

NSW CANCER COUNCIL ANNUAL REPORT 2003/04



**The
Cancer
Council**
New South Wales

*Building a
Cancer Smart
Community*

OUR VALUES

Our values define our organisation. They underpin how we deal with each other as colleagues, with other organisations and the public. They also form the basis for our vision, planning and priorities. The NSW Cancer Council's values are:

FAIRNESS — striving for an equitable system and being fair in all our dealings

RESPECT — recognising the worth of individuals through trust, courtesy, sensitivity and open communication

INTEGRITY — achieving ends through ethical means, with honesty and accountability

LEARNING AND CREATIVITY — seeking new knowledge and understanding, and valuing innovation

EFFECTIVENESS — pursuing quality outcomes.



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Building a
Cancer Smart
Community

LETTER TO THE MINISTER

17 November 2004

THE HON FRANK SARTOR MP
Minister Assisting the Minister for Health (Cancer)
Parliament House
Macquarie Street
Sydney NSW 2000

Dear Minister Sartor

We have great pleasure in presenting the Annual Report and Financial Statements of the NSW Cancer Council for the year ending 30 June 2004 for presentation to Parliament.

The report has been prepared in accordance with the provisions of the Annual Reports (Statutory Bodies) Act 1984, and the Annual Reports (Statutory Bodies) Regulation 1995.

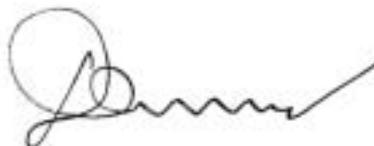
The report details the activities and achievements of the organisation and includes the relevant statutory and financial information for the NSW Cancer Council.

Copies are being sent to the Auditor General and Treasury.

Yours sincerely



DEBORAH PAGE
Chair, NSW Cancer Council Board



ANDREW G PENMAN
Chief Executive Officer

MESSAGE FROM THE CEO

The past year has been a memorable one for the NSW Cancer Council. Our new strategic plan places the vision of engaging the people of NSW at centre stage. Cancer cannot be defeated without community engagement, and it is the quality of this engagement which will determine our identity and success in the future.

In 2003/04 we refocused our activity in the core areas of support for cancer patients, cancer prevention, research and advocacy, using our new strategic plan as a lodestone. During the year we launched a number of new initiatives to support patients in their cancer journey including our support and information pack intended for newly-diagnosed patients; our web-based tool for navigating the questions arising before, during and after treatment; and our expanded service for providing one-to-one contact with trained volunteers who have been through a similar experience. Internally, we improved our structures to play a more dedicated role in providing support and information services.

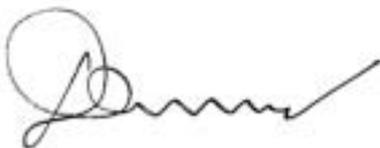
Regionally, we made our biggest contribution ever, with major financial commitments to patient accommodation facilities in Wagga Wagga, Port Macquarie and Coffs Harbour. Working with local communities, whether in fundraising or service programs remains one of the truly satisfying aspects of my role as CEO.

Our work in health strategies recognises the importance, not only of individual health literacy, but also the need to build policy and environments that protect from disease. We have given top priority to leading the campaign to ban smoking in pubs and clubs; a measure supported by more than 70% of adults in NSW. Over 25,000 people joined us in actively urging their state MP to support smoke-free legislation.

The 2003/04 year was also a record year for expenditure in research. Our clinical trials program is maturing well with 24 trials coordinators funded throughout the state. We continue to expand our commitment to cancer epidemiology and to refocus its efforts to fundamental long-term research endeavours following the transfer of the Central Cancer Registry to the government's Cancer Institute in June 2004. Discovery remains critical to our aspirations for cancer patients. Fulfilling these aspirations requires a long-term view and a commitment to funding high quality research that has the capacity to achieve breakthroughs.

We know that there remains a large gap between what we know about cancer control and what we do. The creation of a Cancer Institute has been a welcome sign that government will play a more committed role in narrowing this gap. In response, we see a future that is community focused and have relinquished several roles including professional education, cancer registration, and health care demonstration projects. We have also commissioned a fundamental review of our future positioning in research.

Fundraising and financial support is a very visible component of community engagement. It is with humility and gratitude that I record my thanks to those hundreds of thousands of people who have given to the Cancer Council throughout the year, in Relay For Life, through pledge donations, Daffodil Day, Australia's Biggest Morning Tea, Pink Ribbon Day, community fundraising, or through that greatest gift of all, a bequest. You share our belief that cancer can be defeated and we commit ourselves in the years ahead to justify your belief.



ANDREW PENMAN
Chief Executive Officer
NSW Cancer Council

MESSAGE FROM THE BOARD CHAIR

After over 50 years of dedication to the defeat of cancer, a new phase in the life of the NSW Cancer Council and the community sector was inaugurated in June 2003 with the passage of the Cancer Institute NSW Act. Its main purpose was to establish an Institute through which the Minister could direct the government's efforts in cancer control, but it also repeals the legislation under which the Cancer Council has operated since 1955.

The Cancer Council of the 21st century will be established as a company limited by guarantee under the Corporations Act 2001. Parliament, in the Cancer Institute NSW Act, has made provision for this to occur upon ratification of arrangements by the Minister. The assets of the Cancer Council, which are derived exclusively from community donations, will be retained by the Cancer Council.

In reality, this scheme substantiates the role of the Cancer Council, which has been developed under successive Boards, as a community-controlled organisation independent of Government in voice and strategy, focused on working with and in the NSW community to defeat cancer. As a non-statutory body we will be able to build more effective partnerships and alliances with similar organisations across Australia, and return greater value for the community we serve.

Accordingly, the Board's focus has been on preparing the organisation for its next phase of mission, meeting the Minister's requirements for ratification, and ensuring compliance with the relevant statutory requirements once repeal of the NSW Cancer Council Act has been finally effected.

The Board has had prepared a new draft constitution which outlines a clear organisational purpose, adopts a membership structure to strengthen community foundations, and complies with relevant national corporation and tax legislation.

The Board has addressed governance reform and succession planning with the development of Board and committee charters, provisions in the constitution for an orderly turnover of membership, and a future composition that meets its strategic needs.

In addition, the Board has had all internal policies, procedures, and controls reviewed to ensure they are appropriate for our future needs.

Together with the Chief Executive Officer, I have met with the leadership of the government's Cancer Institute to discuss our relationship and respective roles into the future. Both parties acknowledge the importance of leadership in the community and government sectors, and of a close working relationship. We are confident that future cooperation will result from our common commitment to defeat cancer.

As organisational transition does not rest entirely in the Board's hands, it is not possible to provide a clear timeline for our changes to a non-statutory body. However, as this Annual Report demonstrates, the Cancer Council continues to make great strides in its mission and its vision of a community engaged in defeating cancer.

We thank all those who have supported the NSW Cancer Council during the year and we look forward to your ongoing commitment to defeating cancer.



DEBORAH PAGE
Chair, NSW Cancer Council Board

ORGANISATIONAL STRUCTURE

NSW CANCER COUNCIL BOARD — CHIEF EXECUTIVE OFFICER: DR ANDREW PENMAN						
CANCER RESEARCH AND REGISTERS DIVISION	MARKETING AND COMMUNICATIONS DIVISION	HEALTH STRATEGIES DIVISION	CANCER INFORMATION & SUPPORT SERVICES DIVISION	FINANCE AND ADMINISTRATION DIVISION	REGIONAL NETWORK	CANCER TRIALS NSW
DIRECTOR: A/PROF FREDDY SITAS CENTRE FOR HEALTH, RESEARCH AND PSYCHO-ONCOLOGY DIRECTOR: A/PROF AFAF GIRGIS CANCER EPIDEMIOLOGY RESEARCH UNIT HEREDITARY CANCER REGISTERS NSW CENTRAL CANCER REGISTRY NSW PAP TEST REGISTER	DIRECTOR: MR MARTIN PAUL EVENTS DIRECT MARKETING MEDIA AND HEALTH INFORMATION RETAIL	DIRECTOR: MS ANITA TANG SKIN STRATEGIES TOBACCO STRATEGIES POLICY ADVOCACY	DIRECTOR: MS GILL BATT HELPLINE CANCER CONNECT SUPPORTIVE CARE DEVELOPMENT TELEGROUP COUNSELLING CONSUMER LIBRARY	CHIEF FINANCIAL OFFICER: MR TED STARC FINANCE DONOR SUPPORT SERVICES DISTRIBUTION SERVICES INFORMATION TECHNOLOGY HUMAN RESOURCES VOLUNTEERS	MANAGER: MR BARRIE EAST GREATER SYDNEY SOUTHERN HUNTER CENTRAL COAST NORTH WEST FAR NORTH COAST MID NORTH COAST SOUTH WEST WESTERN	DIRECTOR: PROF MARTIN STOCKLER
						OFFICE OF THE CEO EXTERNAL RESEARCH BOARD COMMITTEES

GOVERNANCE

Legislation

The NSW Cancer Council is a statutory body established in 1955 by an Act of the NSW Parliament which was subsequently amended in 1995 to the New South Wales Cancer Council Act 1995 (the Act). Part 2, Section 5 of the Act sets out the principal objectives of the Cancer Council.

The NSW Cancer Council is unique in that it is the oldest cancer charity, established under an Act of the NSW Parliament, which continues to exist primarily on funds from the community.

The passage of the Cancer Act in March 2003, and establishment of the Cancer Institute NSW, has set in motion a change to the relationship between the NSW Government and the NSW Cancer Council. The New South Wales Cancer Council Act 1955, under which the NSW Cancer Council has operated as a statutory body, will be repealed by decree once the Minister is confident that appropriate constitutional and governance arrangements are in place.

Foundations for management and oversight

The roles and responsibilities of the Board have been further developed by the Board to include:

- Providing strategic direction, adopting a corporate strategy and annual budgets, in accordance with the objects contained within Part 2, Section 5 of the Act.
- Monitoring the conduct and the performance of the NSW Cancer Council and its management.
- Ensuring a system of corporate governance which is compliant with the Act and accepted good practice.
- Protecting, promoting and preserving the Cancer Council's reputation and standing as a community charity.
- Regularly monitoring the Cancer Council's financial results, and ensuring the preparation of accurate financial reports and statements.
- Ensuring that internal controls effectively mitigate risk, and maintaining appropriate accountability systems and ethical standards.
- Reporting to members and the community on the performance and state of the Cancer Council.
- Regularly and continually reviewing Chief Executive Officer performance and development activities, and executive succession planning.

A board structure which adds value

The Board comprises 14 non-Executive Directors appointed by the Governor, or her representative, and the Directors are chosen for their expertise and experience in the areas corresponding to the Cancer Council's objects. Most Directors are nominated by a specific body or institute as required by the Act, eg Australian Medical Association, University of Sydney.

This past year, a number of Board vacancies and a long delay in appointing replacements resulted in a heavy reliance on membership attendance simply to conduct the day-to-day management of operations. As Board membership is determined by the Act, the Board is limited in its ability to determine its structure and membership; however all vacancies were filled in June 2004. The Board is now looking forward to focusing on a governance framework which emulates best practice.

BOARD MEMBERS

Mrs Deborah Page <i>(Chair)</i>	Consultant and Company Director Institute of Chartered Accountants nominee
Prof Simon Chapman <i>(Deputy Chair)</i>	Department of Public Health and Community Medicine, University of Sydney Australian Consumers Association/Consumers Health Forum nominee
Prof Phyllis Butow	NHMRC Senior Research Fellow and Executive Director, Medical Psychology Unit, University of Sydney Clinical Oncological Society of Australia nominee
A/Prof Christine Clarke	NHMRC Senior Research Fellow, Westmead Institute for Cancer Research University of Sydney nominee
The Hon Peter Collins, AM, QC <i>(from June 2004)</i>	Law Society of New South Wales nominee Chair, Australian Institute of Health and Welfare
Ms Sally Crossing	Chair, Cancer Voices NSW Australian Consumers Association/Consumers Health Forum nominee
A/Prof Chris Hamilton	School of Health Sciences, University of Newcastle University of Newcastle nominee
Prof Richard Henry <i>(from June 2004)</i>	Senior Associate Dean, Faculty of Medicine University of NSW University of NSW nominee
Hon Susan Lenehan	Fellow of the Australian Institute of Company Directors Syndicate Chairman of the CEO Institute Business sector nominee
Dr Michael Noel	President, Palliative Care Association of NSW and Palliative Care Physician Australian Medical Association nominee
Dr Andrew Penman	Chief Executive Officer, NSW Cancer Council
Prof Michael Reid <i>(from June 2004)</i>	Director General, Ministry for Science and Medical Research Minister for Health and Minister for Science and Medical Research nominee
Prof Rob Sutherland <i>(to October 2003)</i>	Director, Cancer Research Program Garvan Institute of Medical Research University of NSW nominee
Dr Kendra Sundquist <i>(from May 2004)</i>	Manager, Supportive Care Development NSW Cancer Council Cancer Council staff nominee

Prof Jeanette Ward

Director, Division of Population Health
South Western Area Health Service
Public Health Association of Australia nominee

A/Prof Emma Whitelaw

School of Molecular and Microbial Biosciences,
University of Sydney
Australian Society of Medical Research nominee

Ethical and responsible decision-making

The Board has adopted a Code of Conduct for all Board and staff members to provide an ethical framework for all decisions and actions, and to ensure that we demonstrate fairness, integrity and sound professional and ethical practice at all times. The Board also adopted a Conflict of Interest Policy that provides clear guidelines to the Board in relation to dealing with matters that involve, or are perceived to involve, situations involving personal conflict of interest for Board members.

A full copy of our code is available at www.cancercouncil.com.au

Integrity in financial reporting

As a statutory body, the financial accounts of the Cancer Council must be audited by the Audit Office of NSW; a process which ensures the integrity of our public financial reporting.

Timely and balanced disclosure

The principal method for disclosure of matters concerning the NSW Cancer Council is through the Minister for Health and the Minister Assisting the Minister for Health (Cancer) to Parliament, and the primary vehicle for disclosure is the annual audit conducted by the Audit Office of NSW and our annual report. In addition, the NSW Cancer Council is subject to the requirements of the Freedom of Information Act.

Managing risk

On behalf of the Board, the audit committee is authorised to oversee the adequacy and effectiveness of the accounting and financial controls, including the Cancer Council's policies and procedures to assess, monitor, and manage business risk. The Cancer Council's Fraud policy aims to limit fraud exposure and to provide advice to employees in dealing with fraud or suspected fraud or other illegal acts involving dishonesty or damage to property. A Whistle Blower policy and a Protected Disclosure policy were endorsed by the audit committee this year. The Cancer Council has a 3-year internal audit plan to ensure it addresses relevant risks.

Encouraging enhanced performance

Board vacancies for most of 2003/04 prevented a serious focus on Board performance until such time as there existed a full complement of Board members. In future the performance of the Board will be reviewed regularly against agreed indicators. To this end, Board performance assessment tools are currently under review for implementation in 2004/05.

Our Board induction process includes the provision of documentation concerning the Cancer Council including the strategic plan, as well as briefings from the Chair and senior staff.

Remunerate fairly and responsibly

The Cancer Council has adopted a company-wide benchmarking process, developed by the Human Resources unit in consultation with an external remuneration and benefits consultant, which involves grading each position and benchmarking the positions against relevant external market rates to ensure consistency and fairness in remuneration for all staff.

The Board has charged the remuneration committee with responsibility for evaluating, monitoring and benchmarking the performance of the Chief Executive Officer. The remuneration committee obtains information and advice from an external remuneration consultant who reports on relevant benchmark remuneration levels in the market.

Recognising the legitimate interests of stakeholders

The Cancer Council recognises the valuable contribution made by our many stakeholders who include our donors, the beneficiaries of our programs, our volunteers, consumer organisations, the cancer research community, and our staff.

Our stakeholders are involved in many Cancer Council activities. In addition to complying with relevant legislation, we have developed strong relationships and partnerships through such vehicles as:

- Memorandum of Understanding with Cancer Voices, the peak cancer consumer organisation in NSW;
- A volunteer policy which champions the rights of volunteers and guidelines which clearly stipulate their responsibilities when working with us;
- Consumer involvement on the Ethics, Clinical Trials, Cancer Research and accommodation management committees and other specialist advisory panels;
- Staff policies and benefits which aim to position the NSW Cancer Council as an employer of choice.

COMMITTEES

To devise and deliver effective programs, we draw on the experience and support of leaders in health, research and the wider community – including consumer representatives. We are extremely grateful to all those who volunteer their time, expertise and enthusiasm to serve on our committees and working groups.

Audit Committee

Our audit committee assists the Board in discharging its responsibility to exercise due care, diligence and skill in relation to our financial reporting, application of accounting policies, financial management, internal control systems, business policies and practices, compliance with statutory requirements, and monitoring and control of business risk.

Dr Michael Noel <i>(Chair)</i>	Board member
The Hon Peter Collins, AM, QC <i>(from June 2004)</i>	Board member
Hon Susan Lenehan	Board member
Ms Sheila McGregor <i>(March 2004 to June 2004)</i>	Partner, Gilbert & Tobin
<i>In attendance:</i>	
Mr Brian Blood	Partner, Ernst & Young
Mr Keith Brown	Director, Audit Office
Dr Andrew Penman	Chief Executive Officer, NSW Cancer Council
Mr Ted Starc	Chief Financial Officer, NSW Cancer Council
Ms Elaine Beggs	Minute Secretary

Investment Committee

Our investment committee reviews our current and future investment strategies and makes relevant recommendations to the Board.

Hon Susan Lenehan <i>(Chair)</i>	Board member
Prof Richard Henry	Board member
Mr Julian Reynolds	Principal, Reynolds & Co Pty Ltd
Prof Jeanette Ward	Board member
<i>In attendance:</i>	
Dr Andrew Penman	Chief Executive Officer, NSW Cancer Council
Mr Ted Starc	Chief Financial Officer, NSW Cancer Council
Ms Elaine Beggs	Minute Secretary

COMMITTEES

Remuneration Committee

Mrs Deborah Page <i>(Chair)</i>	Board member
Prof Simon Chapman <i>(Deputy Chair)</i>	Board member
Prof Jeanette Ward	Board member

Organisational Futures Sub-committee

The NSW Cancer Institute Bill makes provision for the repeal of the New South Wales Cancer Council Act 1995 and for the NSW Cancer Council to become incorporated under the Corporations Act as a company limited by guarantee. It is the role of the organisational futures sub-committee to oversee the management of this transition and to ensure relevant constitutional, governance and administrative frameworks are in place and submitted to the Minister for approval.

Mrs Deborah Page <i>(Chair)</i>	Board member
Prof Simon Chapman <i>(Deputy Chair)</i>	Board member
Ms Sally Crossing	Board member
Hon Susan Lenehan	Board member
Dr Andrew Penman	Chief Executive Officer, NSW Cancer Council
Ms Angela Aston	Minute Secretary

Ethics Committee

The ethics committee assesses proposals to use Cancer Council-held health data that may identify individuals for research or other purposes. The committee also assesses proposals for research involving human subjects carried out by staff of the Cancer Council.

National Health and Medical Research Council guidelines for Human Research Ethics Committees and our Privacy Management Plan guide the committee. Members are selected on the basis of their expertise and their demonstrated interest in the Cancer Council's work, and therefore do not represent specific institutions, organisations or interest groups. Committee appointments are for a term of two years and members may serve up to three consecutive terms.

In 2003/04, the committee provided ethical approval to 19 proposals (12 requesting access to Cancer Council-held records). In addition, there were 27 amendments, variations and/or additions to proposals that had previously received ethics approval. Topics included:

- Estimating cancer prevalence and forecasting incidence, mortality and prevalence from NSW Central Cancer Registry data.
- Examining the methods used for diagnosing thyroid cancer.
- The predictors of home deaths in terminally ill cancer patients.
- Analysing the usefulness of a linked statistics collection for examining patterns of care of people with prostate, lung, breast and bowel cancers.

The move of the NSW Central Cancer Registry (CCR) to the Cancer Institute NSW in June 2004 will change the scope of the Cancer Council ethics committee; as the NSW Cancer Institute will take over responsibility for ethically reviewing research proposals requesting access to data held by the Registry. The Cancer Council facilitated the transition by supplying policies, guidelines, paper records, and the relevant database.

In future, the Cancer Council ethics committee will only review research proposals for research undertaken by Cancer Council staff.

Mr Jason Downing <i>(Chair)</i>	Lawyer, Wentworth Chambers
Ms Maureen Bousfield	Laywoman
Rev Raymond Heslehurst	Minister of Religion, University of Wollongong
Rev Graham McKay	Minister of Religion, Chaplain, Anglicare
Dr Bettina Meiser	Non-Medical Graduate with Research Experience Department of Medical Oncology, Prince of Wales Hospital
Ms Alice Oppen	Laywoman
Mr John Tong	Layman
Ms Meghan Magnusson	Lawyer, Ebsworth & Ebsworth
Emeritus Prof Tom Reeve	Medical Graduate with Research Experience Executive Officer, Australia Cancer Network
Mr Leo Simonella	Layman
Dr Lyndal Trevena	Medical Graduate with Research Experience School of Public Health, University of Sydney
Ms Angela Aston	Ethics Officer and Assistant Council Secretary
Ms Naomi Crain	Minute Secretary

Cancer Trials Steering Committee

The steering committee oversees the development and delivery of all Cancer Trials NSW programs.

A/Prof Chris Hamilton <i>(Chair)</i>	Board member
Dr David Gorman	Calvary Hospital
Ms Laura Jakob	Project Officer, Cancer Trials NSW NSW Cancer Council
Prof Glenn Marshall	Paediatric Oncology, Centre for Children's Cancer and Blood Disorders
Ms Marie Malica	Project Manager, Cancer Trials NSW NSW Cancer Council
Ms Rebecca McKinnon	Project Officer, Cancer Trials NSW NSW Cancer Council
Dr Andrew Penman	Chief Executive Officer NSW Cancer Council
Ms Gabrielle Prest	College of Nursing and Cancer Nurses Society of Australia
Dr Andrew Spillane	Royal Prince Alfred Hospital
Dr Martin Stockler	Director, Cancer Trials NSW NSW Cancer Council

COMMITTEES

Mr John Stubbs	Consumer, Cancer Voices NSW
Prof Robyn Ward	Medical Oncology, St Vincent's Hospital

Cancer Research Committee

Our cancer research committee serves the Board in its role of approving research policy, strategies and priorities and in determining appropriate budget for research. It provides expert advice on research issues and program evaluation, and frames the guidelines and operating brief for research grant selection.

Prof Rob Sutherland <i>(Chair to October 2003)</i>	Director, Cancer Research Program Garvan Institute of Medical Research Board member
A/Prof Emma Whitelaw <i>(Chair from March 2004)</i>	School of Molecular and Microbial Biosciences, University of Sydney Board member
Prof Bruce Armstrong	Head, School of Population Health and Health Services Research, University of Sydney
Prof Phyllis Butow	NHMRC Senior Research Fellow and Executive Director, Medical Psychology Unit, University of Sydney Board member
Ms Sally Crossing	Chair, Cancer Voices NSW Board member
Dr Andrew Penman	Chief Executive Officer, NSW Cancer Council
Dr Roger Reddell	Head, Cancer Research Unit Children's Medical Research Institute
Prof Sally Redman	Chief Executive Officer, Institute for Health Research
Prof John Thompson	Melanoma Unit, Royal Prince Alfred Hospital
Prof Robyn Ward	Medical Oncology, St Vincent's Hospital
Mr Ron Gale	Minute Secretary

Cancer Research Committee Sub-committee

The Internal Research Review Committee is a sub-committee established to provide an avenue for reviewing research proposals, prepared and funded internally within the Cancer Council, to ensure their scientific quality. The committee arranges external peer reviews for assessing projects. Three proposals were given scientific review this year:

- Comparison of stage of disease at diagnosis.
- Tracking NSW community attitudes and practices in relation to tobacco: a biennial telephone survey.
- Study of cervical health.

THE OBJECTS OF THE NEW SOUTH WALES CANCER COUNCIL

The Cancer Council was established in 1955 by an Act of the NSW Parliament. The Act empowered the Cancer Council to raise money from the public in order to meet its objectives.

Our objects:

- a) Assist and foster research and investigation into the causation, prevention, diagnosis and treatment of cancer,
- b) Assist and foster postgraduate and undergraduate education and training, and education of the public, in relation to cancer,
- c) Assist in providing training and instruction in technical matters relating to the diagnosis and treatment of cancer,
- d) Coordinate, so far as is practicable, the activities of all institutions, hospitals and other bodies engaged in research and investigation into the causation, prevention, diagnosis and treatment of cancer,
- e) Collect, process, maintain and disseminate information relating to cancer and its causes, incidence, and treatment,
- f) Provide relief for cancer patients and their families, including palliative care, rehabilitation and support and advocacy services, and to engage in other benevolent activities relating to cancer,
- g) Engage in fundraising activities (including by means of public appeals or the sale of articles to the public) and to coordinate, so far as is practicable and with the agreement of the bodies involved, such activities conducted by other bodies,
- h) Carry out the above objects in association or jointly with any organisations, societies or other bodies, whether in Australia or elsewhere, which have objects similar to the objects of the Council,
- i) In consultation with the Director-General of the Department of Health, to advise the Minister on problems relating to:
 - The provision of hospital accommodation for the treatment of persons suffering from cancer,
 - The provision of facilities for research and investigation into the causation, prevention, diagnosis and treatment of cancer,
 - The establishment of a cancer institute,
- j) Advise the Minister on such other matters relating to cancer as the Minister may from time to time require,
- k) Initiate and refer to the Minister recommendations on any matter relating to cancer.
- l) The Council may do and perform all acts and things that are necessary or convenient for giving effect to its objects.

OUR PEOPLE

Volunteers

Our volunteers epitomise the Cancer Council's vision of engaging the community of NSW to reduce the impact of cancer. They provide enormous support in many areas including fundraising, program delivery and administrative support, as well as in filling specialist roles.

In 2003/04, 1750 volunteers registered to regular work contributed 27,926 hours of work, valued at \$419,000 in donated time. Our regular volunteers work in our nine regions and in head office, for our Cancer Council Connect peer support program and Relay For Life.

In addition, numerous individuals and organisations offer their professional skills and expertise through participating on committees and focus groups, and through providing pro bono consultancy services. Professional and specialist assistance equates to a significant financial contribution.

Our special events attract the support of people of all ages and backgrounds. We could not achieve our fundraising results without the many individuals and corporate organisations represented by:

- 4000 Daffodil Day volunteers
- 12,000 Australia's Biggest Morning Tea hosts

We keep abreast of changing trends in volunteering, and have developed strategies to improve and expand the volunteering opportunities within the Cancer Council. Highlights include:

- Greater participation from corporate volunteers
- Introduction of centralised, state-wide volunteer database
- State-wide delivery of community speakers program
- Specialist roles created such as office design, finance and auditing, and research.

Staff

At June 30, 2004 the Cancer Council employed 190.27 full-time equivalent staff throughout the state.

All positions are evaluated and graded using the Mercer HR Cullen Egan and Dell job evaluation system. The Cancer Council aims to be a median market payer.

Personnel policies and practices

The Cancer Council offers salary packaging, flexible working arrangements and an employee assistance program. A staff representative group has the brief to bring to the attention of management issues affecting and concerning staff.

New policies and practices introduced in 2003/04 include an Occupational Health and Safety and Smoke Free Workplace policy.

Industrial relations policies and practices

The Cancer Council had one claim of unfair dismissal lodged with the Industrial Relations Commission that was satisfactorily settled between the parties before being heard by the Commission. The Cancer Council adhered to the Industrial Relations Act in its policies and practices. There have been no reported cases of harassment or discrimination.

Restructuring

Two major changes took place in 2003/04. The Health Development division was restructured resulting in the creation of two new divisions more closely aligned to the organisation's strategic focus areas – Health Strategies and Cancer Information and Support Services.

The NSW Central Cancer Registry and the NSW Pap Test Register which had been managed by the Cancer Council on behalf of NSW Health, were transferred to the Cancer Institute NSW.

Both major changes had a significant impact on the organisation and both were successfully managed.

Organisational learning

In 2003/04, 19 training sessions were delivered in house covering a range of topics including communication skills, conflict resolution, indigenous issues, IT applications, project management, time management, and dealing with difficult callers.

In addition, a number of tailored workshops were offered on request including strategic planning, and DiSC (a tool for understanding different styles in teams).

Monthly lunchtime briefing sessions were offered to inform staff about current epidemiological research, and health and support projects.

A new orientation process was developed to ensure all staff and volunteers are aware of all relevant policies and procedures and comply with them accordingly.

Management development program

In 2003/04, a 360-degree online assessment tool was used to assess 22 managers against the established Cancer Council management competencies. Management training was delivered on the following topics: change management, performance management, financial management, occupational health and safety, recruitment, selection and orientation.

Performance management

A new performance management system was introduced in 2003/04, incorporating what each staff member is expected to be doing and delivering on (Key Focus Areas and Objectives). The system also addresses how staff should be delivering consistent with Cancer Council core values.

OUR REGIONAL NETWORK

Our regional offices are integral to our focus as a community-based organisation. Regional staff are spending more and more time out of the office networking, promoting, nurturing, and developing opportunities to engage our supporters and potential advocates and members. Our future focus will provide regional staff with more exciting and rewarding challenges.

In the fundraising area the regions have succeeded in the face of many challenges. In a year in which much of the state was experiencing severe drought, our regions have increased income from \$6,620,587 (2002/03) to \$7,168,635 (2003/04) – an impressive 8% increase.

To strengthen the communication between the health divisions and the regional network a senior management position has been created. The new regional network deputy manager has overall responsibility for operational planning and management of regional health programs, oversight of trial programs, and strategic development.

Regional office 2003/04 highlights

The Central Coast Office relocated from Narara to Gosford during the year and became a stand-alone office with 2.6 full-time staff. In the previous financial year, the Central Coast office had a single staff member and was supported from the Newcastle office. Already the new office has helped galvanise community efforts to fundraise to defeat cancer, bringing in \$344,541 this year.

The South West regional office supported the final stages of the development of Lillier Lodge, a joint-venture project between the Cancer Council and CanAssist. The 20-unit hostel, for cancer patients travelling to Wagga Wagga for treatment, was opened in May.

Our multicultural cancer information service was transferred to the regional network during the year, and staff were relocated to the Greater Metropolitan Sydney office, based in Parramatta. Benefits are already being realised and the team is now in a much stronger position to proactively service their respective communities: Italian, Greek, Chinese and Arabic.

Our Western regional office based in Orange is supporting a pilot project aimed at improving community support for people with life threatening illness and their carers. The 'Caring Communities' project is being conducted in partnership with the Mid Western Area Health Service. The service is funding a special project officer who is based in our Orange office with access to all administrative support and all relevant programs.

In the Mid North Coast region, the Cancer Council committed support to two separate accommodation facilities being built for cancer patients as Rotary projects. The facilities in Port Macquarie and Coffs Harbour will each receive a cash grant of \$100,000. In addition, the Cancer Council is matching locally raised funds up to the value of \$100,000 for each lodge.

In 2003/04, we funded 24 clinical trial study nurses in hospitals in Dubbo, Lismore, Orange, Newcastle, Tamworth, Wollongong and greater metropolitan Sydney. The nurses support participation in a portfolio of 78 selected trials. During the year, 246 patients were recruited to Cancer Trials NSW selected trials.

Our nine regional offices helped deliver our state-wide programs during the year, some examples include:

- All regional offices were involved in promoting and distributing the new Support and Information Pack designed to help cancer patients and their carers during their cancer journey. In 2003/04, almost 32,000 packs were provided to cancer treatment centres, hospitals, specialists, GPs and individuals throughout the state.
- Regional office staff piggy-backed on community events such as the Tamworth Country Music Festival, Australia Day celebrations and our own Relay For Life to sign-up advocates to our Go Smoke Free campaign to ban smoking in pubs and clubs. More than 25,000 people throughout the state helped deliver the message to our politicians.
- All regional offices are implementing the Community Speakers Program which sees suitable volunteers being trained to deliver presentations about cancer issues to their local communities. Through the program we are able to communicate important messages to a wide audience.
- All regional offices continue to support the Environmental Tobacco Smoke and Children project into its second phase. The efforts of the Hunter and Southern regions are notable; together with local partners they developed specialist tools for Aboriginal health workers and parents with mental illness.
- Our Living With Cancer Education Program, providing practical information to cancer patients and carers via small group sessions, is supported throughout our regional network with around 30 programs taking place during the year.

NEW SOUTH WALES CANCER COUNCIL
FIVE YEAR FINANCIAL SUMMARY YEAR ENDED 30 JUNE 2004

	2004	2003	2002	2001	2000
	\$'000	\$'000	\$'000	\$'000	\$'000
Accumulated Funds and Reserves	31,106	27,993	25,764	24,734	23,866
Liabilities	4,167	3,225	3,123	3,441	4,907
RETAINED FUNDS, RESERVES & LIABILITIES	35,273	31,218	28,887	28,175	28,773
Fixed Assets	13,335	9,840	9,508	9,169	5,657
Investments	17,507	16,135	15,386	15,938	16,585
Current Assets	4,431	5,243	3,993	2,942	6,323
Other	-	-	-	126	208
TOTAL ASSETS	35,273	31,218	28,887	28,175	28,773
TOTAL OPERATING INCOME	36,796	34,901	30,952	26,802	27,186
Public Support	31,161	30,792	24,731	20,332	20,107
Bequests	6,274	10,157	6,334	6,207	8,404
Donations	18,323	14,825	12,787	8,630	6,546
Other Income	685	768	629	406	235
Retailing	5,879	5,043	4,981	5,089	4,922
Investments	1,517	543	844	896	1,094
Contract Management	2,858	2,357	2,699	3,426	4,340
Central Cancer Registry	1,484	1,006	1,141	1,052	951
National Breast Cancer Centre	-	-	-	1,132	1,998
Cervical Screening/Pap Test Register	1,374	1,351	1,558	1,242	1,391
Health Promotion Grants/Sponsorships	725	895	1,290	811	581
Sale of Non-Current Assets	243	204	400	587	327
Contract Research Grants	-	-	601	587	482
Other Project Grants/Income	292	109	387	163	128
Superannuation	-	-	-	-	127
TOTAL OPERATING EXPENDITURE	36,124	32,672	29,922	28,405	26,870
Govt Contract Management	2,945	2,533	2,352	4,213	7,298
Research	6,713	5,452	5,702	4,579	3,431
Health Strategies/Awareness/Education	6,537	6,972	7,765	7,673	5,995
Support	3,434	3,002	1,994	1,415	1,025
Administration	2,652	2,328	2,187	2,228	2,168
Cost of Non-Current Assets Sold	215	165	321	390	215
Retailing	5,305	4,737	4,612	4,784	4,694
Fundraising	8,323	7,482	4,989	3,123	2,044
OPERATING SURPLUS/(DEFICIT)	672	2,229	1,030	(1,603)	316

OUR WORK: PATIENT SUPPORT AND INFORMATION

In 2003/04 we improved our organisational structure so we can play a more dedicated role in supporting and informing patients.

Cancer Helpline

In 2003/04, our Cancer Helpline nurses responded to 18,846 calls for counselling and information from people with cancer, family members and the community. A further 1800 calls were directed to our skin cancer information answering service.

An advertising campaign launched in February, encouraged people to call our Cancer Helpline to speak to our experienced cancer nurses. The campaign emphasised the benefits of talking; the depth of understanding offered by our Helpline staff; and the impact a call can have on all those affected by cancer. We saw an immediate increase in the number and duration of calls.

Our prostate call-in in September 2003 generated 552 calls specifically about prostate cancer, and a total of 868 Helpline calls on the day. Urologists, medical and radiation oncologists, specialist nurses and prostate cancer survivors joined our team for the call-in.

Staff in our multicultural cancer information service responded to 998 calls for cancer information and support in Chinese (561 calls), Arabic (386 calls), and Greek (51 calls).

Cancer Council Connect

Men and women who have been diagnosed with breast, bowel or prostate cancer can benefit from one-to-one contact with specially trained volunteers who have shared their experience, and who can provide practical information and emotional support.

In early 2004, we took over administration of the bowel cancer support network which was piloted by Nepean Hospital. In 2003/04, our Cancer Council Connect program took more than 2000 referrals for breast, prostate and bowel cancer.

A review of the Cancer Council Connect program, completed in 2003, found that peer support is highly valued by clients, volunteers and health professionals. The review recommended that peer support be extended to cover all cancer types. Testicular cancer is the first cancer to be addressed with volunteers being trained from July 2004.

Cancer Council Connect will partner with the Leukaemia Foundation in a pilot program to train peer support volunteers for blood cancers.

Family support and telegroup counselling program

In 2003/04, we ran three telegroup counselling programs providing support to cancer patients and carers who were unable to participate in conventional support groups and peer support programs. Two programs were conducted for brain tumour patients and one for lung cancer patients.

The Telstra Foundation committed \$80,000 in funding towards helping families affected by cancer talk about the issues. The Communicating with Kids About Cancer project will be undertaken in partnership with the Pam McLean Cancer Communications Centre and will include a telegroup counselling component.

OUR WORK: PATIENT SUPPORT AND INFORMATION

Support and information pack

The support and information pack was launched in December 2003 after a period of extensive research and a trial in the Hunter region of NSW. The pack for newly diagnosed patients provides information, practical advice, and a directory of local support services and other useful contacts. Almost 32,000 packs were distributed in 2003/04 to cancer treatment centres, hospitals, specialists, GPs and individuals.

Feedback from health professionals and patients has been very positive. More than half of all patients surveyed said the pack has helped them to cope better with their cancer, and more than three-quarters of health professionals surveyed said the pack provided new information that complemented their existing resources and assisted them in providing support for their patients.

Cancer Answers

Launched in February 2004, Cancer Answers is an easy-to-use, online tool that leads people step-by-step through questions and answers that they may be facing before, during and after treatment for cancer. The tool was developed in consultation with cancer patients, health professionals and our Cancer Helpline nurses.

This new resource for patients and health professionals has been marketed through all major health professional websites and journals, and through a range of consumer publications. It attracts between 1000 and 1400 visitors monthly.

Understanding Cancer series

The Understanding Cancer series offers cancer patients and their families easy-to-read information on common topics about cancer. There are 24 titles in the series covering specific cancers as well as issues of emotions, sexuality, and food and cancer. The series is available in printed format and online. In 2003/04, 80,000 printed booklets were distributed.

Information sheets about complementary therapies and palliative care have been added to the series.

Consumer library

Our library offers a wide range of up-to-date resources and services for cancer patients and their families. Our collection includes video and audio tapes, online specialist medical and health journals, professional reference books, and consumer books and pamphlets on many cancer-related topics.

From January-June 2004, library usage was 73% up on usage for the same period in the previous year. Consumers, health professionals and other libraries in NSW were the main external customers. The main internal customers included health, research and support services personnel, as well as regional staff.

Living with Cancer Education Program

The Living with Cancer Education Program offers practical information for cancer patients and carers about many of the issues experienced after a diagnosis of cancer. Small groups attend weekly sessions run by trained facilitators.

In 2003/04, facilitator training for health professionals was conducted in Sydney and Queanbeyan. A further program dealing with advanced cancer was also offered in Sydney.

Special programs were conducted for an Arabic-speaking group in Campbelltown, and for a Greek-speaking group in Kogarah.

Support groups program

In 2003/04 we developed new communication and support systems for cancer support groups in NSW. We had 25 participants in our inaugural training workshop for support group leaders. The workshop was well evaluated by participants.

Patient accommodation

Lilier Lodge, a 20-unit, motel style, accommodation hostel was opened in May 2004. The lodge was established for cancer patients and their carers from the Riverina who are receiving cancer treatment in Wagga Wagga. It is a joint venture of the NSW Cancer Council and CanAssist, funded by the two bodies and the generosity of the Riverina community. The cost of the lodge was \$3 million. The name recognises a generous bequest made by Rose Lilier to CanAssist following her death in 1998.

Hereditary Cancer Registers

The NSW and ACT Hereditary Cancer Registers are funded and managed by the Cancer Council. The registers support patients with selected genetic cancer conditions and provide resources for genetic studies. Conditions covered by the registers are primarily hereditary bowel cancer conditions including Hereditary Non-Polyposis Colorectal Cancer (HNPCC) and Familial Adenomatous Polyposis (FAP).

Although these conditions are rare, people with these genetic conditions have a high risk of developing bowel cancer (in some cases as high as 100% unless they have prophylactic surgery). The number of registrants in the Hereditary Cancer Registers increased by 22% to around 770 this year.

The registers provide a ranged of specialised services including:

- Patient reminder letters for screening tests
- Newsletters and information sessions for patients
- Assistance for patients in contacting relatives at risk.

Our Hereditary Cancer Registers Advisory Committee provides expert advice and consumer input into the development and delivery of these services. The committee is chaired by Prof Allan Spigelman, a surgeon at John Hunter Hospital, and includes clinical geneticists, genetic counsellors, nurses, a pathologist, medical oncologist, GP and consumer representatives.

OUR WORK: CANCER PREVENTION

We continue to focus our efforts to engage the community of NSW in helping to lower the incidence of cancer.

Sun

Under-5s campaign

In 2003/04, we conducted an information campaign on sun protection for parents and carers of children under five. The key focus of the campaign was to dispel commonly held myths and misconceptions about sun safety. Resources included posters, flyers and an online quiz.

Primary schools feasibility study

We conducted a study into the feasibility and relevance of developing curriculum resources on sun protection and other health messages for use in primary schools. The study involved:

- Reviewing the syllabus to identify opportunities to convey health messages
- Identifying best practice in curriculum materials in health topics
- Consulting with key stakeholders within the education sector.

Shade in childcare centres

We conducted 18 workshops for childcare workers across the state on the importance of shade and on how to assess the adequacy of the shade in their centres. More than 280 people attended the workshops, representing 244 children's services (8% of services in NSW).

Workshop evaluations indicated:

- 41% of participants had changed their minds about the adequacy of the shade in their centres after doing the workshop
- 98% planned to conduct a shade audit in their centre
- 80% of participants rated the workshop excellent in terms of content and relevance of the materials and the practical component
- 99% of participants needs were met by the workshop.

Skin Cancer Expert Reference Group

The group was formed to provide expert knowledge on issues relating to skin cancer prevention, diagnosis, treatment, research and sun protection, to assist in resource development and to provide strategic direction in setting priorities in skin cancer. The group includes representatives from the Sydney Melanoma Diagnostic Centre and Skin and Cancer Foundation, as well as researchers and academics in medical and public health disciplines.

Tobacco

Environmental tobacco smoke and children

The environmental tobacco smoke (ETS) and children project is managed by the Cancer Council on behalf of NSW Health, as funder, and in partnership with the Heart Foundation, SIDS and Kids NSW, and Asthma NSW. A second wave of media was rolled out in November-December 2003 involving \$400,000 of paid television, radio and billboard advertising plus extensive free coverage in newspapers and magazines, and on radio.

Community grants were awarded to two regional offices for the following projects:

- ETS training manual for Aboriginal health workers produced by Hunter regional staff in collaboration with the Heart Foundation, Hunter Area Health Service, SIDS and Kids, and Biripi Aboriginal Corporation.
- ETS information campaign for parents with a mental illness undertaken by Cancer Council and area health service staff from the Illawarra.

Tobacco research

In 2003/04 we released three significant and influential reports on tobacco issues:

- *Estimated mortality from secondhand smoke among club, pub, tavern and bar workers in New South Wales* by Prof James Repace;
- *Designated 'no smoking' areas provide from partial to no protection from environmental tobacco smoke* by Prof Bernard Stewart and colleagues;
- *The macroeconomic and distributional effects of reduced smoking prevalence in New South Wales* by William Junor, David Collins and Helen Lapsley.

The reports were launched in conjunction with relevant agencies including the Heart Foundation, Labor Council, South Western Sydney Area Health Service, and the Council of Social Service of NSW (NCOSS) and generated significant media coverage and discussion on the issues.

Responses to tobacco queries

In 2003/04, we responded to around 350 emails, phone calls and letters regarding tobacco issues; two-thirds from the general public.

Lifestyle and cancer

Nutrition and physical activity

We developed five expert review papers on nutrition and physical activity and cancer prevention. Topics covered included fruits and vegetables, cereals and grains, meat, alcohol and physical activity.

Key messages from the review papers have been disseminated through various multi-targeted communications strategies to promote awareness amongst health professional groups and consumers.

We are developing an evidence-based strategic framework to guide our lifestyle programs and initiatives for the next three to five years.

OUR WORK: INFORMATION

The Cancer Council is the leading commentator on cancer issues in NSW with a 46% share of voice (averaged for the year). In 2003/04 throughout NSW, a total of 4547 print, television and radio items mentioned the Cancer Council, equivalent to about 380 items per month.

We continue to be an important source of information for the public and for health journalists on many issues including:

- **Prostate cancer:** media coverage for our annual call-in generated a huge response with almost 900 calls to the Helpline with more than half specifically about prostate cancer.
- **Tobacco control:** by releasing the findings of new research highlighting the need for smoking bans in pubs and clubs we helped keep the issue high on the government's agenda.
- **Sun protection:** by communicating the key messages in our myth-busting campaign via the media we helped to educate Australians about how they can best protect their skin from ultraviolet radiation.

Our website, www.cancerCouncil.com.au, continues to play an important role in providing up-to-date reliable information about cancer and the activities of the Cancer Council. In 2003/04, we averaged around 57,500 visits per month. The most popular items included cancer statistics, information for patients on specific cancers, sun protection information for schools and school students, and general skin cancer information.

Our popular cancer prevention and awareness brochures were distributed to more than 200,000 people through shops, schools, treatment centres and workplaces.

OUR WORK: POLICY AND ADVOCACY

We continue to address the need to build policy and environments that protect from disease.

Influencing public policy and regulation

Submissions made by the NSW Cancer Council in 2003/04 included:

- Three submissions to the Australian Law Reform Commission in relation to gene patenting and human health;
- Two submissions to the Minister for Health, and one to the Minister for Transport Services in relation to the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS);
- One submission to the Board of Taxation in relation to the definition of a charity (Charities Bill 2003);
- Submission to the Cancer Institute NSW in relation to the NSW Cancer Plan;
- Submission to the Federal Government in relation to the National Tobacco Strategy;
- Submissions to the Federal Government in relation to the Tobacco Advertising Prohibition Act and legislation covering graphic health warnings on cigarettes through The Cancer Council Australia's Tobacco Issues Committee.

Parliamentary awareness

We continue to inform parliamentarians about key issues in cancer control and the activities of the Cancer Council, including distributing our quarterly newsletter, *One in Three*, to all NSW state parliamentarians.

Palliative care forums

We hosted a forum and roundtable to facilitate discussion on the key issues and challenges in palliative care in NSW. The forum provided participants with the opportunity to compare the experiences of the United Kingdom and NSW with presentations from the UK National Cancer Director and the President of the NSW Palliative Care Association.

Consumer advocacy

In 2003/04, we conducted consumer advocacy workshops in Orange, Tamworth and Sydney. The two-day workshops are specifically designed to assist people who have been affected by cancer to be effective advocates for improved health policies and systems.

Participant feedback has been consistently positive, with the overwhelming majority rating the course content, presentation and relevance as either "very good" or "excellent".

Cancer control advocacy forum

In July 2003 we held a forum for clinicians, academics, nurses and consumers to test our proposed collaborative advocacy ideas, and to help us determine the cancer control priorities for policy development and advocacy attention.

OUR WORK: POLICY AND ADVOCACY

Tobacco control seminar

In June 2004 in conjunction with the Council of Social Service of NSW (NCOSS), we held a seminar entitled, Lifting the Burden. It provided an opportunity to engage with people who work with groups who are at high risk for smoking, so that they can see the benefits of tobacco control for their clients.

Smoke free playgrounds

In September 2003, we commenced work with a number of local councils to encourage the adoption of policies for smoke free playgrounds, playing fields and outdoor events.

Fifteen local councils have adopted the policy, and have utilised the fact sheets, sample resolution, and poster developed specifically for this campaign.

In addition, in November 2003, at the Local Government Association Conference a resolution was passed in support of the smoke free playgrounds policy, establishing it as the standard for all local councils. Individual councils still have to pass the policy to bring it into effect.

Smoke free pubs and clubs

Go Smoke Free is an advocacy and social marketing campaign to urge the NSW Government to amend the Smokefree Environment Act to remove exemptions for pubs, clubs and gaming venues.

For the campaign, the Cancer Council formed a coalition of health agencies with an interest in reducing the prevalence of smoking, joining with the Heart Foundation (NSW), Asthma NSW and the NSW branch of the Australian Medical Association.

The aim was to recruit at least 5000 grass-roots supporters to lobby their local Member of Parliament, the Premier and the Minister for Health. Over 25,000 people signed on to the campaign. In addition to signing the campaign postcards, 6700 of these supporters wrote or emailed the Premier urging him to take action on smoke free pubs and clubs.

Slim Dusty's widow Joy McKean was recruited as Go Smoke Free patron, helping to generate substantial publicity and sign-ups to the campaign. A wide range of organisations added their support including the Labor Council, Council of Social Services NSW, South Western Sydney Area Health Service and the Central Coast Division of General Practice.

Intelligence gathering and distribution of information also strengthened the NSW Cancer Council's reputation in tobacco advocacy networks, both in Australia and internationally.

OUR WORK: FUNDRAISING

We continue to be inspired and humbled by the amazing generosity of the people of NSW. Whether through selling pink ribbons, buying daffodils, forming a Relay For Life team, hosting morning teas, making donations, or shopping in our Cancer Council stores – all contributions assist us in our mission to defeat cancer.

Thanks to the overwhelming support of the people of NSW, in 2003/04 we grossed more than \$30 million for the first time ever. Some of the highlights include:

- More than 18,000 people are committed to making monthly donations
- Around 20,000 people participated in their local Relay For Life helping the event to grow by 58% to contribute \$2.4 million
- Retail sales reached \$5.9 million producing an increased net profit of 88% over the previous year.

Donations

We are enormously grateful to those people who choose to make a gift in their will to the Cancer Council. Bequests are a vital source of funding for much of our important research. This year, gifts in wills contributed more than \$6 million towards cancer research, patient and family support and prevention activities.

In August we revised our direct marketing strategy. By sending fewer letters to the right people we were able to increase the contribution from appeals by 66%.

Face to face recruitment of regular donors continued throughout the year. We now have more than 18,000 people donating from \$10 to \$60 per month. This regular income source allows us to fund new research, confident in the knowledge that these donors have made a long-term commitment to defeating cancer.

In late 2003, we revitalised our Memorial Giving program improving the opportunities for donors to honour and remember someone lost to cancer. The funeral industry has supported the development and promotion of the new program, and we have also had encouraging feedback from families.

Major events

Events continue to be a strong income earner for us, as well as being an excellent opportunity to promote cancer smart lifestyles. Income across our events portfolio – including Relay For Life, Australia's Biggest Morning Tea, Daffodil Day and Pink Ribbon Day – rose by 4%.

Relay For Life, in its fourth year, went from strength to strength. Across the state, 32 communities gathered to celebrate Relay For Life. This is a volunteer-driven event with around 200 amazing people forming the volunteer committees that made these local events happen. Eight Australia Day honours were awarded to hard working committees and their members.

An incredible \$2.4 million was raised while communities were brought together to celebrate those who have survived cancer, and to remember those lost to cancer. Around 20,000 people throughout the state walked, laughed and cried in the spirit of Relay For Life.

OUR WORK: FUNDRAISING

In 2003, we invited people to take up the Breast Cancer Challenge to raise \$3500 – or around \$1 per person diagnosed with breast cancer in NSW each year. Many of the 32 registered challengers raised more than \$3500 with the top fundraisers staging a Pink Ribbon Day Ride for motorcycle and scooter riders which attracted 800 participants. In addition, 2700 people sold Pink Ribbons for the NSW Cancer Council. Funds for Pink Ribbon Day were up by 23%.

In 2004, Australia's Biggest Morning Tea broke the \$3 million-mark for the first time ever, showing that people throughout NSW love to have a cuppa for cancer. Thanks go to our 12,000 registered hosts and their guests.

Community fundraising relies on people organising their own activities to raise funds on behalf of the Cancer Council. In 2003/04, community fundraisers contributed a staggering \$1.280 million.

Around 4000 people volunteered to sell daffodils and merchandise for our signature event, however this year our Daffodil Day income was unable to match the extraordinary income of the previous year showing a decline of 12%.

The 2004 Posh Auction broke the previous Posh record raising \$600,000 net. To add to funds generated through auction items, the auctioneer invited guests to make donations to the Cancer Council; within five minutes guests had given \$80,000 to support our research programs. Thanks go to the Posh guests, corporate partners, sponsors, and the hard-working committee who make this event a perennial success.

Many Posh guests and supporters have also chosen to support the Cancer Council through workplace giving or personal donations. And thanks to friendships formed through the Posh Auction, Sydney Rotary has made a long-term commitment to support a Cancer Council study examining the roles of diet, lifestyle, ethnicity and genetics in determining cancer risk.

Retail

Our retail program reported record sales grossing \$5.9 million and generating an increased net profit of 88% over the previous year. And an additional store was opened in the new Westfield Bondi Junction taking the number of outlets to eight.

Mail order and Internet business has grown by 13%, driven by a successful catalogue with over 800,000 copies distributed.

Sunglasses business was up by 25% on the previous year. Our sunglass range now includes 115 styles; in 1999 we had 40 styles. This is illustrative of our role in meeting consumer demand in sun protection. Many of the styles are for children, providing protection for ages six months to eight years.

OUR WORK: RESEARCH

The Cancer Council funds more cancer research than any other charity in NSW. In 2003/04 we spent around \$6 million on internal and external research with a number of studies being interstate and international collaborations.

2004 research project grants

ADVANCED CANCER

Dr Martin Stockler

National Health and Medical Research Council (NHMRC) Clinical Trials Centre

Can the antidepressant sertraline improve quality of life and survival for people with advanced cancer?

People with advanced cancer commonly experience symptoms of depression, anxiety and fatigue. This study will determine if the modern antidepressant sertraline – which is effective in relieving these symptoms in people with clinical depression – can improve these symptoms in people with advanced cancer but without clinical depression.

ALL CANCERS

Dr Roger Reddel

Cancer Research Unit, Children's Medical Research Institute

Can associated PML bodies (APBs) be used to predict how patients with various types of cancer will respond to treatment?

In the nuclei of a specific class of cancer cells, Dr Roger Reddel and his team have identified some unique structures made up of DNA and proteins. They call these objects APBs. This study will examine whether the presence or absence of APBs can be used to predict how patients with various types of cancer will respond to treatment.

BREAST CANCER

Dr Verity Ahern

Radiation Oncology, Westmead Hospital

Does targeted lymph node radiation improve survival in women with early breast cancer?

Many women with early breast cancer are now being treated with breast conserving therapy. However, there is confusion about the radiation therapy these women should be given. This study aims to answer the question: Does targeted lymph node radiation improve survival in women with early breast cancer?

HEREDITARY CANCERS

Dr Bettina Meiser

Department of Medical Oncology, Prince of Wales Hospital

Trialling a decision aid to assist people in making informed choices about genetic testing

About five percent of all bowel and breast cancers involve genetically inherited conditions. Testing for these genetic conditions can help identify those family members who carry the affected genes, and for whom there should be a greater focus on screening and preventative measures. In this study, Dr Bettina Meiser will be trialling the effectiveness of using decision aids to assist people in making informed choices about genetic testing.

OUR WORK: RESEARCH

PROSTATE CANCER

Dr Howard Gurney

Cancer Services, Westmead Hospital

When is it best to administer hormone therapy to men with relapsed or non-curable prostate cancer?

Prostate cancer uses the male hormone, testosterone to grow. Hormone therapies reduce the amount of testosterone and cause most (but unfortunately not all) of the prostate cancer to die. Dr Howard Gurney is overseeing the NSW component of a multi-state study aimed at answering a fundamental question for men with prostate cancer: When should hormone therapy commence?

SKIN CANCER

Prof Gary Halliday

Dermatology Research Laboratories, University of Sydney

Determining the role of UVA in the development of skin cancer

Prof Gary Halliday and his research team aim to determine whether UVA-induced gene mutations play a role in the development of skin cancer.

STOMACH CANCER

A/Prof Hazel Mitchell

Department of Biotechnology and Biomedical Sciences, University of NSW

How people's genetic background affects their response to H. pylori infection and their likelihood of developing stomach cancer

Stomach cancer is the second most common cause of cancer death killing more than 600,000 people worldwide every year. Being infected with the bacterium H. pylori has been identified as a major risk factor for developing stomach cancer, however, more than half of the world's population are infected yet only one or two percent will get stomach cancer. Prof Mitchell and her team will examine how people's genetic backgrounds affect their response to H. pylori infection and their likelihood of developing stomach cancer.

THYROID CANCER

Dr Cynthia Lean

Institute for Magnetic Resonance Research

Using magnetic resonance techniques to find thyroid cancer without the need for surgery

Thyroid lumps or nodules are common, particularly in women. Up to 10 percent of the population have thyroid nodules and while 90 to 95 percent of them will not be cancerous, ruling out cancer in particular nodules currently involves removing them by surgery for examination. In this study, Dr Cynthia Lean and her team will use magnetic resonance techniques to find thyroid cancer without the need for surgery.

Career Development Research Fellowship

The Cancer Council offers annually a five-year research fellowship for young scientists who have proven their capacity to undertake research of an internationally competitive standard. The fellowship is intended to encourage applications from all cancer research disciplines.

The fellowship is awarded under the oversight of a sub-committee of the cancer research committee, chaired by Prof Tony Burgess, Director of the Ludwig Institute in Melbourne.

In 2003/04, the committee received five fellowship applications, but no candidates were judged to have met sufficient of the criteria for an award to be made.

The Cancer Council also notes that the Cancer institute NSW will be offering similar opportunities for young researchers. Accordingly, it is reviewing the positioning and requirements of the program in conjunction with its review of research. A decision on the future design and focus of the fellowship program will be made in 2004/05.

Strategic research projects

The Cancer Council commissions a variety of research and demonstration projects among external groups in order to address perceived gaps in cancer control research or practice. Generally, these projects are offered through open public tender. Several of these projects are detailed in other sections of this report.

In 2003/04 we completed funding of two demonstration projects in Liverpool and the Hunter, which explored the effectiveness of nurse care coordinators in improving access to and quality of care from lung cancer multidisciplinary treatment teams.

We also conducted a mid-term review of the five-year research and development program in quality management being undertaken by Western Sydney and Wentworth area health services under the leadership of Prof Paul Harnett. The project aims to apply quality improvement methods to cancer care in order to improve health outcomes and the safety and cost effectiveness of care. The review assessed achievements to date favourably. On the basis of its findings and recommendation, we have renegotiated the focus and objectives of the program for the balance of the funding period.

With the advent of the government's Cancer Institute in NSW, the Cancer Council will no longer fund health care organisations for service improvement research and development.

Research into effectiveness of support groups was identified as a leading priority in a survey of consumers and stakeholders in 2001. Accordingly we have been funding a consortium of researchers headed by Prof Jane Ussher at the University of Western Sydney to explore the organisation, dynamics and outcomes of cancer support groups in NSW. The study found that patients believed support groups decreased their feelings of isolation, increased their confidence in communicating with health professionals, as well as giving them freedom to discuss issues considered taboo or a burden on their families.

Continuing project grants

The Cancer Council recognises that research is a long-term activity and provides project grants of up to three years, as well as five-year program grants. Researchers can also apply for consecutive grants to enable them to follow up on preliminary investigations and to pursue long-term research goals.

OUR WORK: RESEARCH

This year we are funding 18 continuing studies including investigations into:

- How cancer cells create their own blood supply to fuel their growth
- Improving treatment for childhood neuroblastoma
- Trialling a method of breast-conserving surgery
- Hormones and advanced prostate cancer
- How childhood leukaemias become resistant to drugs
- Diagnosing breast cancer using magnetic resonance techniques
- Improving the quality of life of people with advanced cancer
- Identifying the bowel polyps which may lead to cancer.

Supporting clinical trials

Cancer clinical trials test new and promising treatments to see if they are safe, effective and better than the treatments currently in use. People who receive treatment on a trial usually fare better than people getting the same treatment outside of a trial. One of the best ways to improve service delivery for cancer patients is to get people on clinical trials.

The Cancer Council collaborative initiative Cancer Trials NSW was established to build capacity and infrastructure for clinical trials research. Through Cancer Trials NSW we fund hospitals to employ clinical trial study nurses to help run a special portfolio of clinical trials. The Cancer Council selects the trials based on priority, impact and quality, as well as the need for support.

In 2003/04, we funded 24 clinical trial study nurses in hospitals throughout NSW to support participation in a portfolio of 78 selected trials; 246 patients were recruited to the Cancer Trials NSW selected trials.

Cancer Council research teams

Behavioural research team

The Centre for Health Research and Psycho-oncology (CheRP) is a behavioural research group established in 1988 by the NSW Cancer Council and the University of Newcastle. CheRP forms part of the Cancer Research and Registers Division of the Cancer Council and is based in Newcastle.

Our behavioural researchers investigate strategies for preventing cancer, for improving quality of life in cancer survivors, and improving quality of care for cancer patients.

Cancer prevention and early detection

Projects in 2003/04 dealing with cancer prevention and early detection:

- **Implementation of a Guide for Nicotine Dependent Inpatients:** Evaluating an intervention designed to increase the uptake of the NSW Health Guide to the Treatment of Nicotine Dependent Inpatients in hospitals.
- **Smoking review:** A comprehensive review of descriptive research about smoking uptake and quitting among young people.
- **Nicotine Replacement Therapy (NRT) pharmacy survey:** Surveying NSW pharmacy staff regarding care provided to customers who purchase pharmacotherapy products to help quit smoking.

- **Solaria guidelines compliance assessment:** Assessing how the Australian Standards for Practice Guidelines for the Use of Solaria are being used, how they are affecting practice, and the best way to distribute these guidelines.
- **Health and lifestyle study of student nurses and teachers:** Surveying undergraduate students to examine their smoking and other health-related behaviours and attitudes.
- **Tobacco investment practices of superannuation funds:** Surveying major Australian superannuation funds regarding their tobacco investment policies.
- **The effectiveness of pro-active telemarketing of a smoking cessation telephone counselling service:** Determining the effectiveness and acceptability of the pro-active delivery of a telephone counselling service in increasing smoking cessation rates among a community sample of smokers.

Survivorship projects

As more and more people with cancer are successfully treated, there is an increased focus on enhancing survivors' quality of life. CHeRP undertakes research to better inform how we can meet the informational, physical, psychosocial, practical and spiritual needs of people affected by cancer. Survivorship projects in 2003/04:

- **Trial of supportive strategies for patients with advanced cancer:** Trialling strategies to improve the psychosocial outcomes of people with advanced cancer.
- **Population-based survey of the physical and psychosocial outcomes of long-term cancer survivors:** Describing the prevalence and predictors of anxiety, depression, quality of life and perceived needs of cancer survivors five years after the initial diagnosis of cancer.
- **Population-based longitudinal survey of the physical and psychosocial outcomes of recent cancer survivors:** Tracking the prevalence and predictors of anxiety, depression, quality of life and perceived needs of recent (six months post-diagnosis) cancer survivors over a five-year period.
- **Prevalence of perceived needs among early breast cancer patients diagnosed with lymphoedema:** Assessing the needs of early breast cancer patients diagnosed with lymphoedema.
- **Qualitative research into the factors underlying reported unmet needs by cancer patients:** Conducting focus groups with cancer patients participating in the survivorship and advanced cancer studies to better understand the factors underlying the trends observed in these studies.
- **Stakeholder survey of supportive care research priorities:** Survey of key stakeholders' views of research priorities in the field of 'cancer survivorship'.

Improving quality of care

A cancer smart health care system is one dedicated to providing quality care and evidence-based practice. Sensitive and thoughtful communication, adequate informed consent, clear information about the disease, and good support are all part of being cancer smart. CHeRP conducts research to help build a cancer smart health care system, 2003/04 projects include:

- **Doctors' attitudes and barriers to early involvement of local palliative care services:** Identifying barriers to timely and appropriate referral to specialist palliative care services, in urban and regional areas of NSW.
- **Consultation skills training for oncologists:** Trialling an intervention based on video conferencing to train doctors in remote areas in communication skills.
- **Validation of My Cancer Care Diary:** Testing the validity of patient self-report data.

OUR WORK: RESEARCH

Epidemiological research

Researchers in our Cancer Epidemiological Research Unit (CERU) study patterns and trends of cancer among the population. They identify the causes of different kinds of cancer and those people who are at particular risk.

Current studies include:

- **NSW genes, environment and melanoma (GEM) study:** An international collaborative study of the interaction between sun exposure and the genes that affect a person's chance of getting melanoma.
- **NSW prostate cancer care and outcomes study:** Examining the effects of prostate cancer on quality of life and wellbeing, and outcomes of different treatments. Study recruits include 1600 men with prostate cancer (cases) and 300 men without prostate cancer (controls). 1500 men have been surveyed about their pre-diagnosis quality of life and 800 men have completed their first year follow up interview. The first 1000 men in the study were also surveyed about their supportive care needs.
- **NSW colorectal cancer care survey:** Documenting patterns of care for bowel cancer in NSW. Data collection completed and analysis underway. Report on surgical management released and reports on chemotherapy, radiotherapy and follow-up practices being prepared.
- **Patterns of care for people with lung cancer in NSW:** Documenting management and treatment of lung cancer in NSW. Data collection for approximately 2000 patients almost complete.

Projects in development include:

- **Lifestyle and cancer case-control study:** This will be a case-control study of newly diagnosed cancer cases and appropriate controls to identify and monitor the major risk factors for common and emerging cancers in NSW.
- **Patterns and outcomes of PSA testing in NSW:** This study will examine the effects of PSA testing on men in NSW. Decision-making processes, information needs and patterns of care for men with elevated PSA will be documented.
- **Study on cervical health:** This study will measure the relative importance of hormonal contraception, hormone replacement therapy, smoking and human papilloma virus on the development of pre-invasive cervical cancer.

NSW Pap Test Register

The NSW Cancer Council managed the NSW Pap Test Register on behalf of NSW Health until June 2004. The Register aims to reduce the incidence of cervical cancer, and assists the NSW Cervical Screening Program to maintain and improve its current screening coverage. In 2003/04, the Register provided an extensive and expert service, including:

- Distributing reminder letters to women whose Pap tests were overdue
- Helping to ensure significant abnormalities were followed up
- Providing health practitioners and laboratories with a woman's cervical history (under guidelines)
- Providing data screening rates and trends in abnormalities to assist program planning
- Participating in research activities related to cervical cancer and cervical screening.

NSW Central Cancer Registry

The NSW Central Cancer Registry was managed by the NSW Cancer Council on behalf of NSW Health until June 2004. The Registry contributes to prevention, control and treatment of cancer in the population of NSW by supplying and reporting timely and accurate data, based on the total record of all cases of cancer diagnosed in NSW residents.

Reports on cancer incidence and mortality are published annually. In addition, an interactive web-based reporting module provides incidence and mortality rates information by area health service and local government area.

FINANCIAL STATEMENTS

NEW SOUTH WALES CANCER COUNCIL





*Building a
Cancer Smart
Community*

NEW SOUTH WALES CANCER COUNCIL
STATEMENT OF FINANCIAL PERFORMANCE

30 JUNE 2004

	Notes	2004 \$'000	2003 \$'000
REVENUE FROM ORDINARY ACTIVITIES			
Bequests, Donations & Fundraising		24,597	24,981
Government Contract Management		2,858	2,357
Retail Income		5,879	5,044
Investment Income	1 (e), 2	1,517	543
Grants	2	1,017	1,004
Sale of Non Current Assets		243	204
Other	2	685	768
Total Revenue from Ordinary Activities		36,796	34,901
EXPENDITURE FROM ORDINARY ACTIVITIES			
Staff Costs		12,961	12,287
Purchases		2,802	2,314
Depreciation expense		668	830
Cost of Non-Current Assets Sold		215	165
Accommodation		1,276	1,150
Project Costs		9,832	8,269
Grants		4,424	3,295
Superannuation		1,007	1,081
Other		2,939	3,281
Total Expenditure From Ordinary Activities		36,124	32,672
SURPLUS FROM OPERATING ACTIVITIES	10	672	2,229
TOTAL REVENUES, EXPENSES AND VALUATION			
ADJUSTMENTS RECOGNISED DIRECTLY IN EQUITY	10	2,441	-
<hr/>			
TOTAL CHANGES IN EQUITY OTHER THAN THOSE RESULTING FROM TRANSACTIONS WITH OWNERS AS OWNERS	10	3,113	2,229

The Statement of Financial Performance should be read in conjunction with the accompanying notes

NEW SOUTH WALES CANCER COUNCIL
STATEMENT OF FINANCIAL POSITION

30 JUNE 2004

	Notes	2004 \$'000	2003 \$'000
ASSETS			
Current Assets			
Cash	1(c), 11(a)	1,478	2,241
Receivables	4	1,578	1,859
Other Financial Assets	5	12,528	11,080
Inventory	1(f), 6	1,114	1,143
Total Current Assets		16,698	16,323
Non-Current Assets			
Other Financial Assets	1(e), 5	4,979	5,055
Property, Plant & Equipment	1(g), 7	13,335	9,840
Total Non-Current Assets		18,314	14,895
Total Assets		35,012	31,218
LIABILITIES			
Current Liabilities			
Payables	9	2,887	2,035
Employee Benefits	1(i), 8	789	828
Total Current Liabilities		3,676	2,863
Non-Current Liabilities			
Employee Benefits	1(i), 8	230	362
Total Non-Current Liabilities		230	362
Total Liabilities		3,906	3,225
Net Assets		31,106	27,993
EQUITY			
Reserves	10	4,912	2,471
Accumulated Funds	10	26,194	25,522
Total Equity		31,106	27,993

The Statement of Financial Position should be read in conjunction with the accompanying notes

NEW SOUTH WALES CANCER COUNCIL
STATEMENT OF CASH FLOWS

30 JUNE 2004

	Notes	2004 \$'000	2003 \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts			
Bequests, Donations and Fundraising		24,543	24,965
Government Contract Management		3,143	2,592
Retailing		6,333	5,283
Interest Received		466	418
Dividends Received		787	96
Grants		1,118	1,105
Other		1,762	2,003
		38,152	36,462
Payments			
Employee Related Costs		14,481	13,248
Payments to Suppliers		3,014	2,436
Accommodation		1,371	1,267
Project Costs		9,946	9,326
Grants		4,215	3,227
Other		2,997	4,651
		36,024	34,155
NET CASH PROVIDED BY OPERATING ACTIVITIES	11(b)	2,128	2,307
CASH FLOWS FROM INVESTING ACTIVITIES			
Acquisition of Managed Funds and Short Term Deposits		(1,229)	(5,462)
Acquisition of Property, Plant and Equipment		(2,014)	(1,328)
Proceeds from Sale of Investments		107	3,993
Proceeds from Short Term Deposits		–	750
Proceeds from Sale of Property, Plant and Equipment		245	203
NET CASH (USED IN)/PROVIDED BY INVESTING ACTIVITIES	1(c)	(2,891)	(1,844)
Net Increase/ (decrease) in Cash Held		(763)	463
Opening Cash and Cash Equivalents		2,241	1,778
CLOSING CASH AND CASH EQUIVALENTS	1(c), 11(a)	1,478	2,241

The Statement of Cash Flows should be read in conjunction with the accompanying notes

NEW SOUTH WALES CANCER COUNCIL

NOTES TO THE FINANCIAL STATEMENTS

30 JUNE 2004

1. STATEMENT OF ACCOUNTING POLICIES

The Council's financial statements are a general purpose financial report which have been prepared on an accruals basis and in accordance with:

- Applicable Australian Accounting Standards;
- Other authoritative pronouncements of the Australian Accounting Standards Board (AASB);
- UIG Consensus Views;
- The requirements of the Public Finance and Audit Act and Regulations; and
- Relevant NSW Government reporting directives.

In the absence of a specific Accounting Standard, other authoritative pronouncement of the AASB or UIG Consensus View, the hierarchy of other pronouncements as outlined in AAS 6 "Accounting Policies" is considered.

Except for certain investments and certain land and buildings, which are recorded at valuation, the financial statements are prepared in accordance with the historical cost convention.

Costs in relation to assets represent the amount of cash paid or the fair value of the asset given in exchange. The Statement of Cash Flows is prepared using the direct method.

The Council has kept proper accounts and records for all its operations as per section 41(1) of the Public Finance and Audit Act, 1983.

Below is a summary of the significant accounting policies adopted by the New South Wales Cancer Council in the preparation of the accounts, which are consistent with those of the previous year (except as otherwise stated).

a) Income Recognition

Government contract management income is recognised as income when control over the assets comprising the income is obtained. Control over the assets is normally obtained upon receipt.

Where Government contract management income has been recognised as income during the reporting period and was obtained on the condition that it should be expended in a particular manner or used over a particular period, and those conditions were undischarged as at the reporting date, the nature of and amounts pertaining to those undischarged conditions are disclosed in Note 2.

Revenue is recognised when the Council has control of the good or right to receive, it is probable that the economic benefits will flow to the Council and the amount of revenue can be measured reliably.

Revenue from the sale of goods and services comprises revenue from the provision of products or services i.e. user charges.

b) Income Tax

The New South Wales Cancer Council is exempt from income tax within the terms of Subdivision 50-5 of the Income Tax Assessment Act.

c) Cash

For the purpose of the statement of cash flows, cash includes cash on hand and at bank.

d) Receivables

Receivables are recognised and carried at the original invoice amount less a provision for any uncollectible debts. An estimate for doubtful debts is made when collection of the full amount is no longer probable. Bad debts are written off as incurred.

e) Investments

Dividends are brought to account as they are received, and interest is brought to account on an accrual basis.

Managed Fund investments are brought to account at their redemption value, with the exception of Bonds, which are brought to account at market value.

NEW SOUTH WALES CANCER COUNCIL

NOTES TO THE FINANCIAL STATEMENTS (CONT.)

30 JUNE 2004

Investments other than cash, bequested or donated during the year, are converted to cash at the date of receipt of the relevant bequest or donation.

f) Inventory

Inventory has been valued at the lower of cost or net realisable value. Costs incurred in bringing each product to its present location and condition are accounted for at purchase cost on a first-in-first-out basis.

g) Property, Plant and Equipment

Land and Buildings are carried at independent valuation, with the exception of our Joint Venture property, which is shown at cost. Plant and equipment are carried at cost.

Depreciation

Depreciation is provided on a straight line basis on all property, plant and equipment, other than freehold land, at rates calculated to allocate the cost or valuation, less estimated residual value at the end of the useful lives of the assets, against income over those estimated useful lives.

Major depreciation periods are:

- Buildings 25 to 40 years
- Leasehold Improvements 2 to 5 years
- Office furniture & equipment 5 years
- Motor vehicles 5 years
- Building Improvements 3 to 5 years

h) Revaluation of Physical Non-Current Assets

Land and Buildings were valued at 30 June 2004 by registered valuers. Valuations were based on current open market values reflecting vacant possession, with the exception of the Joint Venture property, which is shown at cost.

The carrying value of Plant and Equipment is considered to be fair approximation of Market and Replacement Value, and accordingly, formal revaluation of Plant and Equipment is not considered necessary.

i) Employee Benefits

Provision is made for employee benefits accumulated as a result of employees rendering services up to the reporting date. These benefits include wages and salaries, annual leave and long service leave.

Liabilities arising in respect of wages and salaries, annual leave and any other employee benefits expected to be settled within twelve months of the reporting date are measured at their nominal amounts based on remuneration rates which are expected to be paid when the liability is settled. All other employee benefit liabilities are measured at the present value of the estimated future cash outflow to be made in respect of services provided by employees up to the reporting date. In determining the present value of future cash outflows, the market yield as at the reporting date on national government bonds, which have terms to maturity approximating the terms of the related liability, are used.

j) Accounting for Goods and Services Tax

Revenues, expenses and assets are recognised net of the amount of GST, except:

- The amount of GST incurred by the agency as a purchaser that is not recoverable from the Australian Taxation Office is recognised as part of the cost of acquisition of an asset or as part of an item of expense.
- Receivables and payables are stated with the amount of GST included.

k) Rounding Off

All amounts are rounded off to the nearest one thousand dollars and are expressed in Australian Currency.

l) Comparative Figures

Where necessary, figures are adjusted to conform with changes in presentation of the current year.

	2004	2003
	\$'000	\$'000
2. REVENUE FROM ORDINARY ACTIVITIES		
INVESTMENT INCOME		
Interest	477	339
Dividends	787	502
Profit on sale of Investments	2	–
	1,266	841
Add/ (Less):		
Unrealised Capital Gains/ (Losses)	219	(202)
(Increase)/Decrease in Share Diminution	32	(96)
	1,517	543
OTHER REVENUE		
Accommodation Fees	11	–
Salary Packaging Benefit	206	195
Promotional Items	44	68
Seminars and Conferences	33	79
Charges to Contract Management Programs	41	43
Research Fees	350	383
	685	768

Restrictions on revenues

The Council received certain amounts from the Department of Health and the Commonwealth of Australia for express purposes. As required by Australian Accounting Standards, amounts have been recognised as revenues in the Statement of Financial Performance, which are yet to be spent in the manner specified by the contributor. Unexpended amounts totalling \$895,325 have been included in Accumulated Funds at the 30 June 2004.

PROGRAM	Note	Opening Balance 2003	Receipts 2004	Payments 2004	Closing Balance 2004
		\$'000	\$'000	\$'000	
GOVERNMENT CONTRACT MANAGEMENT:					
Cervical Screening/Pap Test Register*	18	370	1,374	(1,744)	–
NSW Central Cancer Registry*	18	–	1,484	(1,484)	–
		370	2,858	(3,228)	–
GRANTS:					
Health Promotion		589	725	(859)	455
Contract Research Grants		557	292	(409)	440
Other		106	–	(106)	–
		1,252	1,017	(1,374)	895
Total Unexpended funds		1,622			895

*The above results represent only eleven months of the financial year. Both the Pap Test Register & NSW Central Cancer Registry transferred to the management and control of the Cancer Institute (NSW) in early June 2004. See Note 18 for further detail.

NEW SOUTH WALES CANCER COUNCIL
NOTES TO THE FINANCIAL STATEMENTS (CONT.)

30 JUNE 2004

	2004	2003
	\$'000	\$'000
3. AUDITORS REMUNERATION		
Audit Fees	48	49
The auditors received no other benefits		
4. RECEIVABLES		
CURRENT		
Sundry Debtors	496	281
GST Debtor	262	365
Prepayments	871	1,236
Provision for Doubtful Debts	(51)	(23)
	1,578	1,859

5. OTHER FINANCIAL ASSETS

CURRENT

Unquoted

Term Deposits	4,251	3,558
Managed Funds	8,277	7,522
	12,528	11,080

NON-CURRENT

Quoted on a prescribed stock exchange

Shares	4,935	5,001
Provision for Diminution	(104)	(135)
	4,831	4,866

Unquoted

Other	148	189
	4,979	5,055

The above investments with the exception of shares in listed companies which have been donated to the Council, are investments authorised by the Trustee Act, 1925 (as amended).

Reconciliations

Reconciliations of the carrying amounts of each class of other financial assets at the beginning and end of the previous financial year are set out below.

	Managed Funds	Bank Deposits	Other	Shares	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Carrying amount at start of year	7,522	3,558	189	4,866	16,135
Additions	755	693			1,448
Disposals			(41)	(66)	(107)
Revaluation Increment				31	31
Carrying amount at end of year	8,277	4,251	148	4,831	17,507

	2004	2003
	\$'000	\$'000
OTHER FINANCIAL ASSETS (CONTINUED)		
MARKET VALUE OF INVESTMENTS		
Shares – Valuation based on the last sale on the Australian Stock Exchange as at 30 June 2004		
Managed Funds – Valuation based on Market Value		
CURRENT		
Unquoted		
Term deposits	4,251	3,558
Managed Funds	8,277	7,522
	12,528	11,080
NON-CURRENT		
Quoted on a prescribed stock exchange		
Shares	7,776	7,013
	7,776	7,013
Unquoted		
Other	198	198
	198	198
	7,974	7,211
Included in the above are investments which are restricted as to their use. These investments (at book value) are restricted by externally imposed conditions as detailed below:		
Non-Current		
Permanent Funds	2,919	2,919
Wansey Estate – Trust Fund	232	485
	3,151	3,404

Permanent Funds

Permanent funds relate to bequests and donations to the Cancer Council, the capital of which must be held intact and income used for the purpose specified in the bequest or by the donors.

Trust Fund in Memory of Mr & Mrs S M B Wansey

Represents a specific bequest from the Estates of Mr & Mrs S.M.B. Wansey with the stipulation that the trust funds are to be used for cancer research and treatment for the benefit of persons in the Newcastle and Hunter River area or to provide equipment in the Newcastle and Hunter River area for the treatment of such persons. During the year the Trust earned \$19,495 (2003:\$23,265) in interest and provided \$271,917 (2003:\$118,659) by way of distribution for those specific purposes.

NEW SOUTH WALES CANCER COUNCIL
NOTES TO THE FINANCIAL STATEMENTS (CONT.)

30 JUNE 2004

	2004	2003
	\$'000	\$'000
6. INVENTORY		
Goods Held for Resale	1,114	1,143
	<u>1,114</u>	<u>1,143</u>
7. PROPERTY, PLANT AND EQUIPMENT		
Land and Buildings		
Land at fair value	2,846	1,846
Buildings at fair value	8,491	6,356
	<u>11,337</u>	<u>8,202</u>
Accumulated Depreciation	(8)	(370)
	<u>11,329</u>	<u>7,832</u>
Leasehold Improvements		
At fair value	926	815
Accumulated Depreciation	(468)	(381)
	<u>458</u>	<u>434</u>
Office Furniture and Equipment		
At fair value	1,910	1,821
Accumulated Depreciation	(919)	(837)
	<u>991</u>	<u>984</u>
Motor Vehicles		
At fair value	830	849
Accumulated Depreciation	(273)	(259)
	<u>557</u>	<u>590</u>
Total Property, Plant and Equipment – at Net Book Value	13,335	9,840

Reconciliations

Reconciliations of the carrying amounts of each class of property, plant and equipment at the beginning and end of the current and previous financial year are set out below.

	Land	Bldngs	Leasehold	Office Furn	Motor	Total
	\$'000	\$'000	Improv.	& Equip	Vehicles	\$'000
	\$'000	\$'000	\$'000	\$'000	\$'000	\$'000
Carrying amount at start of the year	1,846	5,986	434	984	590	9,840
Additions		1,064	188	337	356	1,945
Disposals		–	–	(9)	(214)	(223)
Revaluation Increment	1,000	1,441	–	–	–	2,441
Depreciation expense		(8)	(164)	(321)	(175)	(668)
Carrying amount at end of the year	<u>2,846</u>	<u>8,483</u>	<u>458</u>	<u>991</u>	<u>557</u>	<u>13,335</u>

VALUATIONS:

Land and Building

Market value for both the property in Woolloomooloo, Sydney and the property in Parramatta are as per the valuations carried out by Advanced Valuations dated 30 June 2004. The valuation of the property in Woolloomooloo was carried out by Rory Gray, (Registered Valuer No. 361). With the valuation of the Parramatta property carried out by Tim Miles, (Registered Valuer No. 6580). As the Council regards itself as a not for profit organisation and the service potential of non-current assets is not related to their ability to generate net cash inflows, a recoverable amounts test is not required to be performed on the carrying value of the non-current assets.

Office Furniture and Equipment, Leasehold Improvements

The written down value of leasehold improvements and office furniture and equipment in the opinion of the Council is a reasonable and fair estimate of the market value.

8. PROVISION FOR EMPLOYEE BENEFITS

	Opening Balance	Provision	Payments	Closing Balance
	\$'000	\$'000	\$'000	\$'000
Current Liability				
Annual Leave	797	569	(610)	756
Long Service Leave	31	100	(98)	33
	828	669	(708)	789
Non-Current Liability				
Long Service Leave	258	77	(105)	230
Defined Benefits Superannuation	104	(104)		
	362	(27)	(105)	230
Defined Benefits Superannuation				
	Opening Balance	2004 Provision	2004 Payments	Closing Balance
	\$'000	\$'000	\$'000	\$'000
Superannuation shortfall	(104)	(104)	–	–

All staff entitled to benefits from the defined benefits superannuation scheme were transferred to the Cancer Institute NSW during the year, reducing the NSW Cancer Council's liability to Nil.

NEW SOUTH WALES CANCER COUNCIL
NOTES TO THE FINANCIAL STATEMENTS (CONT.)

30 JUNE 2004

	2004	2003
	\$'000	\$'000
9. PAYABLES		
Trade Creditors and Accruals	2,887	1,887
Sundry Creditors	–	148
	<u>2,887</u>	<u>2,035</u>

10. EQUITY

	Accumulated Funds		Asset Revaluation Reserve		Total Equity	
	2004 \$'000	2003 \$'000	2004 \$'000	2003 \$'000	2004 \$'000	2003 \$'000
Balance at the beginning of the financial year	25,522	23,293	2,471	2,471	27,993	25,764
Changes in Equity – other than transactions with owners as owners						
Surplus for the year	672	2,229	–	–	672	2,229
Increment on revaluation of Land and Buildings	–	–	2,441	–	2,441	–
Balance at end of the financial year	26,194	25,522	4,912	2,471	31,106	27,993

11. STATEMENT OF CASH FLOWS

(a) Reconciliation of cash

For the purpose of the Statement of Cash Flows, cash includes cash on hand and at bank. Cash at the end of the financial year, as shown in the statement of cash flows, is reconciled to the related items in the Statement of Financial Position as follows:

	2004	2003
	\$'000	\$'000
Statement of Financial Position		
Cash at bank and on hand	1,478	2,241
Statement of Cash Flows	1,478	2,241

(b) Reconciliation of net cash provided by Operating Activities to Operating Result

Operating Surplus	672	2,229
Decrease/(Increase) in Prepayments	365	(356)
Increase in Receivables	(73)	(196)
Decrease/(Increase) in Inventories	31	(249)
Depreciation	668	830
Diminution of Investments	(32)	96
Reinvestment of Invested Funds	(228)	(127)
Loss on Sale of Assets	(33)	(37)
Employee Benefits	(3)	24
Increase Current Liabilities	761	93
Total cash flows provided by Operating Activities	2,128	2,307

12.COMMITMENTS

	1 Year or Less	Over 1 to 5 years	Total
GRANT COMMITMENTS			
Research Project Grants	1,266	1,974	3,240
Research Program Grants	349	–	349
Career Development Fellowship	165	385	550
Clinical Trials Grants	792	1,188	1,980
	2,572	3,547	6,119
Rental Lease Commitments	1,020	1,268	2,288
Project Commitments	550	413	963
Total Commitments (Including GST)	4,142	5,228	9,370

The Total Commitments above include input tax credits of \$851,743 (2003:\$641,984) that are expected to be recoverable from the Australian Tax Office.

13.CONULTANTS

The Council engaged consultants to undertake activities which required specialist or independent skills. During the year, the total cost for consultants was \$142,771 (2003:\$249,651).

14.CONTINGENT LIABILITY

The NSW Cancer Council has no Contingent Liabilities as at 30 June 2004

15.BOARD MEMBERS' REMUNERATION

Board Members received no remuneration from the Council during the year, with the exception of the Chief Executive Officer and the Staff Elected Member, who received remuneration in the normal course of their employment by the Council.

16.POST BALANCE DATE EVENTS

The Cancer Institute (NSW) Act 2003 No14 was assented on 30/6/03. As a result of the new legislation, the NSW Cancer Council will be registering as a company limited by guarantee once a date is specified by the Minister for Health.

NEW SOUTH WALES CANCER COUNCIL
NOTES TO THE FINANCIAL STATEMENTS (CONT.)

30 JUNE 2004

17. INTEREST IN JOINT VENTURE OPERATION

Construction on the Lillier Lodge accommodation facility was completed in April 2004, with the facility opened for operations on 1st May 2004. The purpose of the joint venture is to provide accommodation for cancer patients and their relatives whilst receiving treatment at the Radiotherapy Centre in Wagga Wagga.

The NSW Cancer Council raises funds in the NSW community to fund research programs, cancer prevention, patient support and accommodation services. The Cancer Patients' Assistance Society provides assistance throughout NSW to cancer patients and their relatives. Both parties hold a 50% ownership interest in the joint venture operation.

At balance date, 50% of the joint ventures assets, liabilities, revenues and expenses were recognised in the financial statements as follows:

	2004	2003
	\$'000	\$'000
CURRENT ASSETS		
Cash	7	
Receivables	38	
	45	-
NON CURRENT ASSETS		
Property, plant and equipment	1,498	429
Total Assets	1,543	429
CURRENT LIABILITIES		
Accounts payable	7	
Total Liabilities	7	-
Net Assets	1,536	429
REVENUE		
Donations	210	
Accommodation fees	11	
Other	7	
Total Revenue	228	
EXPENSE		
Staff	10	
Depreciation	8	
Operational costs	18	
Total Expense	36	-
Surplus from Operating Activities	192	-

18. GOVERNMENT CONTRACT MANAGEMENT

In June 2004, management of the NSW Central Cancer Registry and the NSW Pap Test Register were transferred to the Cancer Institute NSW. All staff entitlements were paid out, with all future liabilities transferring to the Institute. The impact on this year's financial statements is minimal as the registers were managed by the NSW Cancer Council for 11 months of the year, although, the transfer will result in a decrease in both future years' revenue and future years' expenditure of approx \$2.2m each, but will not impact on future years' net results.

19. IMPACT OF ADOPTING AASB EQUIVALENTS TO IASB STANDARDS

The NSW Cancer Council has commenced transitioning its accounting policies and financial reporting from current Australian Standards to Australian equivalents of International Financial Reporting Standards (IFRS).

As the NSW Cancer Council has a 30 June year end, priority has been given to considering the preparation of an opening balance sheet in accordance with AASB equivalents to IFRS as at 1st July 2004. This will form the basis of accounting for Australian equivalents of IFRS in the future, and is required to prepare the first fully IFRS compliant financial report for the year ended 30 June 2006. The Council is managing the transition to the new standards by allocating internal resources to analyse the pending standards and Urgent Issues Group Abstracts to identify key areas regarding policies, procedures, systems and financial impacts affected by the transition.

Set out below are the key areas where accounting policies will change and may have an impact on the financial report of the NSW Cancer Council. At this stage the Council has not been able to reliably quantify the impacts on the financial report.

- **AASB 102 Inventories** for not-for-profit entities requires inventory "held for distribution" at no or nominal cost to be valued at the lower of cost and current replacement cost rather than the lower of cost and net realisable value. This may increase the amount of inventories recognised.
- **AASB 116 Property, Plant and Equipment** requires the cost and fair value of property, plant and equipment to be increased to include restoration costs, where restoration provisions are recognised under AASB 137 Provisions, Contingent Liabilities and Contingent Assets. Major inspection costs must be capitalised and this will require the fair value and depreciation of the related asset to be re-allocated.
- **AASB 1004 Contributions.** The council will have the option to continue to apply the current requirements in AASB 1004 where grants are normally recognised on receipt, or alternatively apply the proposals on grants included in ED 125 Financial Reporting by Local Governments. If the ED 125 approach is applied, revenue and/or expense recognition will be delayed until the agency supplies the related goods and services (where grants are in-substance agreements for the provision of goods and services) or until conditions are satisfied.
- **AASB 136 Impairment of Assets** requires an entity to assess at each reporting date whether there is any indication that an asset (or cash generating unit) is impaired and if such indication exists, the entity must estimate the recoverable amount. However, the effect of this Standard should be minimal because all the substantive principles in AASB 136 are already incorporated in Treasury's policy Valuation of Physical Non-Current Assets at Fair Value.
- **AASB 139 Financial Instrument Recognition and Measurement.** Under this standard Financial instruments will be required to be classified into one of five categories, which will in turn, determine the accounting treatment of the item. The classifications are; *loans and receivables* – measured at amortised cost, *held to maturity* – measured at amortised cost, *held for trading* – measured at fair value with fair value changes charged to net profit or loss, *available for sale* – measured at fair value with fair value changes taken to equity and *non-trading liabilities* – measured at amortised cost. This standard will result in a change in the current accounting policy that does not classify financial instruments rather measures all at cost. The future financial effect of this change in accounting policy is not yet known as the classification and measurement process has not yet been fully completed, however the change may increase the volatility of the operating result and balance sheet.

NEW SOUTH WALES CANCER COUNCIL
NOTES TO THE FINANCIAL STATEMENTS (CONT.)

30 JUNE 2004

20. FINANCIAL INSTRUMENTS

(a) Terms, Conditions & Accounting Policies

The Council's accounting policies, including the terms and conditions of each class of financial asset, financial liability and equity instrument, both recognised and unrecognised at the balance date, are as follows:

(i) Financial Assets

Recognised Financial Instruments	Statement of Financial Position Notes	Accounting Policies	Terms and Conditions
Receivables – Trade	4	Trade receivables are carried at nominal amounts due less any provision for doubtful debts. A provision for doubtful debts is recognised when collection of the full nominal amount is no longer probable.	Credit sales are on 30-day terms.
Listed shares	5	Listed shares are carried at the lower of cost or recoverable amount. Dividend income is recognised when the dividends are received.	The listed shares are held as long-term investments.
Bank deposits	5	Bank deposits are carried at the principal amount. Interest is taken up into income as it accrues.	Fixed for specific terms.

(ii) Financial Liabilities

Trade creditors and accruals	9	Liabilities are recognised for amounts to be paid in the future for goods and services received, whether or not billed to the company.	Trade liabilities are normally settled on 30-day terms.
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(b) Interest Rate Risk

The Council's exposure to interest rate risks and the effective interest rates of financial assets and financial liabilities, both recognised and unrecognised at the balance date, are as follows:

Financial Instruments	Floating interest rate		Fixed interest rate maturing in:				Non-interest bearing		Total carrying amount as per balance sheet		Weighted average effective interest rate	
	2004 \$'000	2003 \$'000	2004 \$'000	2003 \$'000	2004 \$'000	2003 \$'000	2004 \$'000	2003 \$'000	2004 \$'000	2003 \$'000	2004 %	2003 %
(i) Financial Assets												
Cash	1,478	2,241							1,478	2,241	5.0%	4.2%
Receivables – Trade							24	25	24	25	N/A	N/A
Bank Deposits			4,251	3,558					4,251	3,558	5.0%	4.6%
Managed Funds							8,277	7,522	8,277	7,522	N/A	N/A
Listed shares							4,831	4,866	4,831	4,866	N/A	N/A
(i) Financial Liabilities												
Trade Creditors and Accruals							2,887	2,035	2,887	2,035	N/A	N/A

(c) Net fair values

The net fair values of recognised financial assets and financial liabilities approximate their carrying values in the Statement of Financial Position.

(d) Credit Risk Exposure

The Council's maximum exposures to credit risk at balance date in relation to each class of recognised financial asset is the carrying amount of those assets as indicated in the Statement of Financial Position.

Concentrations of Credit Risk

The Council minimises concentrations of credit risk in relation to trade accounts receivable by undertaking transactions with a large number of customers. However, the majority of customers are concentrated in Australia.

Credit risk in trade receivables is managed in the following ways:

- payment terms are 30 days;
- a risk assessment process is used for customers over \$50,000

21. FUNDRAISING ACTIVITIES

The New South Wales Cancer Council conducts direct fundraising. All revenue and expenses have been recognised in the financial statements of the NSW Cancer Council.

Fundraising activities are dissected as follows:

	Income Raised \$'000	Direct & Indirect Expenditure \$'000	Net Proceeds \$'000
GRANT COMMITMENTS			
Bequests	6,274	167	6,107
Donations	1,758	620	1,138
Direct Mail / Face to Face	5,562	3,629	1,933
Community Fundraising & Events	11,003	3,722	7,281
Sub Total	24,597	* 8,138	16,459
Percentage of Income Raised	100%	33%	67%
Allocated Administration Costs funded from Net Fundraising Proceeds		868	(868)
Total	24,597	9,006	15,591
Percentage of Income Raised	100%	37%	63%

The provisions of the Charitable Fundraising Act 1991 and the regulations under that Act have been complied with and internal controls exercised by the NSW Cancer Council are considered appropriate and effective in accounting for all the income received in all material aspects.

* Significant expenditure was incurred in developing income returns for future years.

END OF AUDITED FINANCIAL STATEMENTS

NEW SOUTH WALES CANCER COUNCIL INDEPENDENT AUDITOR'S REPORT



GPO BOX 12
SYDNEY NSW 2001

INDEPENDENT AUDIT REPORT NEW SOUTH WALES CANCER COUNCIL

To Members of the New South Wales Parliament

Audit Opinion

In my opinion, the financial report of the New South Wales Cancer Council:

- (a) presents fairly the Council's financial position as at 30 June 2004 and its financial performance and cash flows for the year ended on that date, in accordance with applicable Accounting Standards and other mandatory professional reporting requirements in Australia, and
- (b) complies with section 41B of the *Public Finance and Audit Act 1983* (the Act).

My opinion should be read in conjunction with the rest of this report.

The Board's Role

The financial report is the responsibility of the Board of the New South Wales Cancer Council. It consists of the statement of financial position, the statement of financial performance, the statement of cash flows and the accompanying notes.

The Auditor's Role and the Audit Scope

As required by the Act, I carried out an independent audit to enable me to express an opinion on the financial report. My audit provides reasonable assurance to Members of the New South Wales Parliament that the financial report is free of material misstatement.

My audit accorded with Australian Auditing and Assurance Standards and statutory requirements, and I:

- evaluated the accounting policies and significant accounting estimates used by the Board in preparing the financial report, and
- examined a sample of the evidence that supports the amounts and other disclosures in the financial report.

An audit does not guarantee that every amount and disclosure in the financial report is error free. The terms 'reasonable assurance' and 'material' recognise that an audit does not examine all evidence and transactions. However, the audit procedures used should identify errors or omissions significant enough to adversely affect decisions made by users of the financial report or indicate that Board members had not fulfilled their reporting obligations.

My opinion does not provide assurance:

- about the future viability of the New South Wales Cancer Council,
- that it has carried out its activities effectively, efficiently and economically, or
- about the effectiveness of its internal controls.



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Audit Independence

The Audit Office complies with all applicable independence requirements of Australian professional ethical pronouncements. The Act further promotes independence by:

- providing that only Parliament, and not the executive government, can remove an Auditor-General, and
- mandating the Auditor-General as auditor of public sector agencies but precluding the provision of non-audit services, thus ensuring the Auditor-General and the Audit Office are not compromised in their role by the possibility of losing clients or income.

P. K. Brown

P K Brown FCPA
Director of Audit

SYDNEY
4 November 2004

APPENDICES

Freedom of Information Act

During 2003/04 there were no requests for information under the Freedom of Information Act.

Privacy Management

As a public sector agency, the NSW Cancer Council is required to comply with the terms of the NSW Privacy and Personal Information Protection Act 1998.

The Cancer Council holds a range of personal information including names and addresses for fundraising purposes, customer and supplier names for our retail business and details of participants in research studies. As our commitment to the security of confidentiality is resolute, we aim to apply best practice to ensuring privacy is protected and respected.

The Health Records and Information Privacy Act (2002) NSW (HRIPA) provides NSW with a single privacy framework for health information for both the public and private sectors. While a privacy audit, completed in September 2003 demonstrated compliance with current privacy legislation, our Privacy Management Plan is under review as compliance requirements for the HRIPA, due to come into effect as of September 2004, are reassessed. In preparation, a broad implementation plan is being developed which will include another privacy audit and training materials for all staff.

During 2003/04, there were no applications received for internal review under Section 29 of the Privacy and Personal Information Protection Act.

Ethnic Affairs Priority Statement

Recruitment

We have policies and guidelines in place to ensure that equity principles are a core component of our business. Recruitment and selection procedures are conducted in accordance with Ethnic Affairs Guidelines.

Servicing culturally and linguistically diverse communities

NSW Pap Test Register activities for culturally and linguistically diverse communities included:

- Brochures informing women of the register provided in 22 languages;
- Translating and Interpreting Service (TIS) promoted in all register resources, around 300 women contact the register annually via the interpreting service;
- When a woman's details are first recorded on the register, she receives a 'welcome letter' outlining the purpose and benefits of the register and their rights as a registrant. The information is repeated in brief in 10 languages and the TIS number is promoted.

Our multicultural cancer information service provided Arabic, Cantonese, Greek, Italian and Chinese communities with cancer information and support. The service was relocated from head office to our Greater Metropolitan Sydney headquarters in Parramatta during the year and staffing was increased. The team is now in a much stronger position to proactively service their respective communities.

The Living with Cancer Education Program is an information and support program run by health professionals for people with cancer and their carers. Participants interact and share their experiences, learn about cancer and cancer treatments, and develop practical skills for coping. The program is now being offered for Arabic, Chinese, Greek, Italian, Spanish, Polish and Vietnamese-speaking communities.

Occupational Health and Safety

Best practice in occupational health and safety was actively pursued during the year through:

- Manual handling training
- Ergonomics briefings and workstation assessments
- Fire warden training
- Systematic review of OHS issues by managers.

Overseas travel

Dr Andrew Penman, Chief Executive Officer attended the 12th World Conference on Tobacco and Health, 'Global Action for a Tobacco Free Future', in Helsinki. *(August 2003)*

Mr Martin Paul, Marketing and Communications Director visited the Californian Division of the American Cancer Society to gather marketing and fundraising intelligence particularly in the area of Relay For Life. *(October 2003)*

Prof Freddy Sitas, Cancer Research and Registers Director attended an international collaborator's meeting on hormonal and other factors in cervical cancer at the International Agency for Research in Cancer in Lyon, France. *(November 2003)*

Ms Gill Batt, Cancer Information and Support Services Director; Ms Carolyn Forbes, Mid North Coast Regional Manager; Ms Meagan Lawson, Parliamentary Liaison Officer; and Danielle Taylor, Relay For Life Manager attended the Relay For Life Conference at the California Division of the American Cancer Society and orientation at the American Cancer Society in Oakland, California to identify common issues and solutions in providing information to cancer patients and in advocating for their issues. *(January 2004)*

Consultancies

Consultancies equal to or more than \$30,000

Consultant	\$ Cost
Creative Response	
— Face to Face donor program	45,000
Cap Gemini	
— Constituent Relationship Management Strategy	45,000
Total Consultancies equal to or more than \$30,000	90,000

Consultancies less than \$30,000

During the year, five other consultants were engaged in the following areas;

Area	\$ Cost
Information Technology	9,721
Strategic Review of Organisation	36,750
Staff Training	6,300
Total Consultancies less than \$30,000	52,771
Total Consultancies	142,771

APPENDICES

Publications

The following titles were published during the financial year adding to or updating our considerable catalogue of publications on cancer and related issues. Most are available free of charge to patients and health professionals and a number are also available in bulk quantities on a cost-recovery basis. Many titles are also available on our website.

Corporate

Annual Review 2002/03
Smart Living magazine
Get involved community engagement brochure
Volunteer Voice newsletter

Research

Breakthroughs in Research: New projects to defeat cancer brochure
Cancer in NSW Incidence and Mortality 2002 report
Hereditary Cancer Registers newsletters
NSW Colorectal Cancer Survey 2000: Part 1 Surgical management report

Advocacy

One in Three newsletter for parliamentarians
Go Smoke Free posters, postcards to MPs, and stickers
Smoke Free Playgrounds posters, fact sheets and sample resolution
The macroneconomic and distributional effects of reduced smoking prevalence in New South Wales report

Patient information

Palliative Care information sheet
Complementary Therapies information sheet
Cancer Council Bowel Cancer Connect brochure
Support and Information Pack:
 Cancer Care Diary
 Local Support Services Directory – Regional
 Local Support Services Directory – Sydney Metropolitan and State-wide
 Practical and Financial Issues
 Emotions and Cancer (existing)
 Food and Cancer (existing)
Understanding Brain Tumours booklet
Understanding Chemotherapy booklet
Understanding Chronic Leukaemia booklet
Understanding Hodgkins' Disease booklet
Understanding Hereditary Non-Polyposis Colorectal Cancer (HNPCC) booklet
Understanding Familial Adenomatous Polyposis (FAP) booklet
Understanding Multiple Myeloma booklet

Cancer prevention and early detection

Be sun smart and save your skin brochure
Bowel cancer: Let's talk about it brochure
Good health for your breasts brochure
Skin spots to watch flyer
Save your baby's skin flyer
Save your child's skin flyer
Myth-busting poster (sun protection)
Meat and cancer brochure
Alcohol and cancer brochure

Fundraising

Posters, mailers and other campaign collateral for our major fundraising events: Relay For Life, Australia Biggest Morning Tea, Pink Ribbon Day, Daffodil Day

Posh auction catalogue

In Memoriam giving materials

Retail

Sun protection product catalogue

Acknowledgments

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

Patron

Her Excellency Prof Marie Bashir AC
Governor of New South Wales

Internal auditors

Ernst & Young

External auditors

The Audit Office of New South Wales

Solicitors

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Bankers

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*Building a
Cancer Smart
Community*



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