

# Anti-Cancer Council of Victoria

## 2000 Report to the Victorian Parliament

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### PRESIDENT'S REPORT

The Anti-Cancer Council of Victoria (the Anti-Cancer Council), established by the *Cancer Act 1936*, is a volunteer-based charitable body whose mission is to lead, coordinate, implement and evaluate action to minimise the human cost of cancer for all Victorians.

The Anti-Cancer Council will achieve success in this mission through the following corporate goals:

- Improving knowledge of cancer through basic and applied research.
- Preventing cancer by encouraging healthier behaviours and environments and improving people's knowledge of cancer risk.
- Detecting cancer early through evidence-based public education and screening.
- Promoting the use of evidence-based cancer treatments by health professionals.
- Improving patients' and carers' quality of life and minimising their suffering through education, support and palliative care.
- Being vigorous advocates for cancer control and developing strategic alliances, in particular with governments, hospitals, non-government health promotion organisations, health professionals, the community and the media.
- Maintaining a relevant, effective, efficient and high profile organisation of the highest integrity.
- Monitoring and analysing trends relevant to all of the above objectives.

The Anti-Cancer Council formulates policies and plans strategic action in major areas of research, education and support using funds donated by Victorians and supplemented by funding awarded competitively by bodies that foster research and education in the community. The Anti-Cancer Council is a member of the Australian Cancer Society which acts as a federation of state interests in the control of cancer.

The powers of the Anti-Cancer Council are detailed in the *Cancer Act 1958* in Section 5 (2) paragraphs (a) to (e). These give the Anti-Cancer Council the power to:

- apply the capital and the income of the funds and property of the Anti-Cancer Council towards its goals
- obtain money by means of grants, subscriptions, gifts, bequests or otherwise, and invest that money
- receive, obtain and hold land, securities and other property
- borrow money (with the consent of the Treasurer)
- apply for and hold industrial property rights such as patents, copyrights, trademarks and registered designs

- assign or grant licences in respect of those industrial property rights and enter into agreements and arrangements for their commercial exploitation
- execute any special trusts in connection with the money and properties obtained and held
- affiliate or associate with any other body that has similar objects.

## MEMBERS

### COUNCIL

The Minister responsible for the *Cancer Act* is the Minister for Health.

In 2000 the Patron-in-Chief of the Council of the Anti-Cancer Council was His Excellency Sir James A GOBBO AC QC, Governor of Victoria.

During 2000 the members of the Council of the Anti-Cancer Council were:

#### President

Dr M Ruth REDPATH  
MB BS, FRCS, FRCR

Professor Geoffrey (Geoff) V WILSON  
AM  
Deakin University BSc (Melb), MSc (Melb), PhD  
(Mon), DSc (Melb), FAIP, FTSE, FAIM, MACE

#### Vice-President

Mr Peter J GRIFFIN  
BCom (Melb), ASIA

The Lord Mayor of Melbourne  
Councillor Peter COSTIGAN

#### Ex officio members

The Minister for Health  
The Hon John W THWAITES  
MLC, BSc (Oxford), LLB (Mon)  
Minister for Health & Planning

The Secretary, Department of  
Human Services  
Mr Warren McCANN  
(until August) BEc (ANU)  
Ms Patricia FAULKNER  
(from August) BA (Melb), Dip Ed (Melb),  
MAdmin (Monash), FRIPA

Vice-Chancellors of the Universities  
of Melbourne, La Trobe, Monash,  
and Deakin

Professor Alan D GILBERT  
The University of Melbourne BA (ANU), MA,  
DPhil (Oxon), DLitt (Hons), FASSA

Professor Michael J OSBORNE  
La Trobe University BA, MA (Oxon), Dr Phil &  
Lett (Leuven), FAHA, FAIM

Professor David A ROBINSON  
Monash University BA, PhD, FRSA, FAIM

#### Nominated members

**People nominated by committees  
and medical research institutes,  
universities, hospitals and medical  
specialist colleges and appointed  
by the Governor-in-Council**

Professor Michael A ASHBY  
Monash Medical Centre MB BS (Lond), MRCP  
(UK), FRCR, FRACP, MRACMA, FACHPM

Professor Emeritus Richard C  
BENNETT *AM*  
The Royal Australasian College of Surgeons MB,  
MS, FRCS, FRACS, FRCS Ed (Hon)

Dr Michael C BERNDT  
The Baker Medical Research Institute PhD

Professor Henry G BURGER *AO*  
Prince Henry's Institute of Medical Research  
FAA, MD, BS, FRCP, FRACP, FCP (SA), FRCOG,  
FRACOG

Dr Robert A J CONYERS  
(until March), Royal College of Pathologists of  
Australasia BSc (Hons), MB BS (Syd), DPhil  
(Oxon), FRCPA, FACB (USA), MRACI, MAACB,  
MRACMA

Mr Robert COOK *AM*  
The Australian Dental Association MDSc  
(Melb), FDSRCS (Eng), FRACDS, FICD

Professor Suzanne CORY *AC*  
The Walter & Eliza Hall Institute of Medical  
Research PhD, FAA, FRS

Dr Michael J DALLY  
The College of Radiologists of Australasia BSc,  
MB ChB, FRANZCR

Mr Arthur DAY  
The Royal Australian College of Obstetricians &  
Gynaecologists MB BS (Melb), FRCS, FRACS,  
FRCOG, FRACOG, CGO

Dr Eric C FAIRBANK  
The Royal Australian College of General  
Practitioners MB BS, DPHC, FRACGP, FACHPM

Professor Richard (Dick) M FOX  
Royal Melbourne Hospital BSc (Med), MB BS,  
PhD, FRACP

Dr Matthew T GILLESPIE  
St Vincent's Institute of Medical Research PhD  
(Mon), BSc (Hons) (Mon)

Dr John E HAMMOND  
The Victorian Branch of the Australian Medical  
Association MB BS (Melb), FRCPA

Mr Paul R B KITCHEN  
St Vincent's Hospital MB BS, FRACS

Associate Professor Ian E McINNES  
The Alfred Hospital MB BS (Melb), FRCS (UK),  
FRACS (Syd)

Professor Frederick (Fred) A O  
MENDELSON  
Howard Florey Institute of Experimental  
Physiology & Medicine MB BS, MD, PhD,  
FRACP

Professor Magdalena PLEBANSKI  
(from November), Austin Research Institute, BSc  
(Hons), MSc, PhD

Associate Professor Michael A QUINN  
Royal Women's Hospital MBChB (Glas), MGO  
(Melb), MRCP (UK), FRCOG, FRANZCOG, CGO

Professor Lester J PETERS  
Peter MacCallum Cancer Institute MB BS (Hons),  
MD, FRANZCR, FRCR, FACR

Professor Peter J SMITH  
Royal Children's Hospital RFD, BSc, MD,  
FRACP, FRCPA

Mr Paul W SOLOMON  
Austin & Repatriation Medical Centre BCom,  
FCPA, FAIM

Dr Joseph (Joe) A TRAPANI  
(until February) Austin Research Institute, MB  
BS, FRACP, PhD

Dr Roger WOODRUFF  
The Royal Australasian College of Physicians  
MB BS, FRACP, FACHPM

Dr Allan S ZIMET  
The Victorian Branch of the Australian Medical  
Association PhD, MB BS, FRACP

Vacant positions: Ludwig Institute for Cancer  
Research, Dandenong Hospital, Royal College of  
Pathologists of Australasia

### **People nominated by the Minister and appointed by the Governor-in- Council**

Representatives of contributors

Mr Richard R ALLEN  
BCom, BA (Melb)

Mr John CLARKE

Ms Toni LAWLER  
BA

Ms Alice J M WILLIAMS  
BCom, FCPA, CFA, ISFA

### Other ministerial nominees

Mrs Yolanda KLEMPFNER AO  
LLB (Melb)

Dr Ruth REDPATH  
elected to the position of President MB BS, FRCS,  
FRCR

His Honour Judge Anthony (Tony) F  
SMITH  
LLB (Melb)

### Chairs of Committees

Mr Robert L ATKINS  
Appeals Committee FCA

Professor Richard (Dick) M FOX  
Medical & Scientific Committee; also serves as  
nominee of the Royal Melbourne Hospital BSc  
(Med), MB BS, PhD, FRACP

Mr Peter GRIFFIN

Finance Committee, elected to the position of  
Vice-President BCom (Melb), ASIA

Associate Professor Michael A QUINN  
Executive Committee, also serves as nominee of  
the Royal Women's Hospital MB ChB (Glas),  
MGO (Melb), MRCP (UK), FRCOG,  
FRANZCOG, CGO

### Representatives of the Medical and Scientific Committee

Professor Richard BELL  
MB BS, FRACP, FRCPA, FACHPM, MRACMA

Dr Barrie E DAVIDSON  
(until March) BAgSc, BSc, PhD

Mr Marshall (Mark) C EASTMAN  
MB BS, BSc, FRACS

Dr Alan W HARRIS  
BSc, MSc (Melb), PhD (Toronto)

## EXECUTIVE COMMITTEE

The Chair of the Executive Committee of the Anti-Cancer Council was Associate Professor Michael A Quinn.

During 2000 the members of the Executive Committee of the Anti-Cancer Council were:

Associate Professor M A QUINN  
(Chair)  
MB ChB (Glas), MGO (Melb), MRCP (UK),  
FRCOG, FRANZCOG, CGO

Mr Robert L ATKINS  
FCA

Dr Michael C BERNDT  
PhD

Mr David W BROWNE

Dr Barrie E DAVIDSON  
(until March 2000) BAgSc, BSc, PhD

Professor Richard (Dick) M FOX  
BSc (Med), MB BS, PhD, FRACP

Professor Mary-Jane GETHING  
(from November) BSc (Hons), PhD

Mr Peter J GRIFFIN  
BCom (Melb), ASIA

Professor Margaret HAMILTON  
BA Dip Soc Studs (Melb), MSW (Mich)

Mr Andrew P RAMSDEN  
ACA

Dr M Ruth REDPATH  
MB BS, FRCS, FRCR

Ms Kathryn (Kath) L SCHOFIELD  
RN, BHA, AFCHSE, CPE

Professor Alan RODGER  
BSc (Hons), MB, ChB, DMRT, FRCS(Ed), FRCR,  
FRANZCR, FACHPM

His Honour Judge Anthony (Tony) F  
SMITH  
LLB (Melb)

## **OTHER COMMITTEES**

The Chairs of the other Committees of the Anti-Cancer Council were:

Medical and Scientific Committee Professor Richard (Dick) M FOX

Finance Committee Mr Peter J GRIFFIN

Appeals Committee Mr Robert L ATKINS

All members of these Committees serve in a voluntary capacity.

## **DIRECTOR**

The chief executive is Professor Robert Burton, MD, PhD, BS, BMedSci, BA FRACP, FRACS, FAFPHM.

## **UNITS**

The senior officers of the Anti-Cancer Council at 31 December 2000 were:

Doreen AKKERMAN Director, Cancer Information and Support Service

Susanne BAXANDALL Director, Patient Services Development Unit

Denis BELLEVILLE Manager, Personnel & Property

Dr Ron BORLAND Director, VicHealth Centre for Tobacco Control

Professor Gordon CLUNIE Senior Clinical Consultant

Ron COOPER-THOMAS Manager, Financial Services

Paul DAVEY Director, Public Affairs & Income Development

Susan FITZPATRICK Executive Officer, Centre for Clinical Research in Cancer

Professor Graham GILES Director, Cancer Epidemiology Centre

Todd HARPER Executive Director, QUIT-Victorian Smoking & Health Program

Professor David HILL Associate Director and Director, Centre for Behavioural Research in Cancer

Woody MACPHERSON Head, Research Management Unit

Nicole PROSPER Secretary to Council

Dorothy READING Director, Cancer Education Unit

Leslie STANGER Manager, Informatics

## PROGRAM SUMMARY

In 2000 the income of the Anti-Cancer Council was \$24.2 million and our expenditure was \$23.5 million. For the majority of the income for our programs—\$13.3 million—we rely upon the generosity of the Victorian public. Grants from funding bodies accounted for \$8.8 million in 2000.

In the past year we have continued to:

- fund biological and clinical research in hospitals, universities and research institutes
- conduct behavioural and epidemiological research
- run statewide cancer prevention and early detection campaigns
- provide information and support to cancer patients and their families and friends
- assist in the development of local, national and international strategies to combat cancer
- play a major role advising government and participating in the development of new initiatives and policy.

Sixty years ago, only 25 per cent of people diagnosed with a serious cancer survived. Now, around 50 per cent of people diagnosed with cancer can look forward to recovery. Over time we are making progress towards our goal of ending cancer as a major cause of death and disease in Australia by 2050.

## FUNDING BIOLOGICAL AND CLINICAL RESEARCH

Our Medical and Scientific Committee has a budget of almost \$2 million to fund biomedical research in Victoria's hospitals, universities and medical research institutes. It selects individuals for our major fellowships, grants-in-aid, postdoctoral fellowships, postgraduate scholarships and studentships. Funding is keenly sought, in particular for grants-in-aid where the selection process involves a national peer review of the applicant's projects.

An independent analysis of Australian research output by the Australian National University gave top marks to the Anti-Cancer Council for the quality of research it funds. This research attracted more citations in high impact journals than the worldwide average. In addition, the Anti-Cancer Council received the highest ranking in Australia for organisations funding research projects which were reported in the 'more than 100 publications' category. These results indicate that Victorians can be confident that their donations to research are well-spent.

The Centre for Clinical Research in Cancer continued its commitment to facilitating clinical research activities across Victoria through support for clinical treatment trials and the activities of the Victorian Cooperative Oncology Group (VCOG). Our Cancer Trials Management Scheme awarded grants to 14 hospitals for the appointment of 20 cancer trial coordinators to assist clinicians in offering patients opportunities to participate in clinical trials. In 2000, Trial Coordinators enrolled 509 patients in clinical trials and enabled continued follow-up of a further 1,792 patients. This activity represents 30.5 per cent of the cancer clinical trial research in Victoria. In addition, the Clinical Trials Office coordinated Victoria's contribution to five international breast cancer trials, monitored patient follow-up for a rectal trial and contributed to design of an advanced breast cancer trial.

Prospective trials identify treatment regimens in which potential treatments can be tested for effectiveness, toxicity and dosage levels, and randomised trials then compare these new regimes with current best treatment.

The Anti-Cancer Council believes that the majority of patients in Victoria should be either enrolled in clinical trials or treated according to protocols that enable aggregated experience to be analysed.

The Victorian Cooperative Oncology Group (VCOG) continued to bring together over 350 key specialist health care professionals and scientists, representing the various institutions and participating on advisory committees in their area of expertise. In March 2000 the Minister for Health, the Honorable John Thwaites, launched the Family Cancer Genetics Service, which had been developed by the VCOG Genetics Advisory Committee. The service aims to reduce the impact of cancer in high risk families by providing counselling, genetic risk assessment, mutation testing, clinical consultation and appropriate surveillance. It will also ensure that members of the same family attending different clinics have their management coordinated thus reducing duplication of testing and follow-up.

## **CONDUCTING BEHAVIOURAL AND EPIDEMIOLOGICAL RESEARCH**

The purpose of conducting in-house behavioural research is to ensure that the Anti-Cancer Council plays its part in building the knowledge base on behavioural factors in cancer control and equally importantly, that this knowledge is applied for the benefit of cancer prevention programs in Victoria. The Centre for Behavioural Research in Cancer conducts studies that investigate the patterns of cancer risk behaviour in populations, the development through the lifespan of cancer-preventing and cancer-promoting behaviours, ways in which cancer-related behaviour can be changed through educational programs, ways of coping with cancer, and evaluation of statewide cancer prevention programs.

Behavioural science staff in the centre are investigating and publishing reports in areas that include: tobacco smoking in children and smoking cessation in adults, skin cancer detection and prevention, breast cancer screening and management, cervical cancer screening, needs of cancer patients, and knowledge of attitudes about prostate cancer and screening for prostate cancer.

The Centre for Behavioural Research in Cancer has extensive links with researchers nationally and internationally and plays an active role in developing its field of expertise. It trains PhD and other research students who work on cancer-related behavioural projects, and staff are involved in teaching in several university courses. Staff also play an active role on national advisory committees that assist government in policy making for medical research and cancer control.

### **Smoking and cancer**

In 1999, VicHealth identified smoking as an area in health promotion requiring renewed focus. It called for applications from organisations interested in setting up a VicHealth Centre for Tobacco Control, to encompass research and action on economic, legal and social dimensions. This imaginative concept aims to enhance existing endeavours in Victoria.

A consortium of the Anti-Cancer Council, The University of Melbourne, and Monash University won the bid. The successful team was led by Dr Ron Borland, Deputy Director of the Centre for Behavioural Research, and he became the inaugural Director of the new VicHealth Centre for Tobacco Control. The new centre will receive \$500,000 each year from VicHealth for the period 2000–04. The Anti-Cancer Council has

committed considerable additional funds to the centre which is located at the Cancer Control Research Institute. The new VicHealth Centre for Tobacco Control has a charter to conduct policy-relevant research and to develop policy initiatives. It is working closely with the Centre for Behavioural Research in Cancer and with the Victorian Smoking and Health Program. The major areas of work are on the flaws in current regulation, including possible failures to apply relevant law and the development of alternative regulatory models. The centre is also doing work to assess the cost-effectiveness of tobacco control activities, and work to describe the way tobacco use has been embedded in our culture and the ways in which it is gradually changing. Another major theme of the centre's current work is in exploring ways by which Internet and other computer technologies can facilitate tobacco control.

The Cancer Epidemiology Centre monitors the demographics of cancer incidence in Victoria through the Victorian Cancer Registry. Cancer registration began on a voluntary basis in 1936 but it was not until 1982, when cancer notification was made compulsory, that data were truly population-based. We now know the size of the cancer problem and how it varies over time, across the State, and by age, gender and ethnic background, and can tell how well our prevention programs are performing by following trends in incidence.

The Cancer Epidemiology Centre uses this information to identify new research questions. For example, in the past, epidemiological research demonstrated the strong associations between smoking and lung cancer and between sun exposure and skin cancer.

The recent growth in genetic science and technology is allowing us to measure individual genetic variation much more accurately and quickly than before. This ability is changing our knowledge about genetic predisposition to cancer in individuals and families, and giving new opportunities to explore how genetic variation and environmental and lifestyle factors may interact to affect cancer development.

The Health 2000 program was initiated in 1990 and obtained information and blood from 42,000 people living in Melbourne. With funding from the National Health and Medical Research Council, VicHealth and the National Breast Cancer Foundation, we are now able to use this rich resource to investigate the genetic and environmental causes of our three most common cancers: bowel, breast and prostate. These research projects will examine the role of common variations in genes involved in the principal hormonal pathways to carcinogenesis, and ways in which the environment—for example oral contraceptive use, hormone replacement therapy, alcohol use, smoking, dietary intakes and blood levels of dietary markers—might affect these relationships.

## **STATEWIDE CANCER PREVENTION AND EARLY DETECTION CAMPAIGNS**

In the past year we have built on the success of high profile cancer prevention and early detection campaigns. Skin cancer prevention, smoking cessation and cervical cancer screening programs were all involved in national campaigns while we continued to develop campaigns on a local level.

### **Slip! Slop! Slap!**

The objective of the SunSmart Program is to reduce the incidence, mortality and morbidity of skin cancer in Victoria. Currently, 1,200 people die in Australia each year from this almost totally preventable disease. During 2000, SunSmart witnessed further progress in the attitudes and behaviour towards sun protection.

The Program's most recent sun protection behaviour survey shows that Victorians continue to regularly engage in various forms of sun protection over summer. Over half



of Victorians wear a hat or seek shade while outdoors. Ninety-seven per cent of Victorians who use sunscreen opt for a SPF 15+ or higher.

Increased awareness of the need for sun protection has also had an effect on the number of Victorians desiring a tan. Early surveys showed well over half the population liked a tan; nowadays 64 per cent claim they take steps to avoid becoming tanned.

In addition to targeting individuals, SunSmart has also experienced a number of campaign successes through working with institutions and groups, such as schools, local government, sporting clubs and workplaces.

In October 2000, the SunSmart Schools Program was awarded first prize in the Victorian Public Health Awards for Excellence and Innovation.

In December 2000, just over 58 per cent of all Victorian schools had become accredited SunSmart Schools, by introducing a comprehensive sun protection policy to ensure students are protected from the sun. This includes over 70 per cent of all Victorian primary schools and 20 per cent of Victorian secondary schools. A new strategy to boost the participation rate of secondary schools is currently being implemented.

New research data also shows the emerging SunSmart Workplace Program is having an effect. Since its inception in 1994, the SunSmart Workplace Program has been lobbying major employers, industry groups and unions to introduce sun protection policies; to date 41 per cent of Victorian workplaces have complied. A further 18 per cent have plans underway to do the same.

SunSmart's Community Program is currently leading the field in providing information about sun protection to Victoria's 32 new Primary Care Partnerships. During August, Community Program staff ran regional seminars across the State, interacting with over 220 community health workers.

Sports sponsorships also continue to deliver SunSmart's health promotion message to Victorian sports fans, particularly younger Victorians aged 15–35. Funded by VicHealth, these sponsorship arrangements enable the program to promote our already highly recognisable brand, as well as a consistent 'sun protection in sport' message.

Overall, promotion of SunSmart's work and achievements throughout 2000 secured in excess of \$1.4 million of unpaid media and editorial coverage. Media relations continue to assist SunSmart convey its message to the wider population through daily newspapers, magazines, radio and TV.

### **Have a PapTest every two years**

As a result of the cervical cancer screening program, the death rate from cervical cancer has almost halved in Victoria in the 15 years to 1997. Since 1989, when organised screening was introduced, there has been a steady increase in the number of women having Pap tests every two years from about 50 per cent to more than 70 per cent. *PapScreen Victoria's* community education and media campaigns have had a substantial impact on this.

### **The National Tobacco Campaign—Every cigarette is doing you damage**

In 2000, two new television commercials were launched as part of the National Tobacco Campaign. 'Tar' was launched on World No Tobacco Day (31 May) followed shortly by 'Eye', which highlighted the link between smoking and blindness. The new advertisements bring the total number of advertisements developed as part of this campaign to seven.

The campaign's second evaluation report was released in conjunction with the launch of the new 'Tar' advertisement on 31 May. The evaluation report continues to demonstrate the success of the campaign in reducing adult smoking rates.

Quit has been a leading contributor to this campaign through its expertise, and has also contributed significant financial support to augment the presence of the campaign's advertisements in the Victorian media. Quit is now working collaboratively with partner organisations to develop a new mass media smoking cessation campaign.

In May, Quit released extensive data demonstrating the impact of smoking in all local government areas of the State. This information was distributed widely to State Parliamentarians, local communities and media outlets to highlight the impact of smoking-related illness in local communities.

In November, Quit released the latest data on youth smoking rates in Victoria. The data showed that smoking rates for 16–17 year olds have not decreased in the last three years, but there has been a decrease among 12–15 year old students. Illegal sales of tobacco to children continues to be an issue; the latest survey findings showed 44 per cent of all current smokers between 12–17 had purchased their last cigarette.

The 2000 New Year Campaign proved to be highly successful, with over 3,100 Victorians calling the Quitline over the new year period for resources and support to quit smoking.

Quit continued to provide support and resources to address smoking cessation and uptake in target populations such as young people, non-English-speaking communities, the Koori community, and regional communities. Partnership work has involved key stakeholders, such as health professionals, local government and community organisations.

### **Caring for your breasts**

BreastHealth is the Anti-Cancer Council's education program which provides training for health and community workers, advising women about breast health, breast cancer and breast screening. Our education and training program has proved popular during 2000, with increased numbers of sessions offered within metropolitan and rural regions across Victoria. In 2000 our new BreastHealth video, produced in 1999, was translated into a number of languages for the benefit of women from diverse cultures.

### **Community Language Program**

The Community Language Program provides education sessions on cancer prevention and early detection to multicultural community groups. Topics covered include 'What is cancer?', breast health, the importance of Pap tests, and SunSmart.

In 2000 bilingual health educators provided over 400 cancer information sessions. Information was delivered in 18 languages.

## **PROVIDING INFORMATION AND SUPPORT**

### **Telephone information and support, cancer support groups and statewide services**

Patient and carer needs differ at various points along their cancer journey so information and support is delivered in many ways.

In 2000, with the service reduced to five days a week, the Cancer Helpline responded to 37,209 calls and provided caring support, information and referral.

The Cancer Information and Support Service Network encompasses health professional and volunteer education and peer support programs—Breast Care Nurse Distance Learning Program, Breast Cancer Support Service, Cancer Support Groups Program and Cancer Connect. We also have the Welfare Grant and No Interest Loan Programs, an Outside Speakers' Bureau and a Hospital Outreach Program that has now placed three specially trained nurse counsellors at the point of treatment.

Currently across the State there are over 130 support groups offering general and 'site-specific' support. We directly facilitate a support group for women with advanced breast cancer that meets in Carlton at the Cancer Control Research Institute.

The Breast Cancer Support Service was expanded to include support for people with any type of cancer and their carer. This new, expanded program is called Cancer Connect and specially trained volunteers will offer telephone support to people who are newly diagnosed and/or their carer.

A Victorian Cancer Phone Call-in was held and on one evening in October 2000, over 600 callers telephoned to discuss their concerns regarding prostate, breast and bowel cancer with specialist oncologists who volunteered their time.

The Breast Care Nurse Distance Education Program now has 354 graduates, throughout Australia. Many service organisations and companies are sponsoring a Breast Care Nurse, by providing a \$950 scholarship for a nurse in their area to complete the course.

### **Developing services for patients**

In 2000, workshops were held for adolescents who had a parent with cancer. Participants highlighted the importance of ensuring families have access to information on cancer that is adolescent-friendly, accurate and up-to-date. We also helped to develop two new brochures: one for children with a parent with cancer, and one for parents with cancer. Funding for these brochures was provided by philanthropic trusts.

Another activity in 2000 was a series of Art Workshops held in rural Victoria, which were designed to assist cancer patients, carers and health professionals deal with the emotions of having cancer.

There is also an ongoing project addressing the issues of patient transport during treatment. This is a particularly important issue in regional Victoria.

The Fifth World Congress of Psycho-oncology was held in Melbourne, with 700 delegates from 35 countries.

### **Living With Cancer Education Program**

The Living With Cancer Education Program continued to expand throughout metropolitan and rural Victoria. A national working party under the auspices of the Australian Cancer Society was formed, so that all State cancer councils can share and develop their resources in patient and family education and support. Languages other than English programs were sustained and the first Turkish program was conducted. Program development is underway with the Vietnamese community. We are also looking at the education/support needs of particular groups, for example people with recurrent and advanced cancer. The program passed its first audit conducted by the Department of Education and Training.

## **ASSISTING IN THE DEVELOPMENT OF LOCAL, NATIONAL AND INTERNATIONAL STRATEGIES**

The Anti-Cancer Council assists with the administration and management of several externally-funded research entities.

The Victorian Breast Cancer Research Consortium is a State government initiative established to carry out basic scientific research into breast cancer. It functions as an 'institute without walls' which has research groups located at several medical research institutes in Melbourne. It is overseen by an independent board of management and a scientific committee.

In addition the senior staff and volunteer committee members of the Anti-Cancer Council are involved in a diverse range of health related organisations on a State, national and international level. With membership of the governing boards and senior committees of organisations such as the Victorian Health Promotion Foundation (VicHealth), the Australian Cancer Society and the International Union Against Cancer (UICC) the organisation is in the forefront of cancer research, education and prevention.

## **ADVISING GOVERNMENT AND PARTICIPATING IN THE DEVELOPMENT OF NEW INITIATIVES AND POLICY**

The National Cancer Control Initiative (NCCI) is housed at the Anti-Cancer Council in our Rathdowne Street offices. The NCCI is a partnership between the Anti-Cancer Council and the Commonwealth Department of Health and Aged Care and its role is to provide timely and expert advice on all issues related to cancer control and to manage a range of national projects. Its Director is Professor Mark Elwood and he reports to a national board of management.

## FUNDING THE PROGRAMS

The financial reports of the Anti-Cancer Council for the period January to December 2000 follow. The net result for the year 2000 was \$745,000.

In 2000 we received \$24.2 million. The majority of our income comes from individuals supporting us and in 2000, by the end of the year, we were fortunate to experience an overall increase in this charitable support. We continue to be grateful for the support of regular donors; their donations provide the foundation for our operations. Bequests rose from \$4 million in 1999 to \$4.75 million in 2000, while corporate support declined from \$1.5 to \$1.1 million. A Shortfall Appeal, conducted during the middle of the year to address our 1999 deficit and a decline in income early in 2000, raised over \$300,000.

Several new fundraising initiatives introduced over recent years have continued to grow in income and public support. These initiatives include events such as Daffodil Day, Australia's Biggest Morning Tea, Australia's Breast Cancer Day, Dress Down Day and Relay for Life. Relay for Life was piloted in 1999 and raised \$75,000. The event grew exponentially in 2000 with ten Relay for Life events raising a total of \$760,000.

We earned \$8.8 million of government and other funding body grants for specific projects. Early in the year we were awarded a new grant of \$205,000 from the Victorian Government to fund our new Genetics Cancer register and Family Cancer General Practitioner Education Program plan. We also won the tender and were awarded \$500,000 from the Victorian Health Promotion Foundation to fund our VicHealth Centre for Tobacco Control.

Our expenditure, in line with our commitments, increased from \$21.7 million to \$23.5 million.

The table below illustrates the growth the organisation has experienced over the last decade.

Period	Result Surplus/(Deficit)	Revenue	Expenditure	Total Assets
	\$000s	\$000s	\$000s	\$000s
Year ended June 1991	19	11,637	11,243	14,017
Year ended June 1992	326	13,041	12,648	14,666
Year ended June 1993	(868)	13,453	14,443	13,509
Year ended June 1994	(335)	14,031	14,555	13,030
Year ended June 1995	(318)	14,399	14,757	12,821
Year ended June 1996	2,562	19,977	15,889	16,685
Six months to Dec 1996	(103)	8,374	9,266	15,933
Year ended Dec 1997	289	20,643	20,754	18,140
Year ended Dec 1998	3,801	23,672	20,996	22,089
Year ended Dec 1999	(1,220)	21,212	21,712	22,420
Year ended Dec 2000	(745)	24,256	23,511	23,908

In summary I am pleased to provide to Parliament this report on the operations of the Anti-Cancer Council in 2000. It reflects the breadth and complexity of the organisation, which is now a large research, prevention and service delivery business finding many and varied ways of realising our mission to lead, coordinate, implement and evaluate action to minimise the human cost of cancer for all Victorians.

Our greatest resource is people—the generous donors in the community, the volunteers who give thousands of hours in practical support and fundraising, in professional advice and governance functions, and our committed, world-class, expert staff.

A handwritten signature in black ink, appearing to read 'R. Redpath', written in a cursive style.

R. Redpath  
President

1 May 2001