Life Steering Committee

Elected to the Board in December 2014

Mr Butler has been an active volunteer for Cancer Council NSW for almost 20 years, holding roles including Chair of the Hills Relay For Life Committee, and Chair of the Western Sydney Cancer Advocacy Network. He is a trained Cancer Council NSW advocate. As a two-time cancer survivor, he understands the need to influence decision-makers around key issues that have an impact on people affected by cancer.

Mr Butler is currently Chair of Cancer Council NSW's Consumer Research Review Panel and the Hills Community Cancer Network. Mr Butler has also been a business owner for 25 years and is an active consumer representative on cancer services committees in the Western Sydney Local Health District.

Dr Toby Heap BAppSc, MCom, PhD, GAICD

Chair of the Investment Committee, Member of the Audit and Risk Committee, Member of the Fundraising and Marketing Committee

Elected to the Board in December 2015

Dr Heap is a Founding Partner of H2 Ventures, a venture capital investment firm. He is a Non-Executive Director of not-for-profit fintech hub Stone & Chalk, equity crowdfunding platform Equitise, and is the Chair of the independent dance organisation Shaun Parker & Company. He is a member of The University of Sydney Alumni Council and holds a PhD in Health Sciences from The University of Sydney.

Previously a founder of several digital startups, Dr Heap was a Research Fellow at The University of Sydney, a member of the Australian Securities and Investment Commission's Digital Finance Advisory Committee and a Non-Executive Director of SPELD NSW – a not-for-profit association supporting children and adults with specific learning difficulties.

Professor Lisa Horvath MBBS, FRACP, PhD

Board Director Representative on the Cancer Research Committee

Appointed to the Board in April 2015

Professor Horvath is the Director of Medical Oncology and Inaugural Director of Research at the Chris O'Brien Lifehouse. She completed medical school at The University of Sydney and trained in medical oncology at Royal Prince Alfred Hospital, where she was appointed to the senior staff in 2003. She completed her PhD in translational research at the Garvan Institute of Medical Research in 2004.

Professor Horvath's research interest is predominantly in the field of prostate cancer biomarkers and therapeutics and she is involved in a large number of clinical trials in prostate and colorectal cancers, as well as Phase I trials. She holds academic appointments at both The University of Sydney and UNSW, and is the Head of Clinical Prostate Cancer Research at The Kinghorn Cancer Centre/Garvan Institute of Medical Research. Professor Horvath has also published more than 70 research papers in peer-reviewed journals in the past 16 years.

Dr John Laker AO

BEc (Hons 1) (Syd), MSc (Econ) PhD (London), HonDSc (Syd)

Chair of the Governance Committee, Chair of the Remuneration and Nomination Committee, Chair of the Audit and Risk Committee

Elected to the Board in December 2014

Dr Laker was Chairman of the Australian Prudential Regulation Authority (APRA), the regulator of the Australian financial services industry, from 2003 to 2014. An economist by training, Dr Laker had an extensive career in the Reserve Bank of Australia before his appointment to APRA, both in Australia and London, and has also worked in the Commonwealth Treasury and the International Monetary Fund (IMF).

Currently, Dr Laker is an External Expert for the IMF and has participated in a number of reviews of major banking systems. He is Chairman of The Banking and Finance Oath Limited and a member of the Council of the University of Technology, Sydney, as well as Australian Securities and Investment Commission's External Advisory Panel. He also lectures at The University of Sydney. Dr Laker was made an Officer of the Order of Australia in 2008 and has won other professional awards for his services to the regulation of the Australian financial system.

Associate Professor Joe McGirr

MBBS, MHSM, FRACMA

Member of the Remuneration and Nomination Committee, Member of the Accommodation Sub-Committee

Elected to the Board in December 2014

Associate Professor McGirr is Associate Dean Rural of The

40

University of Notre Dame Australia School of Medicine, Sydney. He has worked in clinical medicine and senior health administration in south west rural and regional NSW for more than 25 years. He practised clinically as a specialist in emergency medicine before making a career in health administration, becoming Chief Executive Officer of the Greater Murray Area Health Service and then Director of Clinical Operations for the Greater Southern Area Health Service. Associate Professor McGirr is a fellow of the Australasian College for Emergency Medicine and the Royal Australasian College of Medical Administrators, and has been a member of the Western Regional Advisory Committee of Cancer Council NSW since 2011. He is currently a Director of the National Rural Health Alliance.

Ms Melanie Trethowan MB (Mktg), GAICD

Member of the Fundraising and Marketing Committee, Member of the Governance Committee, Member of the Accommodation Sub-Committee

Elected to the Board in December 2008, re-elected December 2011 and December 2014

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, and Daffodil Day Town Manager. Her previous board experience includes the Central West Community College, Kanandah Retirement and the Foundation for Australian Agricultural Women.

She is a graduate of the Australian Rural Leadership Program, Australian Institute of Company Directors and is a Vincent Fairfax Fellow. Since 1996, Ms Trethowan has operated a marketing and project consultancy business based in Mudgee.

Professor Jane Young MBBS, MPH, PhD, FAFPHM

Member of the Cancer Research Committee

Appointed to the Board in June 2016

Professor Young trained in medicine in the United Kingdom in 1983, undertook a Master of Public Health in 1998 and completed a PhD in applied epidemiology at The University of Sydney in 2000. She holds joint appointments with The University of Sydney, where she is Professor in Cancer Epidemiology; and Sydney Local Health District, where she is Executive Director of the Surgical Outcomes Research Centre, and Executive Director, Research for the Institute of Academic Surgery at Royal Prince Alfred Hospital.

Professor Young is a health services researcher with a focus on applying epidemiological methods to improve cancer services and patient outcomes. She has undertaken research spanning the cancer journey, and has an interest in surgical trials as well as developing and evaluating new models of care, promoting evidence-based practice and using data to improve cancer service delivery. She has co-authored over 200 peer-reviewed journal articles.

Company Secretary Ms Catherine Maxwell FGIA

Directors' benefit

No Director of Cancer Council NSW has received, or has become entitled to receive, a benefit in respect of their role as a Director.

Incoming Board member: Professor Lisa Jackson Pulver AM

Professor Jackson Pulver was appointed to the Board in early 2017/18 to fill an existing vacancy. Professor Jackson Pulver is Pro Vice-Chancellor Engagement and Aboriginal and Torres Strait Islander Leadership at Western Sydney University, is an expert in public health and a prominent researcher, educator and advocate for Aboriginal and Torres Strait Islander Health and Education.

	meeti	ull ngs of ctors	of Audit and Risk Committee				arketing	Governance Committee		Investment Committee		IT Committee ¹		Remuneration and Nomination Committee		
	Α	В	Α	В	Α	В	Α	В	Α	В	Α	В	Α	В	Α	В
N Adams	5	6	*	*	*	*	3	3	*	*	*	*	*	*	*	*
J Butler	6	6	*	*	*	*	*	*	*	*	*	*	*	*	3	3
Т Неар	5	6	5	5	*	*	3	3	*	*	4	4	*	*	*	*
L Horvath	5	6	*	*	5	5	*	*	*	*	*	*	*	*	*	*
J Laker	6	6	5	5	*	*	*	*	3	3	*	*	*	*	3	3
J McGirr	6	6	*	*	*	*	*	*	*	*	*	*	*	*	3	3
J Mitchell ^{2 3}	1	1	1	1	*	*	*	*	*	*	1	1	2	2	*	*
M Phillips	6	6	*	*	*	*	1	1	*	*	*	*	*	*	*	*
M Trethowan	6	6	*	*	*	*	3	3	3	3	*	*	*	*	*	*
J Young	6	6	*	*	2	5	*	*	*	*	*	*	*	*	*	*

Meetings of Directors/Committees:

¹ Disbanded December 2016

² Resigned as a Director 4 October 2016

³ CEO from 24 October 2016

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 Committee

41)

OUR MANAGEMENT



From left to right, top to bottom: Jeff Mitchell, Professor Karen Canfell, Branko Ceran, Dr Kathy Chapman, Fiona Fahey, Merewyn Partland, Lyndsey Rice and Peter Taylor.

Mr Jeff Mitchell MBA, GAICD

Chief Executive Officer

Jeff Mitchell joined as CEO in October 2016. Prior to this role, Jeff was a member of the Cancer Council NSW Board and was Chair of the Audit and Risk Committee, Investment Committee and IT Committee.

Jeff brings 38 years of experience in financial services including financial markets, investment banking, and corporate and institutional banking in Australia and internationally. He was a member of the executive team at Westpac Group, responsible for strategy implementation, and has also led major change programs and businesses across the range of financial service sectors.

Professor Karen Canfell D.Phil (Oxford)

Director, Cancer Research

Professor Karen Canfell leads the Cancer Research Division and is an Adjunct Professor at Sydney Medical School, The University of Sydney. She holds a D.Phil. (PhD equivalent) in Epidemiology from the University of Oxford. Her work involves the evaluation and translation of new strategies for cancer screening. A focus has been the interplay between HPV vaccination and cervical screening in both high and low resource countries. She has led economic evaluations of new cervical screening approaches for government and her group's work also underpins the current Renewal (review) of the National Cervical Screening Program in Australia.

In collaboration with the Victorian Cytology Service, Karen initiated Compass, which is Australia's largest clinical trial to assess cervical screening in an HPV-vaccinated population. In 2015, Karen received a '100 Women of Influence' nomination in the AFR/Westpac awards and also received a national Research Excellence Award from the National Health and Medical Research Council (NHMRC).

Mr Branko Ceran DipProg

Chief Information Officer

Branko Ceran leads our Information Technology team and brings a strategic approach to his role. He is responsible for ensuring we maximise our technology investments. With over 25 years' experience optimising and transforming organisations, Branko joined Cancer Council NSW in July 2014 from the not-for-profit MTC Australia, where he led an ambitious technology transformation. Nominated in 2014 as one of the Top 100 CIOs globally, Branko previously worked as an independent consultant for several of Australia's largest financial service organisations including NAB, Westpac and Commonwealth Bank of Australia.

Dr Kathy Chapman

BSc, MNutr&Diet, PhD

Director, Cancer Programs

(Resigned July 2017)

Dr Kathy Chapman has a Bachelor of Science, Master of Nutrition and Dietetics and a PhD from The University of Sydney. Kathy is an Accredited Practising Dietitian and has more than 20 years' experience working in public health and clinical settings. She has more than 80 peerreviewed journal publications and has significant expertise in public health and cancer control programs.

As Director of the Cancer Programs Division, Kathy is responsible for developing and evaluating strategies and programs across our strategic priorities of prevention, supportive care and advocacy. Kathy is the Chair of Cancer Council Australia's Nutrition and Physical Activity Committee. She also sits on a range of government health committees.

Mrs Fiona Fahey BSocSc

DOUCOU

Director, Human Resources

Fiona Fahey holds a Bachelor of Social Science (Human Resources) and a Master of Commerce (Human Resources) from UNSW. She has more than 16 years' experience in human resources, working across a diverse range of industries including community services, financial services, engineering and education. Fiona has held a number of senior human resources positions in the corporate, not-for-profit and public sectors, including Mission Australia and NSW Trade & Investment. Fiona is responsible for our strategic direction and leading the delivery of human resources and volunteering programs, services and technologies to build a talented, diverse, engaged and productive workforce to support the organisation.

Mrs Merewyn Partland BComm, MHSM

Director, Community Engagement and Program Delivery

(Resigned August 2017)

Merewyn Partland holds a Bachelor of Arts (Communication) from the University of Technology, Sydney and postgraduate qualifications in the areas of public health, health service management and business. She has 17 years' experience working across a range of healthcare organisations, including the National Health and Medical Research Council, the Australian Indigenous Doctors' Association and the World Health Organization.

As Director of the Community Engagement and Program Delivery Division, Merewyn oversees the engagement of all communities across NSW, including delivery of cancer programs, community services and local fundraising initiatives. Merewyn is currently a member of the National Rural Health Alliance and a member of the Australian Health Promotion Association.

Ms Lyndsey Rice BA

Director, Fundraising

As Director of Fundraising, Lyndsey Rice is responsible for fundraising income and developing opportunities for people to connect with and support the work of Cancer Council NSW. She provides leadership and strategic direction to teams responsible for individual giving, event fundraising, community fundraising, partnerships, direct marketing and major gifts.

Lyndsey holds a Bachelor of Arts (Literature) and is a mentor at the Fundraising Institute Australia. She has 14 years' experience in fundraising, working across a diverse range of not-for-profit organisations in the social welfare, disability, international development and healthcare sectors. Prior to joining Cancer Council NSW, Lyndsey led fundraising teams at the Sydney Children's Hospital Foundation and Children's Medical Research Institute.

Mr Peter Taylor

BFinAdmin, DipFinMangt, CA, GAICD

Chief Financial Officer

(Resigned August 2017)

Peter Taylor holds a Bachelor of Financial Administration, a Diploma in Financial Management, is a Chartered Accountant in Australia and New Zealand, and is a Graduate of the Australian Institute of Company Directors. He has more than 25 years' experience in senior executive roles across the professional accounting, IT, resources and not-for-profit sectors. Prior to joining Cancer Council NSW, Peter was interim CEO for a smaller cancer charity, where he developed a passion for the not-for-profit sector and cancer research.

Peter is responsible for the strategic direction and leadership of the Corporate Services Division, which includes prudent financial management and reporting of our financial resources and assets, donor administration and servicing, shared services functions, and ensuring that Cancer Council NSW has appropriate risk and control measures in place.

OUR COMMITTEES

Board of Directors

Our Constitution provides that the Board directs the affairs of Cancer Council NSW (CCNSW). In carrying out its responsibilities and exercising its powers, the Board recognises its overriding responsibility to act honestly, fairly and diligently, and in accordance with the law in serving the interests of CCNSW, including its employees, customers and the community.

Mr Mark Phillips (Chair) CEO, CatholicCare

Mr Nicholas Adams Chief Market Manager, Allianz Australia Insurance

Mr James Butler Businessman

Dr Toby Heap Founding Partner, H2 Ventures

Prof Lisa Horvath Director of Medical Oncology and Inaugural Director of Research, Chris O'Brien Lifehouse

Dr John Laker AO Former Chairman, Australian Prudential Regulation Authority

Assoc Prof Joe McGirr Associate Dean Rural, The University of Notre Dame Australia, School of Medicine, Sydney

Mr Jeff Mitchell (until October 2016*) Adviser to Business

Ms Melanie Trethowan Consultant

Prof Jane Young Professor in Cancer Epidemiology, School of Public Health, The University of Sydney

In attendance:

Mr Jeff Mitchell (from October 2016*) CEO, CCNSW

Mr Jim L'Estrange (until October 2016) Former CEO, CCNSW

Ms Catherine Maxwell Company Secretary, CCNSW

Audit and Risk Committee

The Audit and Risk Committee is responsible for the adequacy and effectiveness of accounting and financial controls including: CCNSW policies and procedures to assess, monitor and manage business risk, annual and periodic reporting, legal and ethical compliance programs, and internal and external audit functions.

Dr John Laker AO (Chair) (from October 2016) CCNSW Board Member Mr Jeff Mitchell (Chair) (until October 2016*) Former CCNSW Board Member

Dr Toby Heap CCNSW Board Member

Mr Steve McLeod Former Director of Financial Audit, Audit Office NSW

In attendance:

Mr Todd Dewey Oakton

Mr Paul Marsh Oakton

Mr Ben Owens Oakton

Mr Paul Bull BDO Australia

Mr Adrian Thompson BDO Australia

Mr Jeff Mitchell (from October 2016*) CEO, CCNSW

Mr Jim L'Estrange (until October 2016) Former CEO, CCNSW

Mr Peter Taylor CFO, CCNSW

Ms Catherine Maxwell Company Secretary, CCNSW

Cancer Research Committee

The Cancer Research Committee reports to the Board. Its responsibilities include: providing guidance to the Board on cancer research policy and programs; commissioning procedures in accordance with policy for funding research by CCNSW and ensuring the integrity of those procedures; and formulating recommendations for research grant funding for consideration by the Board.

Prof Anna DeFazio (Chair) Head, Gynaecological Oncology Research Group, Westmead Millennium Institute of Cancer Research, Westmead Hospital

Prof Stephen Ackland Senior Staff Specialist, Department of Medical Oncology, Calvary Mater Newcastle Hospital; Professor, Faculty of Health, University of Newcastle

Prof Minoti Apte OAM Director, Pancreatic Research Group, Ingham Institute for Applied Medical Research, UNSW

Ms Robyn Bransby Consumer Representative

Prof Jacob George Professor of Hepatic Medicine, Storr Liver Unit, Westmead Millennium Institute of Cancer Research, The University of Sydney; Head of Department of Gastroenterology and Hepatology, Westmead Hospital; Director of Gastroenterology and Sydney West Local Area Health District

Prof Lisa Horvath CCNSW Board Member

Prof Kirsten Howard (from November 2016) Professor of Health Economics and Acting Sub Dean Research, Sydney School of Public Health, Sydney Medical School, The University of Sydney

Mr Jim L'Estrange (until October 2016) Former CEO, CCNSW (Ex officio)

Mr Dez Maule Consumer Representative

Mr Jeff Mitchell (from October 2016) CEO, CCNSW (Ex officio)

Assoc Prof Natalka Suchowerska Lead Medical Physics Researcher at Chris O'Brien Lifehouse and The University of Sydney; Head, Research and Education, Department of Radiation Oncology, Royal Prince Alfred Hospital

Assoc Prof Alexander Swarbrick Laboratory Head, Garvan Institute of Medical Research; Co-Lead, Translational Breast Oncology Program, The Kinghorn Cancer Centre

Assoc Prof Claire Wakefield Paediatrics Discipline, School of Women's and Children's Health, Faculty of Medicine, UNSW; Leader, Behavioural Sciences Unit, Kids Cancer Centre, Sydney Children's Hospital

Prof Jane Young CCNSW Board Member

In attendance:

Adjunct Prof Karen Canfell Director, Cancer Research, CCNSW

Dr Kathy Chapman Director, Cancer Programs, CCNSW

Dr John Williams Research Governance Officer and Committee Secretary, CCNSW

Dr Jane Hobson Manager, Research Grants Management Team, CCNSW

Ethics Committee

The Ethics Committee reviews the ethical acceptability of research proposals relating to cancer and public health. In addition to providing ethical review of research proposals, the committee advises researchers and research staff on navigating the challenges of preparing applications for ethics review of research protocols. The committee operates within the parameters provided by the National Health and Medical Research Council's National Statement on Ethical Conduct in Human

Research Guidelines and Cancer Council NSW's Privacy Policy.

Ms Alanna Linn (Chair) Laywoman

Mr Stuart Davey (until October 2016) Pastoral Carer, Minister, Glebe Uniting Church

Ms Nicole Fleming Pastoral Carer, Minister, Balmain Uniting Church

Ms Annie Fraser Counsellor, Nurse Educator, NSW Justice Health & Forensic Mental Health Network

Mr Chris Gardiner Layman

Dr Alison McLean Resident Medical Officer, St Vincent's Hospital

Mr Alan Melrose Legal Counsel (Research), UNSW; Lawyer Representative

Ms Sheila Pham Laywoman

Mr Tim Read Layman

Assoc Prof Monica Robotin (until October 2016) Medical Director, CCNSW

Dr Claudia Rutherford (from October 2016) Quality of Life Office, Psycho-oncology Co-operative Research Group, The University of Sydney

Assoc Prof David Smith Experienced Researcher Representative, Research Fellow, Cancer Research Division, CCNSW

Ms Frances Taylor Laywoman

In attendance:

Dr John Williams Research Governance Officer and Committee Secretary, CCNSW

Fundraising and Marketing Committee

The Fundraising and Marketing Committee guides the Board in its consideration of fundraising, marketing and communications initiatives to be introduced or investigated by CCNSW. Where appropriate, the committee will also make recommendations to the Board about helping CCNSW with shared national communications, fundraising and marketing initiatives.

Mr Nicholas Adams (Chair) CCNSW Board Member

Dr Toby Heap CCNSW Board Member

Ms Melanie Trethowan CCNSW Board Member

In attendance:

Mr Jeff Mitchell (from October 2016) CEO, CCNSW Mr Jim L'Estrange (until October 2016) Former CEO, CCNSW

Ms Sarah Jauncey Head of Brand, Marketing & Communications, CCNSW

Ms Lyndsey Rice Director, Fundraising, CCNSW

Ms Catherine Maxwell Company Secretary, CCNSW

Governance Committee

The Governance Committee advises the Board on: the composition of the Board and its committees; reviewing the performance of the Board, its committees and individual directors; and overseeing the management of legal and compliance risks, and the systems established to manage those risks. This committee is also responsible for advising the Board on appropriate corporate governance standards and policies.

Dr John Laker AO (Chair) CCNSW Board Member

Ms Michelle Seagert Partner, Squire Paton Boggs; Independent Expert

Ms Melanie Trethowan CCNSW Board Member

In attendance:

Mr Jeff Mitchell (from October 2016) CEO, CCNSW

Mr Jim L'Estrange (until October 2016) Former CEO, CCNSW

Ms Catherine Maxwell Company Secretary, CCNSW

Investment Committee

The Investment Committee provides guidance to the Board on the investment of CCNSW funds which are surplus to immediate operating requirements, incorporating CCNSW's real estate and accommodation investments, to maintain long-term viability.

Dr Toby Heap (Chair) (from October 2016) CCNSW Board Member

Mr Jeff Mitchell (Chair) (until October 2016*) Former CCNSW Board Member

Mr Craig Parker Executive Director, Debt Capital Markets, Westpac Banking Corporation

Mr Bruce Tomlinson Sunsuper Pty Ltd

In attendance:

Mr Jeff Mitchell (from October 2016*) CEO, CCNSW

Mr Jim L'Estrange (until October 2016) Former CEO, CCNSW

Mr Doyle Mallett Mercer Investments Mr Peter Taylor CFO, CCNSW

Ms Catherine Maxwell Company Secretary, CCNSW

IT Committee

(Disbanded December 2016)

The IT Committee guided the Board in its consideration of IT and digital initiatives to be introduced or investigated by CCNSW. Where appropriate, the committee also made recommendations to the Board about helping CCNSW work towards national shared technology services. The Board disbanded the committee in December 2016 and it was reconstituted as an advisory committee to the CEO.

Mr Bob McKinnon (Chair) (from October 2016) Non-Executive Director, Independent Expert

Mr Jeff Mitchell (Chair until October 2016, Ex officio from October 2016*) Former CCNSW Board Member; CEO, CCNSW

Mr Jim L'Estrange (until October 2016) Former CEO, CCNSW (Ex officio)

Mr Stephen Roberts (until September 2016) Former CCNSW Board Member

In attendance:

Mr Branko Ceran CIO, CCNSW

Mr Peter Taylor CFO, CCNSW

Remuneration and Nomination Committee

The Remuneration and Nomination Committee guides the Board in its consideration of remuneration policies for the organisation, and the composition and performance of the Board.

Dr John Laker AO (Chair) CCNSW Board Member

Mr James Butler CCNSW Board Member

Mr Peter McAuley Consultant

Assoc Prof Joe McGirr CCNSW Board Member

In attendance:

Mr Jeff Mitchell (from October 2016) CEO, CCNSW

Mr Jim L'Estrange (until October 2016) Former CEO, CCNSW

Ms Fiona Fahey Director, Human Resources, CCNSW

Ms Catherine Maxwell Company Secretary, CCNSW

*Mr Jeff Mitchell retired from the Board on 4 October 2016 and replaced Mr Jim L'Estrange as Chief Executive Officer on 24 October 2016.

(45)

OUR ORGANISATION

Governance principles

PRINCIPLE 1:

Lay solid foundations for management and oversight

PRINCIPLE 4:

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Safeguard integrity in financial reporting

PRINCIPLE 2:

Structure the Board to add value

PRINCIPLE 5: Make timely and balanced disclosure

PRINCIPLE 3: Act ethically and responsibly

PRINCIPLE 6:

Respect the rights of stakeholders

Our Corporate Governance Statement provides more detail about Cancer Council NSW's approach to corporate governance. To find out more, or to view this statement, visit cancercouncil.com.au/about-us

Registrations and legislation

On 30 September 2005, Cancer Council NSW began operating as a company limited by guarantee under the provisions of the *Corporations Act 2001* (Cth). The Cancer Council NSW is registered with the Australian Taxation Office as a Health Promotion Charity.

Cancer Council NSW is also registered as a not-for-profit charity with the Australian Charities and Not-for-profits Commission.

- 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 company limited by guarantee trading under the name of Cancer Council NSW.
- Cancer Council NSW's charitable fundraising number is CFN 18521. This certifies that Cancer Council NSW holds a charitable

fundraising authority under Section 16 of the *Charitable Fundraising Act 1991* (NSW), and this authority must comply with the Act, the Charitable Fundraising Regulation 2003 and the conditions of the authority.

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

Government funding

Cancer Council NSW received government funding in the form of competitive, peer-reviewed grants. Grant expenditure is reported annually to the funding bodies.

In 2016/17, our Cancer Research Division received funding totalling:

- \$644,183 from the National Health and Medical Research Council (NHMRC).
- \$579,140 from Cancer Australia.
- \$390,000 from the Cancer Institute NSW.

- \$252,377 from the New Zealand Department of Health.
- \$10,000 from the Australian Government, Department of Health.

In 2016/17, our Prevention Unit within the Cancer Programs Division received funding totalling:

• \$238,800 from the Cancer Institute NSW.

In 2016/17, our Cancer Support Unit within the Cancer Programs Division received funding totalling:

• \$62,171 from NSW Department of Ageing, Disability and Home Care.

In 2016/17, our Community Engagement and Program Delivery Division received funding totalling:

• \$97,625 from NSW Health, Hunter New England Local Health District.

OUR INFRASTRUCTURE AND SYSTEMS

Improving our operations

Cancer Council NSW is continually looking for opportunities to make our processes more efficient and to ensure we use community funds to their full potential. This year, our internal auditors have continued to provide independent, objective assurance and consulting services designed to add value and improve Cancer Council NSW's operations. They conducted six audits in 2016/17, which included our project and program management, vendor management and payroll processes. This process resulted in 30 recommendations for improving our operations.

Following the **project and program management** assessment, we identified a range of better practice opportunities. These included revising business case processes, evaluating project and program outcomes, and using tools and templates more consistently.

We also reviewed our **vendor management** processes to ensure they remain effective, and that we can reduce risks and realise greater benefits from vendors. Vendors play an important role in our operations across property management, IT services and marketing and communications. The audit found that, while Cancer Council NSW has efficient and effective processes, we need to document and formalise these processes.

During the year we recognised the opportunity to review our print management spend. We went out to tender with all responses reviewed by an internal panel and, as a result, we appointed a preferred print supplier with an overall cost saving of 8%. This will ensure greater efficiency.

Managing risk

During 2016/17, we focused on making our **payroll processes** more efficient. Our previous system created inefficiencies and increased the level of risk with manual workarounds. To ensure the right level of specialist skills and knowledge to operate our system and improve our payroll service, we decided to move to an external provider. This has given us a reliable, efficient and compliant payroll service, supported by a system that complements our organisational requirements.

Investing for our future

Our investment in technology improvement is enabling us to increase our capacity and effectiveness, so we can build stronger relationships with our communities.

Through our **Business Transformation program**, we

continued to make improvements to our customer relationship management (CRM) software. These changes will improve how we engage with the community, simplify our working environment and help us work more effectively. This year, we rolled out the new CRM across a number of our cancer prevention programs and a cancer research study, and this has resulted in increased reach of these programs and improved reporting.

As we further streamline our IT, we need to ensure consistency across the organisation. To help with this, we introduced two new policies to guide selection, purchase, management and use of technology within the organisation. These will help minimise the risk of software misuse and ensure we achieve the best value when purchasing technology.

PERFORMANCE

HOW	MEASURES	2013	2014	2015	2016	2017
We strive to work more effectively: better harnessing people, funds, technology and other resources to minimise our infrastructure and investment costs.		8%	9%	11%	11%	10%
We maintain our investments at levels equivalent to between nine and 12 months of operational expenditure,	Investment return per annum	17%	15%	8%	6%	9%
in order to secure us against revenue fluctuations, to underwrite our forward commitments, and to provide capital	Months of operational expenditure covered by investments	10.0	11.9	12.8	12.4	12.5



funding flexibility.

• We received a Gold Award for Excellence in Reporting at the Australasian Reporting Awards for the *Cancer Council NSW* Annual Report 2015/2016.



• We are simplifying our processes, technology and systems to enable the benefits of our Business Transformation program to be realised.

47)

PUBLICATIONS AND SUBMISSIONS

The following pages document the extensive research undertaken by Cancer Council NSW staff and published in peer-reviewed publications in 2016/17. This reflects the breadth of our research into cancer causes, health services, prevention and supportive care, and the influence of our work locally and internationally. Also included are a number of reports and submissions made by Cancer Council NSW to decision-makers regarding public health policy and recommendations.

Publications

Aminde LN, Takah N, Ngwasiri C, Noubiap JJN, Tindong M, Dzudie A, Veerman JL. Population awareness of cardiovascular disease and its risk factors in Buea, Cameroon. BMC Public Health. 2017;17:545.

Arriaga ME, Vajdic CM, Canfell K, MacInnis R, Hull P, Magliano DJ, Banks E, Giles GG, Cumming RG, Byles JE, Taylor AW, Shaw JE, Price K, Hirani V, Mitchell P, Adelstein B, Laaksonen MA. The burden of cancer attributable to modifiable risk factors: the Australian cancer-PAF cohort consortium. BMJ Open. 2017;7:e016178.

Bonevski B, Guillaumier A, Shakeshaft A, Farrell M, Tzelepis F, Walsberger S, D'Este C, Paul C, Dunlop A, Searles A, Kelly P, Fry R, Stirling R, Fowlie C, Skelton E. An organisational change intervention for increasing the delivery of smoking cessation support in addiction treatment centres: study protocol for a randomized controlled trial. Trials. 2016;17(1). DOI: 10.1186/s13063-016-1401-6.

Brisson M, Bénard É, Drolet M, Bogaards JA, Baussano I, Vänskä S, Jit M, Boily MC, Smith MA, Berkhof J, Canfell K, Chesson HW, Burger EA, Choi YH, De Blasio BF, De Vlas SJ, Guzzetta G, Hontelez JAC, Horn J, Jepsen MR, Kim JJ, Lazzarato F, Matthijsse SM, Mikolajczyk R, Pavelyev A, Pillsbury M, Shafer LA, Tully SP, Turner HC, Usher C, Walsh C. Population-level impact, herd immunity and elimination after HPV vaccination: a systematic review and metaanalysis of predictions from transmissiondynamic models. The Lancet Public Health. 2016;1(1);e8-17.

Burmeister EA, O'Connell DL, Jordan SJ, Goldstein D, Merrett ND, Wyld D, Beesley VL, Gooden HM, Janda M, Neale RE. Factors associated with quality of care for patients with pancreatic cancer. Med J Aust. 2016;205(10):459-65.

Burón Pust A, Alison R, Blanks R, Pirie K, Gaitskell K, Barnes I, Gathani T, Reeves G, Beral V, Green J, Million Women Study Collaborators (incl Canfell K). Heterogeneity of colorectal cancer risk by tumour characteristics: large prospective study of UK women. Int J Cancer. 2017;140(5):1082-90.

Canoy D, Cairns BJ, Balkwill A, Wright FL, Khalil A, Beral V, Green J, Reeves G, Million Women Study Collaborators (incl Canfell K). Hypertension in pregnancy and risk of coronary heart disease and stroke: a prospective study in a large UK cohort. Int J Cardiol. 2016;222:1012-8. Carter J, Hammond I, Smith M. The renewal of the National Cervical Screening Program. Med J Aust. 2017;206(6):274.

Chambers SK, Occhipinti S, Foley E, Clutton S, Legg M, Berry M, Stockler MR, Frydenberg M, Gardiner RA, Lepore SJ, Davis ID, Smith DP. Mindfulness-based cognitive therapy in advanced prostate cancer: a randomized controlled trial. J Clin Oncol. 2017;35(3):291-297.

Chapman K, Goldsbury D, Watson W, Havill M, Wellard L, Hughes C, Bauman A, Allman-Farinelli M. Exploring perceptions and beliefs about the cost of fruit and vegetables and whether they are barriers to higher consumption. Appetite. 2017;113,310-319.

Chapman K, Havill M, Watson WL, Wellard L, Hughes C, Bauman A, Allman-Farinelli M. Time to address continued poor vegetable intake in Australia for prevention of chronic disease. Appetite. 2016;10;107:295-302.

Chapman S, Azizi L, Luo Q, Sitas F. Response from the authors to correspondence related to 'Has the incidence of brain cancer risen in Australia since the introduction of mobile phones 29 years ago?'. Cancer Epidemiol. 2016;44:138-140.

Cronin P, Kirkbride B, Bang A, Parkinson B, Smith DP, Haywood P. Long-term health care costs for patients with prostate cancer: a population-wide longitudinal study in New South Wales Australia. Asia Pac J Clin Oncol. 2017;13(3):160-71.

Dhillon HM, McGeechan K, Butow PN, Juraskova I, Hobbs K, Boyle F, Kay J, Miller A, Williams D, Lawsin C. The rekindle study: an Australian randomized phase Il study assessing feasibility of an online intervention to promote sexual well-being for both cancer survivors and their partners. Asia Pac J Clin Oncol. 2016;12(S);27.

Dudley DA, Cotton WG, Winslade MJ, Wright BJ, Jackson KS, Brown AM, Rock V. An objective and cross-sectional examination of sun-safe behaviours in New South Wales primary schools. BMC Public Health. 2017;17:21. DOI: 10.1186/s12889-016-3917-9.

Dunn J, Garvey G, Valery PC, Ball D, Fong KM, Vinod S, O'Connell DL, Chambers SK. Barriers to lung cancer care: health professionals' perspectives. J Support Care Cancer. 2017;25(2):497-504.

Egger S, Willson ML, Morgan J, Walker HS, Carrick S, Ghersi D, Wilcken N. Platinumcontaining regimens for metastatic breast cancer. Cochrane Database Syst Rev. 2017; DOI: 10.1002/14651858.CD003374.pub4. Feletto E, Burton S, Williams K, Fry R, Sutton C, Bagus L, Egger S. Who stops selling? A systematic analysis of ex-tobacco retailers. Tob Control. 2016; DOI: 10.1136/ tobaccocontrol-2015-052629.

Feletto E, Schüz J, Sitas F. Developing the environmental and lifestyle exposure assessment (ELEA) tool for cancer epidemiology research in low resource settings. J Global Health. 2016;6(20):020307.

Fornusek CP, Kilbreath SL. Exercise for improving bone health in women treated for stages I-III breast cancer: a systematic review and meta-analyses. J Cancer Surviv. 2017; DOI: 10.1007/s11764-017-0622-3.

Fry R, Burton S, Williams K, Walsberger S, Tang A, Chapman K, Egger S. Retailer licensing and tobacco display compliance: are some retailers more likely to flout regulations? Tob Control. 2016; DOI: 10.1136/tobaccocontrol-2015-052767.

Goldsbury D, Weber MF, Yap S, Banks E, O'Connell DL, Canfell K. Identifying incident colorectal and lung cancer cases in health service utilisation databases in Australia: a validation study. BMC Medical Informatics and Decision Making. 2017;17:23.

Gordon LG, Bartley N. Views from senior Australian cancer researchers on evaluating the impact of their research: results from a brief survey. Health Research Policy and Systems. 2016;14:2.

Green M, Cunningham J, O'Connell D, Garvey G. Improving outcomes for Aboriginal and Torres Strait Islander people with cancer requires a systematic approach to understanding patients' experiences of care. Aust Health Rev. 2017;41:230-233.

Greuter MJ, Berkhof J, Canfell K, Lew JB, Dekker E, Coupé VM. Resilience of a FIT screening programme against screening fatigue: a modelling study. BMC Public Health. 2016;16(1):1009.

Healey E, Taylor N, Greening S, Wakefield CE, Warwick L, Williams R, Tucker K. Quantifying family dissemination and identifying barriers to communication of risk information in Australian BRCA families. Genet Med. 2017; DOI: 10.1038/gim.2017.52.

Hodgkinson VS, Egger S, Betsou F, Waterboer T, Pawlita M, Michel A, Baker MS, Banks E, Sitas F. Pre-analytical stability of antibodies to pathogenic antigens. Cancer Epidemiol Biomarkers Prev. 2017; DOI: 10.1158/1055-9965.EPI-17-0170.

48

Janda M, Neale R, Klein K, O'Connell D, Gooden H, Goldstein D, Merrett N, Wyld D, Rowlands I, Beesley V. Anxiety, depression and quality of life in people with pancreatic cancer and their carers. Pancreatology. 2017;17:321-327.

Kelly B, Freeman B, King L, Baur L, Gill T, Chapman K. Television advertising, not viewing, is associated with negative dietary patterns in children. Pediatric Obesity. 2016;11:158-160.

Kelly B, Freeman B, King L, Chapman K, Baur LA, Gill T. The normative power of food promotions: Australian children's attachments to unhealthy food brands. Public Health Nutr. 2016;19(16):2940-2948.

Kroll ME, Green J, Beral V, Sudlow CL, Brown A, Kirichek O, Price A, Yang TO, Reeves GK, Million Women Study Collaborators (incl Canfell K). Adiposity and ischemic and hemorrhagic stroke: prospective study in women and metaanalysis. Neurology. 2016;87(14):1473-81.

Lal A, Mantilla-Herrera A, Veerman JL, Backholer K, Sacks G, Moodie M, Siahpush, Carter R, Peeters A. Modelling health benefits of a sugar sweetened beverage tax across different socioeconomic groups in Australia: a cost-effectiveness analysis study. PLoS Med. 2017;14(6):e1002326.

Lawrence BJ, Gasson N, Troeung L, Bucks RS, Loftus AM. Cognitive training and non-invasive brain stimulation for cognition in Parkinson's Disease: a meta-analysis. Neurorehabil Neural Repair. 2017; DOI: 10.1177/1545968317712468.

Lawsin C, McGeechan K, Beaumont A, Butow P, Juraskova I, Hobbs K, Boyle F, Kay J, Miller A, Dhillon H. The rekindle study: an Australian randomised phase II study assessing feasibility and promise of an online intervention to promote sexual wellbeing for both cancer survivors and their partners. J Clin Oncol. 2016;34 Suppl abstr TPS10145.

Lawsin C, McGeechan K, Williams DO, Butow P, Juraskova I, Hobbs K, Boyle FM, Kay J, Miller A, Dhillon HM. Phase II feasibility study of rekindle: an online psychosexual intervention for cancer survivors and/or their partners. J Clin Oncol. 2017;35(15S):e21597-e21597.

Lew JB*, Simms KT*, Smith MA, Hall M, Kang Y-J, Xu XM, Caruana M, Velentzis LS, Bessell T, Saville M, Hammond I, Canfell K. Primary HPV testing versus cytology-based cervical screening in women in Australia vaccinated for HPV and unvaccinated: effectiveness and economic assessment for the National Cervical Screening Program. The Lancet Public Health. 2017;2:e96-107.

Lew JB, St John DJB, Xu XM, Greuter MJE, Caruana M, Cenin DR, He E, Saville M, Grogan P, Coupé VMH, Canfell K. Long-term evaluation of benefits, harms, and costeffectiveness of the National Bowel Cancer Screening Program in Australia: a modelling study. The Lancet Public Health. 2017; DOI: 10.1016/S2468-2667(17)30105-6.

Lim BT, Butow P, Mills J, Miller A, Goldstein D. Information needs of the Chinese community affected by cancer: a systematic review. Psycho-Oncology. 2017; DOI: 10.1002/pon.4347. Luo Q, Egger S, Yu XQ, Smith DP, O'Connell D. Validity of using multiple imputation for 'unknown' stage at diagnosis in population-based cancer registry data. PLoS One. 2017;12(6):e0180033.

Luo Q, O'Connell DL, Kahn C, Yu XQ. Colorectal cancer metastatic disease progression in Australia: a population-based analysis. Cancer Epidemiol. 2017; DOI: 10.1016/j.canep.2017.05.012.

Luo Q, Yu XQ, Smith DP, Goldsbury DE, Cooke-Yarborough C, Patel MI, O'Connell DL. Cancer related hospitalisations and 'unknown' stage prostate cancer: a population-based record linkage study. BMJ Open. 2017;6:e014259.

Mervin MC, Lowe A, Gardiner RA, Smith DP, Aitken J, Chambers SK, Gordon LG. What does it cost Medicare to diagnose and treat men with localized prostate cancer in the first year? Asia Pac J Clin Oncol. 2017;13(3):152-159.

Nair-Shalliker V, Yap S, Nunez C, Egger S, Rodger J, Patel MI, O'Connell DL, Sitas F, Armstrong BK, Smith DP. Adult body size, sexual history and adolescent sexual development, may predict risk of developing prostate cancer: results from the New South Wales Lifestyle and Evaluation of Risk Study (CLEAR). Int J Cancer. 2017;140(3):565-574.

Nomaguchi T, Cunich M, Zapata-Diomedi B, Veerman JL. The impact on productivity of a hypothetical tax on sugar-sweetened beverages. Health Policy. 2017;121(6):715-25.

Nunez CA, Bauman A, Egger S, Sitas F, Nair-Shalliker V. Obesity, physical activity and cancer risks: results from the Cancer, Lifestyle and Evaluation of Risk Study (CLEAR). Cancer Epidemiol. 2017;47:56-63.

Patel MI, Yumigawa Y, Bang A, Lawrentschuk N, Skyring T, Smith DP. Volume-outcome relationship in penile cancer treatment: a population based patterns of care and outcomes study from Australia. BJU Int. 2016;118 Suppl 3:35-42.

Paul C, Boyes A, Hall A, Bisquera A, Miller A, O'Brien L. The impact of cancer diagnosis and treatment on employment, income, treatment decisions and financial assistance and their relationship to socioeconomic and disease factors. Support Care Cancer. 2016;24:4739.

Rankin NM, York S, Stone E, Barnes D, McGregor D, Lai M, Shaw T, Butow PN. Pathways to lung cancer diagnosis: a qualitative study of patients and general practitioners about diagnostic and pretreatment intervals. Ann Am Thorac Soc. 2017;14(5):742-53.

Robotin MC, Porwal M, Hopwood M, Nguyen D, Sze M, Treloar C, George J. Listening to the consumer voice: developing multilingual cancer information resources for people affected by liver cancer. Health Expectations. 2016;20:171-182.

Robotin MC, Shaheem M, Ismail AS. Using consensus methods to develop a countryspecific Master of Public Health curriculum for the Republic of Maldives. Advances in Medical Education. 2016;7:73-80.

Rutherford C, Costa DJ, King MT, Smith DP, Patel M. A conceptual framework for patientreported outcomes in non-muscle invasive bladder cancer. Supportive Care Cancer. 2017; DOI: 10.1007/s00520-017-3717-5. Simms KT, Laprise J-F, Smith MA, Lew JB, Caruana M, Brisson M, Canfell K. The cost-effectiveness of the nonavalent human papillomavirus (HPV) vaccine in Australia: a comparative modelled analysis. Lancet Public Health. 2016;1:e66-75.

Simms KT, Smith MA, Lew JB, Castle P, Kitchener H, Canfell K. Will cervical screening remain cost-effective in women offered the next generation nonavalent HPV vaccine? Results for four developed countries. Int J Cancer. 2016;139(12);2771-2780.

Simms KT, Hall M, Smith MA, Lew JB, Hughes S, Yuill S, Hammond I, Saville M, Canfell K. Optimal management strategies for primary HPV testing for cervical screening: cost-effectiveness evaluation for the National Cervical Screening Program in Australia. PLoS One. 2017;12(1):e0163509.

Smith MA, Canfell K. Impact of the Australian National Cervical Screening Program in women of different ages. Med J Aust. 2016;205(8):359-364.

Smith MA, Canfell K. Projected impact of HPV vaccination and primary HPV screening on cervical adenocarcinoma: example from Australia. Papillomavirus Res. 2017;3:134-41.

Stanbury J, Baade P, Yu Y, Yu XQ. Impact of geographic area level on measuring socioeconomic disparities in cancer survival in New South Wales, Australia: a period analysis. Cancer Epidemiol. 2016;43:56-62.

Talati Z, Pettigrew S, Dixon H, Neal B, Ball K, Hughes C. Do health claims and frontof-pack labels lead to a positivity bias in unhealthy foods? Nutrients. 2016;8(12):1-18.

Talati Z, Pettigrew S, Hughes C, Dixon H, Kelly B, Ball K, Miller C. The combined effect of front-of-pack nutrition labels and health claims on consumers' evaluation of food products. Food Quality and Preference. 2016;53:57-65.

Velentzis LS, Salagame U, Canfell K. Menopausal hormone therapy: a systematic review of cost-effectiveness evaluations. BMC Health Serv Res. 2017;17(1):326.

Wade SL, Binder BJ, Mattner TW, Denier JP. Steep waves in free-surface flow past narrow topography. Physics of Fluids. 2017;29(6):062107.

Watson WL, Brunner R, Wellard L, Hughes C. Sponsorship of junior sport development programs in Australia. Aust N Z J Public Health. 2016;40(4):326-8.

Watson WL, Lau V, Wellard L, Hughes C, Chapman K. Advertising to children initiatives have not reduced unhealthy food advertising on Australian television. J Public Health. 2017;2;1-6.

Watson WL, Piazza S, Wellard L, Hughes C, Chapman K. Energy and nutrient composition of menu items at Australian coffee chains. Nutrition & Dietetics. 2016;73(1):81-87. Weber MF, Yap S, Goldsbury D, Manners D, Tammemagi M, Marshall H, Brims F, McWilliams A, Fong K, Kang YJ, Caruana M, Banks E, Canfell K. Identifying high risk individuals for targeted lung cancer screening: independent validation of the PLCOm2012 risk prediction tool. Int J Cancer. 2017;141(2):242-53.

Wellard L, Corsini N, Hughes C. Discussing alcohol and cancer with patients: knowledge and practices of general practitioners in New South Wales and South Australia. Australian Family Physician. 2016;45(8):588-93.

Wellard L, Hughes C, Watson, WL. Investigating nutrient profiling and Health Star Ratings on core dairy products in Australia. Public Health Nutrition. 2016;19:2860-2865.

Wellard L, Koukoumas A, Watson WL, Hughes C. Health and nutrition content claims on Australian fast food websites. Public Health Nutrition. 2016;20(4):571-577.

Wentzensen N, Franceschi S, Arbyn M, Berkhof H, Bower M, Canfell K, Einstein M, Fairley C, Monsonego J. Eurogin 2015Roadmap: how HPV knowledge is changing screening practice. Int J Cancer. 2017;140(10):2192-2200.

Whop LJ, Baade PD, Brotherton JML,Canfell K, Cunningham J, Gertig D, Lokuge K, Garvey G, Moore SP, Diaz A, O'Connell DL, Valery P, Roder DM, Condon JR. Time to clinical investigation for Indigenous and non-Indigenous Queensland women after a high grade abnormal Pap smear, 2000-2009. Med J Aust. 2017;206(2):73-77.

Wilson A, Bonevski B, Dunlop A, Shakeshaft A, Tzelepis F, Walsberger S, Farrell M, Kelly P, Guillaumier A. The lesser of two evils: a qualitative study of staff and client experiences and beliefs about addressing tobacco in addiction treatment settings. Drug Alcohol Review. 2016;35(1):92-101.

Xia C, Kahn C, Wang J, Liao Y, Chen W, Yu XQ. Temporal trends in geographical variation in breast cancer mortality in China, 1973-2005: an analysis of nationwide surveys on cause of death. Int J Environ Res Public Health. 2016;13:963.

Xia C, Yu XQ, Zheng R, Zhang S, Zeng H, Wang J, Liao Y, Zou X, Zuo T, Yang Z, Chen W. Spatial and temporal patterns of nasopharyngeal carcinoma mortality in China, 1973-2005. Cancer Lett. 2017;401:33-8.

Yang TO, Cairns BJ, Kroll ME, Reeves GK, Green J, Beral V; Million Women Study collaborators (incl Canfell K). Body size in early life and risk of lymphoid malignancies and histological subtypes in adulthood. Int J Cancer. 2016;139(1):42-9.

Yang TO, Cairns BJ, Reeves GK, Green J, Beral V, Million Women Study Collaborators (incl Canfell K). Cancer risk among 21st century blood transfusion recipients. Ann Oncol. 2017;28(2):393-9.

Yu XQ, Baade P. RE: Cancer incidence and mortality in China, 2013 by Chen et al. Cancer Lett. 2017; DOI: 10.1016/j. canlet.2017.04.018.

Yu XQ, Luo Q, Kahn C, Grogan P, O'Connell D, Jemal A. Contrasting temporal trends in lung cancer incidence by socioeconomic status among women in Australia, 1985-2009. Lung Cancer. 2017;108:55-61. Yu XQ, Luo Q, Smith DP, Clements MS, Patel MI, O'Connell DL. Phase of care prevalence for prostate cancer in New South Wales, Australia: a populationbased modelling study. PLoS One. 2017;12(2):e0171013.

Submissions

Submission to the review of the public consultation draft Smoke-free Environment Regulations 2016, NSW Ministry of Health, July 2016.

Submission to the Parliament of NSW Inquiry into Childhood Overweight and Obesity, August 2016.

Submission to FSANZ Review Consultation Paper – Application A1090 Voluntary Addition of Vitamin D to Breakfast Cereal, August 2016 (on behalf of Cancer Council Australia).

Supporting letter to the Cancer Council Australia's Submission to the Therapeutic Goods Administration Proposed amendment to scheduling of nicotine under the Poisons Standard, August 2016.

NSW Ministry of Health consultation on the Food and Drink Criteria for NSW Healthy School Canteen Strategy, November 2016; and the Healthy School Canteens: Summary of Evidence to inform a Revised Strategy for House of Brand, July 2016.

Interviews with NSW Government consultants and follow-up submission on the NSW Tobacco Strategy 2018 onwards, February 2017.

Submission to the review of the NSW planning system, public consultation draft Environmental Planning and Assessment Amendment Bill 2017, March 2017.

Submission on the Greater Sydney Commission draft District Plans and the Towards our Greater Sydney 2056 amendment to A Plan for Growing Sydney, March 2017.

Submission to the Health Star Rating Advisory Committee on the reappraisal of the form of the food ('as prepared') rules for the Health Star Rating system, June 2017 (on behalf of Cancer Council Australia).

Submission to Cancer Institute NSW's Innovation in Cancer Control Grants 2017/18 Financial Year titled 'Tailored toolkit to support the implementation of the SunSmart hat recommendation'. Submitted May 2017, approval of \$100,000 over two years provided in June 2017.

Government reports

Simms K, Smith M, Hall M, Darlington-Brown J, Hui H, Saville M, Canfell K. Impact of the renewed National Cervical Screening Program on resource use and cervical screening outcomes – Report to the Department of Health Australia.

Simms K, Smith M, Hall M, Darlington-Brown J, Hui H, Saville M, Canfell K. Impact of the Renewed National Cervical Screening Program on resource use: Report prepared for Deloitte Access Economics Pty Ltd. Smith M, Edwards S, Rumlee L, Canfell K. NCSP Monitoring Report 43 (1 January – 30 June 2015). Wellington: NZ Ministry of Health; 2017. Available at https://www.nsu.govt.nz/ system/files/page/ncsp-monitoring-43.pdf.

Smith M, Simms K, Lew JB, Hall M, Canfell K. Updated MBS utilisation estimates for the renewed National Cervical Screening Program.

Smith M, Yap S, Canfell K. NCSP Monitoring Report 44 (1 July – 31 December 2015). Wellington: NZ Ministry of Health; 2017. Available at https://www.nsu.govt.nz/system/ files/page/ncsp-monitoring-44.pdf.

Guidelines

Cancer Council Australia Cervical Cancer Screening Guidelines Working Party. National Cervical Screening Program: Guidelines for the management of screendetected abnormalities, screening in specific populations and investigation of abnormal vaginal bleeding. Sydney: Cancer Council Australia. [Version URL:http://wiki.cancer.org. au/australiawiki/index.php?oldid=157341, cited 2017 Jul 6]. Available from: http://wiki. cancer.org.au/australia/Guidelines:Cervical_ cancer/Screening.

50) A CANCER-FREE FUTURE

OUR SUMMARISED FINANCIAL REPORT



Tari, 447 2 5253 4100. Tari, 467 2 5246 9823 Janua Salta Artes au Laver, NJ, Narspryt M. Tydney (Gilr 2018) Autorite

INDEPENDENT AUDITOR'S REPORT

To the members of The Canoer Council NSW

Report on the Summarised Financial Report

Opinion

We have audited the summarised financial report of The Cancer Council NSW (the Company), which comprises the statement of financial position as at 30 June 2017, the statement of profit or loss and other comprehensive income, statement of changes in equity, statement of cash flows for the year then ended together with the information on "Where the Money Comes From and "Where the Money Goes" information (other information) derived from the financial report of The Cancer Council NSW for the year ended 30 June 2017.

In our opinion, the accompanying summarised financial report including the other information on The Cancer Council NSW complies with Accounting Standard AASB 1039 Concise Financial Reports.

Basis for opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities section of our report. We are independent of the Company in accordance with the auditor independence requirements of the Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act) and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (the Code) that are relevant to our audit of the summary financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Summarised financial report

The summarised financial report does not contain all the disclosures required by the Australian Accounting Standards in the preparation of the financial report. Reading the summary financial report and the auditor's report thereon, therefore, is not a substitute for reading the audited financial report and the auditor's report thereon. The summary financial report and the audited financial report do not reflect the effects of events that occurred subsequent to the date of our report on the audited financial report.

The financial report and our modified audit report thereon

We expressed a modified audit opinion on the financial report in our report dated 24 October 2017.

Basis for qualified opinion

in accordance with the revenue recognition policy of The Cancer Council NSW, the company has determined that it is impractical to establish controls over the collection of cash receipts from fundraising prior to its entry into its financial records. Accordingly, as the evidence available to us in regards to fundraising revenue from this source was limited, our audit procedures with respect to fundraising cash receipts was restricted to the amounts recorded in the financial records. We therefore are unable to express an opinion whether the fundraising cash receipt revenue of The Cancer Council NSW is complete.

Responsibility of the Director's for the summarised financial report

The directors are responsible for the preparation of the summarised financial report in accordance with Accounting Standard AASB 1039 Concise Financial Reports, and the Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act), and for such internal control as the directors determine is necessary to enable the preparation of the summary financial report.

Auditor's responsibility for the audit of the summarised financial report

Our responsibility is to express an opinion on whether the summarised financial report complies in all material respects, with AASB 1039 Concise Financial Reports of the based on our procedures, which were conducted in accordance with Auditing Standard ASA 810 Engagements to Report on Summary Financial Statements.

BDO East Coast Partnership

Paul Bull Partner SYDNEY, 24 October 2017

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STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

For the year ended 30 June 2017

The financial statements and charts in this summarised financial report have been derived from Cancer Council NSW's *Full Financial Report 2016/2017*.

	2017 \$'000	2016 \$'000
Revenue		
Fundraising income	66,912	67,415
Sale of sun protection products (retail) income	8,000	7,753
Interest and investment income	4,589	4,445
Grant income	3,244	2,570
Other revenue	1,583	1,387
Total revenue	84,328	83,570
Increase in fair value of investment property	80	-
Total income	84,408	83,570
Expenses		
Fundraising	22,591	20,280
Sale of sun protection products (retail)	7,346	7,431
Research	15,196	15,048
Regional program delivery	10,223	9,652
Information and support services	6,801	5,592
Advocacy and prevention	5,941	5,081
Marketing and communications	3,901	3,483
Infrastructure and administration	7,666	8,052
Total expenses	79,665	74,619
Surplus before income tax expense	4,743	8,951
Income tax expense	-	-
Surplus for the year	4,743	8,951
Other comprehensive income		
Items that will not be reclassified subsequently to surplus or deficit:		
Increase/(decrease) in investments at fair value through		
other comprehensive income	3,876	(622)
Total comprehensive income for the year	8,619	8,329

For a full understanding of the financial performance, financial position, and the financing and investing activities of Cancer Council NSW, please see the full financial report and auditor's report on our website: cancercouncil.com.au/annualreport2017

A CANCER-FREE FUTURE

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(52

STATEMENT OF FINANCIAL POSITION

As at 30 June 2017

	2017 \$'000	2016 \$'000
Assets		
Current assets		
Cash and cash equivalents	11,156	10,318
Trade and other receivables	5,549	6,584
Inventories	1,341	1,361
Financial assets	136	131
Total current assets	18,182	18,394
Non-current assets		<u>-</u>
Investment properties	600	520
Financial assets	93,083	85,289
Intangible assets	4,096	1,476
Property, plant and equipment	23,484	24,059
Total non-current assets	121,263	111,344
TOTAL ASSETS	139,445	129,738
		-,
Liabilities		
Current liabilities		
Trade and other payables	7,650	6,958
Provisions - employee benefits	2,613	2,231
Total current liabilities	10,263	9,189
Non-current liabilities		
Provisions - employee benefits	646	632
Total non-current liabilities	646	632
TOTAL LIABILITIES	10,909	9,821
NET ASSETS	128,536	119,917
Funds		
General funds	102,823	96,937
Restricted funds reserve	9,085	11,159
Investments at fair value reserve	2,874	(1,002)
Grant income reserve	3,112	2,181
Asset revaluation reserve	10,642	10,642
TOTAL FUNDS	128,536	119,917

STATEMENT OF CHANGES IN FUNDS

For the year ended 30 June 2017

	General funds	Restricted funds reserve	Investments at fair value reserve	Grant income reserve	Asset revaluation reserve	Total funds
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Opening balance as at 1 July 2015	90,015	9,884	(380)	1,427	10,642	111,588
Transfer to/(from) reserves	(2,029)	1,275	-	754	-	-
Surplus for the year	8,951	-	-	-	-	8,951
Other comprehensive income for the year	r -	-	(622)	-	-	(622)
Total comprehensive income for the year	ear 8,951	-	(622)	-	-	8,329
Closing balance as at 30 June 2016	96,937	11,159	(1,002)	2,181	10,642	119,917
Opening balance as at 1 July 2016	96,937	11,159	(1,002)	2,181	10,642	119,917
Transfer to/(from) reserves	1,143	(2,074)	-	931	-	-
Surplus for the year	4,743	-	-	-	-	4,743
Other comprehensive income for the year	r -	-	3,876	-	-	3,876
Total comprehensive income for the year	ear 4,743	-	3,876	-	-	8,619
Closing balance as at 30 June 2017	102,823	9,085	2,874	3,112	10,642	128,536

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.

Investments at fair value reserve

The investments at fair value reserve is used to record changes in the fair value of financial assets classified as investments at fair value through other comprehensive income.

Grant income reserve

The grant income reserve relates to grant monies received but not yet spent. These funds are held in reserve until spent appropriately in line with the conditions of the funding agreement.

Asset revaluation reserve

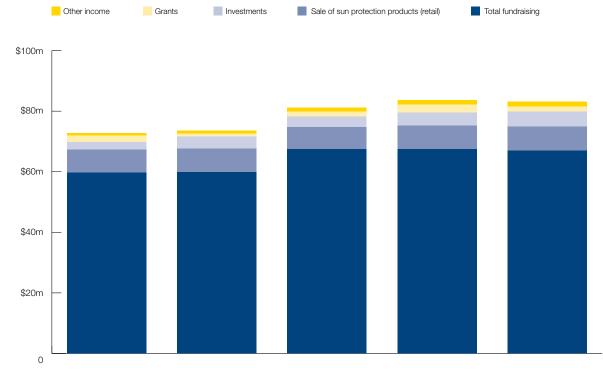
The asset revaluation reserve is used to record increments and decrements on the revaluation of Cancer Council NSW land and buildings.

STATEMENT OF CASH FLOWS

For the year ended 30 June 2017

	2017 \$'000	2016 \$'000
Cash flows from operating activities		
Receipts		
Receipts from supporters and funding sources (inclusive of GST)	78,293	69,591
Receipts from grant funding	3,568	2,570
Dividends, franking credits and interest received	791	653
	82,652	72,814
Payments		
Payments to suppliers and employees (inclusive of GST)	(77,731)	(70,871)
	(77,731)	(70,871)
Net cash inflow from operating activities	4,921	1,943
Cash flows from investing activities		
Payments for purchase of financial assets at fair value through profit and loss	(3,337)	-
Proceeds from sale of property, plant and equipment	121	193
Proceeds from sale of other financial assets	3,183	1,302
Disposal of bequested property	-	60
Payments for purchase of intangible assets	(2,778)	(998)
Payments for purchase of property, plant and equipment	(1,272)	(2,180)
Net cash inflow from investing activities	(4,083)	(1,623)
Net increase in cash and cash equivalents	838	320
Cash and cash equivalents at beginning of year	10,318	9,998
Cash and cash equivalents at end of year	11,156	10,318

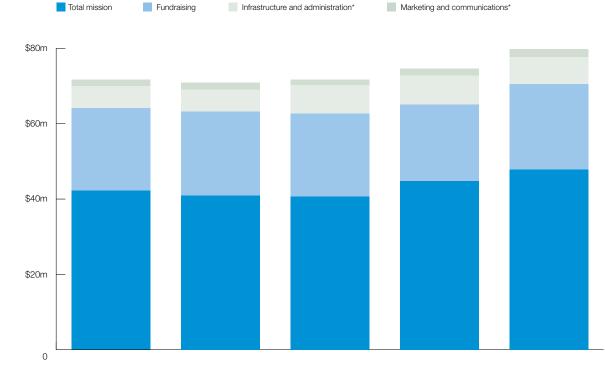
WHERE THE MONEY COMES FROM



	2013		3 2014		2015		2016		2017	
	\$m	%	\$m	%	\$m	%	\$m	%	\$m	%
Events	18.0		19.8		18.2		17.2		15.9	
Appeals	27.9		28.5		28.5		28.6		29.9	
Bequests	13.7		11.5		20.7		21.6		21.1	
Total fundraising	59.6	82%	59.8	81%	67.4	83%	67.4	81%	66.9	79%
Sale of sun protection products (retail)	7.6	11%	7.9	11%	7.3	9%	7.8	9%	8.0	10%
Investments	2.5	3%	3.8	5%	3.5	4%	4.4	5%	4.6	5%
Grants	2.2	3%	1.0	1%	1.7	2%	2.6	3%	3.3	4%
Other income	0.9	1%	1.1	2%	1.2	2%	1.4	2%	1.6	2%
Total income*	72.8		73.6		81.1		83.6		84.4	

*Excludes capital gains on investments

WHERE THE MONEY GOES



	20	2013 2014 2015		15	20	16	2017			
	\$m	%	\$m	%	\$m	%	\$m	%	\$m	%
Mission expenditure										
Research	14.8		14.2		14.9		15.0		15.2	
Regional program delivery	7.2		7.3		7.3		9.7		10.3	
Advocacy and prevention	4.5		4.2		4.6		5.1		5.9	
Information and support services	7.0		6.2		5.3		5.6		6.8	
Sale of sun protection products (retail)	6.9		7.2		6.9		7.4		7.3	
Direct mission support	1.8		1.9		1.7		2.0		2.4	
Total mission	42.2	59%	41.0	58%	40.7	57%	44.8	60%	47.9	60%
Mission enabling expend	liture									
Fundraising	22.0	31%	22.2	31%	22.0	31%	20.2	27%	22.6	28%
Infrastructure and administration*	5.8	8%	5.9	8%	7.5	10%	7.7	10%	7.2	10%
Marketing and communications*	1.7	2%	1.8	3%	1.5	2%	1.9	3%	2.0	2%
Total expenditure **	71.7		70.9		71.7		74.6		79.7	

*Items from these categories which are directly related to mission have been reallocated to direct mission support

**Excludes capital losses on investments

2016 and 2017 reflects total mission on a restated basis

THANK YOU

We thank the following generous individuals and organisations who have supported us in 2016/17. 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.

Active Air Rentals AMP Foundation Andrea Lever and #teamjacka Angela Cho Anji Lake Ben Thompson **Bloomfield Group** Britt Coombe Bronwyn Ainsworth Catherine Giunta and Nancy Sherry **Clare Rogers** Colton Computer Technologies Commercial Club Albury Cronulla High School Damien Larnach **Denton Family Trust**

Donna Craig and the Hills Ball Committee Fay Vitalone and Wisdom Homes Firies Walk For Life **Fussell Family Foundation** Hand Up Foundation Heaven Can Wait Sailing Regatta Holland America Line Jack Lodge James Freeman, Sh*tbox Rally Jessica Hore John Pow Jonathan Herrman Julie Giovenco Kambala Keith and Alison Ross Kim Hicks and the Helping Hands Penrith Relay For Life team Laurie Bender and Barry Rushworth Walk for Cancer Research Louise Bailey Luke Simmons Macquarie Group Foundation Mary and Julian Ugarte Mato Demir Max Schroder and Julie Hannaford Michael and Kim Iori NAB

Nine2Three Employment Solutions Pty Ltd Nomads Sydney North Northern Beaches Girls Night In **Outrun Cancer** PartyLite Australia Paspaley Patricia McAlary Paul Apostoles Penelope Swinney QBE **Richard King** Sam Djodan Sauer's Bakehouse Skipper Jacobs Charitable Trust SOS Print + Media Group Southern Cross Austereo Sydney Markets Sydney Restaurant Group Tanveer Shaheed & the Good Morning Bangladesh Community Team Fort Street High School Telstra The Profield Foundation Theresa Quattromani and Josephine Borg Westpac Group Winning Appliances

Cancer Council NSW acknowledges our state corporate partners for 2016/17:







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 in 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.

Zoe Adams Annie Allen Colin Edward Archer Raymond Bruce Archer Beatrice Margery Arnold Garth Andrew Barnett Raymond Pirie Barrington Allen Collins Bartlett Graham Arthur Booth Eric Keith Brown Norma May Burgess June Edith Bushby Nancy Charlesworth Cairns Marija Cepernic Margaret Fraser Chambers Harold Stuart Chandler Beatrice Cordingley Janece Elena Coulcher Shirley Lorna Custance John Douglas Davis Patrick John Bruce Disney Margaret Jane Emerton Dennis Fisher **Charles Fletcher** Dorothy Margaret Foott Beryl Jean Ford

Jean Rosetta Freestone James Alan Friend Kathleen Grace Gardner Maureen Ivy Gersbach Romano Gianotti Shirley Wallace Grieb Albert Francis Haley Edna Frances Halpin Dulcie Agnes Harbour Patricia Mary Harper June Hartcher Gerald Michael Heasman Hilda Nita Hennessy Jean Margaret Hicks Jane Josephine Holland Kenneth Thomas Horne Hazel Howard Frances Jean Hughes Kathleen Elizabeth Jacobs Josephine Patricia James Jean Louisa Jeffrey Vena Sydney Johnson Katharina Kazimierczuk Kenneth Latham Peter Laycock Helene Louisa Lee Jane Finlay Leitch Dorothea Liossatos Luigia Maccarrone John Albert Mann Edna June Marriott Grace Enid Martin Majorie Ivy May June Mary McAuliffe Donald Hamilton McBride John Perry McDonald Marie Constance McGrath Doreen McIntosh Mary Madeleine McMahon Henrietta Stanislawa Mierzwa Lily Inta Mitrovich

Frank Muszynski Michiko Narahara Mary Adelaide Neal Nancy Kathleen Newton Eric Nowak John Oscar O'reilly Dorothy Kathleen O'Sullivan Nikolai Pantel Heber Perrin John Maurice Pike Margaret Ralston Wilhelmina Ramsay William Terrence Readman Margaret Ellen Reid Dorothy Gladys Ridgway Marjorie June Rixon Anthony Eric Robinson Kevin James Ross Thomas Robert Saul Neta Frances Saunders Christine Sessa Enid Elsie Shearer Merrick Levison Sims Joan Freda Smith Ross Fyfe Smith George Henry Sowter June Elizabeth Staunton Bryan Peter Stephenson Joy Talbot Barbara Thompson Joan May Thorburn Dragana Treloar Lorna Dorothy Watson Beatrice Leonora Watts Douglas Mackay Webb Joy Wellington Phyllis Alma Bessie Williams Vera Wood Ruth Aileen Woods Helen May Wynd

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

Bankers

NAB Internal auditors Oakton External auditors BDO Australia

Investment advisors Mercer

We thank the following firms for providing pro bono legal advice to Cancer Council NSW in 2016/17:

Baker McKenzie Clayton Utz DLA Piper Herbert Smith Freehills Minter Ellison Monahan Estate Planning Sparke Helmore TressCox Lawyers Workplace Law

We also thank the professionals in the community who provide free legal, financial planning, small business accounting and workplace advice for people affected by cancer via our Pro Bono Legal and Financial Program.

HOW YOU CAN GET INVOLVED

Visit us online

For all cancer-related information, to get support, or get involved, visit **cancercouncil.com.au**

Volunteer with us

Our volunteers are everyday people who generously give their time, skills and hope. There are so many ways to volunteer your time and energy. For example, you may have specialist skills, be able to provide peer support for patients and carers at one of our Information Services, or perhaps you would like to help out at a fundraising event.

Find out more about opportunities for you or your organisation to volunteer with us by emailing **volunteervacancies@nswcc.org.au** or calling **13 11 20**.

Join a Relay For Life

Relay For Life is a global movement where communities come together in an overnight journey to take on the fight against cancer. Survivors are honoured, carers are applauded and supporters raise funds to help those affected by cancer. By standing in solidarity with others in the community we can all make a difference. Find your nearest Relay For Life and join the movement at **relayforlife.org.au**

Call Cancer Council 13 11 20 Information and Support

For information about any aspect of cancer, call our Cancer Council 13 11 20 Information and Support service. For the cost of a local call, you can talk confidentially with one of our experienced cancer professionals, who can provide evidence-based information about cancer or access to a range of emotional and practical support services. Call us now on **13 11 20**.

Join a fundraising event

Hosting or joining a fundraising event is a fantastic way to raise funds for a cancer-free future and have a great time with your friends, family or work colleagues. More than 26,000 people hosted or organised a fundraising event or activity for us this year. Our events are some of the most popular and well recognised in Australia – Daffodil Day, Australia's Biggest Morning Tea and Pink Ribbon events to name just a few.

To find out when and how you can get involved, visit **cancercouncil.com.au/get-involved**

Give regularly

Through our Breakthrough regular giving program, you can donate 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, prevention and advocacy programs, and current research studies, as well as future projects. To sign up as a regular giver, visit cancercouncil.com.au/donate

Online communities

Join us on social media – Facebook, Twitter, Instagram and more. Share your story, join the conversation, see what we are up to and the difference we are making thanks to your help. See the impact your donation makes, find out how you can take part in our events or become a volunteer, locate screening programs or support services and groups in your community and learn about our prevention programs. Our online communities cover it all. Visit **cancercouncil.com.au/social**

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 CanAct and make a difference by visiting **CanAct.com.au**

Remember us in your will

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

'I (insert name here) bequeath to The Cancer Council NSW ABN 51 116 463 846 for its general purposes (or name a specific purpose, such as research, patient and support care services, cancer prevention programs)

[Choose and insert the appropriate statement from the list below]

- 1. the whole of my estate
- 2. (insert number) percentage of my estate
- 3. the residue of my estate
- 4. the amount of \$ (insert the value of your gift in cash)
- 5. my (insert name of asset)

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** or calling **(02) 9334 1479**.

60

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