



REPORT TO THE VICTORIAN PARLIAMENT FOR THE YEAR 2002

President's report	2
Accountability	2
Audit of financial statements	3
Reporting to Parliament	3
Published report.....	3
Members	3
Council.....	3
Executive Committee (Board)	5
Other committees.....	6
Director	6
Units.....	7
Program summary	9
Funding biological and clinical research.....	9
Conducting epidemiological and behavioural research	9
Statewide cancer prevention and early detection campaigns.....	12
Providing information and support.....	14
Funding the programs.....	15

President's report

The Cancer Council Victoria (the Cancer Council), established by the Cancer Act 1936 as the Anti-Cancer Council of Victoria, 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 Cancer Council works to fulfil this mission through the following corporate goals:

- To extend the knowledge base on cancer through basic and applied research
- To prevent cancer through programs which promote individual behaviour change, create more healthy environments or promote knowledge of risk factors
- To detect cancer early through public education and screening
- To promote the best use of available cancer treatments by health professionals
- To enhance quality of life and minimise suffering through programs of education, support and palliative care for patients and carers.

The Cancer Council formulates policies and plans strategic action in major areas of research, education, and patient information and support services. To administer its programs the Cancer Council relies on funds donated by Victorians, supplemented by external funding secured through a competitive process. The Cancer Council is a member of The Cancer Council Australia (formerly the Australian Cancer Society), which acts as a federation of state interests in the control of cancer.

The powers of the Cancer Council as detailed in the Cancer Act 1958 (Vic) in Section 5 (2) paragraphs (a) to (e) include:

- application of capital and income of the funds and property of the Cancer Council towards its goals
- acquisition of money by means of grants, subscriptions, gifts, bequests or otherwise, and investment of those funds
- ownership of land, securities and other property
- borrowing of money (with the consent of the State Treasurer)
- application for and possession of property rights such as patents, copyrights, trademarks and registered designs
- assignment or granting of licences in respect of those industrial property rights and entering into agreements and arrangements for their commercial exploitation
- execution of any special trusts in connection with the money and properties obtained and held
- affiliation or association with any other body that has similar objects.

Accountability

The Cancer Council is accountable for its performance to Parliament, regulators, stakeholders and the community.

There are a number of accountability mechanisms in place, including annual reporting to Parliament, program and grant reporting to funding agencies, surveys and evaluations with stakeholder groups, a policy framework, and adherence to legislation, best practice and industry guidelines. The organisation regularly receives and welcomes feedback from stakeholders and the community about aspects of its performance.

The role and function of the Council and Committees are stipulated in the Cancer Act. In summary:

Council has the primary responsibility for governance. It appoints members to the Executive, Finance and Appeals Committees and meets at least annually. The Council also receives the Financial Statements at its Annual Meeting. The Council and its committees observe corporate governance principles and a code of conduct in keeping with those of the Australian Institute of Company Directors. The Council is a representation of the people of Victoria and many medical and research organisations, as determined by the Cancer Act.

The **Executive Committee** (also known as the Board) approves strategic directions, organisation structure, policies and strategic implementation processes. All other committees assist, support and report to it. The Executive Committee is like a Board; it meets regularly and reports to Council, on whose behalf it makes decisions. The Director is appointed by and reports to the Executive Committee.

The **Executive Sub-Committee** assists on issues as determined by the Executive Committee and can make decisions on behalf of the Executive Committee.

The **Finance Committee** and **Audit and Risk Management Sub-Committee** have responsibility for the financial affairs and risk management of the Cancer Council.

The **Appeals Committee**, including the **Media and Marketing Advisory Committee**, raises funds and obtains various forms of in-kind assistance.

The **Medical and Scientific Committee**, supported by the **Standing Sub-Committee on Research**, provides medical and scientific advice to the Executive Committee, including assistance with the allocation of research funding and the development of policies on research. The **Human Research Ethics Committee** oversees ethical aspects of research involving humans.

Audit of financial statements

Each year the Financial Statements are audited by the Victorian Auditor-General's Office. These statements, accompanied by the Auditor-General's Report, are included in the annual report to Parliament and annual review. For the year 2002 the Cancer Council was audited by the Auditor-General's office instead of Meyrick Webster as in previous years.

Reporting to Parliament

The annual report to Parliament is submitted within one month of the Annual Meeting of Council or within one month after the next meeting of Parliament. This report is published on the Cancer Council's website: www.cancervic.org.au

Published report

The annual review is provided to major stakeholders and is available to the general public.

Members

Council

The Minister responsible for the Cancer Act is the Minister for Health. In 2002 the Patron-in-Chief of the Council of the Cancer Council was His Excellency Mr John Landy *AC MBE*, Governor of Victoria. During 2002 the members of the Council of the Cancer Council were:

President

Dr M Ruth REDPATH AO
MBBS, FRCS, FRCR

Vice-President

Mr Peter J GRIFFIN
BCom (Melb), ASIA

Ex officio members

THE MINISTER FOR HEALTH

The Hon John W THWAITES
MLA, BSc (Mon), LLB (Hons)

VICE-CHANCELLORS OF THE UNIVERSITIES OF
MELBOURNE, LA TROBE, MONASH, AND DEAKIN

Professor Peter L DARVALL

BE (Hons), MS, MSE, MA, PhD, DipEd, FIEAust,
FTSE
Monash University
(from July)

Professor Alan D GILBERT

BA (ANU), MA, DPhil (Oxon), DLitt (Hons),
FASSA
The University of Melbourne

Professor Michael J OSBORNE

BA, MA (Oxon), Dr Phil & Lett (Leuven), DLitt
(Hons) (Athens) FAHA, FAIM
La Trobe University

Professor David A ROBINSON

BA, PhD, FRSA, FAIM
Monash University
(until July)

Professor Geoffrey (Geoff) V WILSON AM

BSc (Melb), MSc (Melb), PhD (Mon), DSc (Melb),
FAIP, FTSE, FAIM, MACE
Deakin University

THE LORD MAYOR OF MELBOURNE

Councillor John SO

THE SECRETARY, DEPARTMENT OF HUMAN
SERVICES

Ms Patricia FAULKNER

BA (Melb), Dip Ed (Melb), MAdmin (Monash),
FRIPA

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

MD (Lond), MRCP (UK), FRCR, FRACP,
FACHPM
Monash Medical Centre

Associate Professor David ASHLEY

MBBS, PhD, FRACP
Royal Children's Hospital

Professor Emeritus Richard C BENNETT AM

MB, MS, FRCS, FRACS, FRCS Ed (Hon)
The Royal Australasian College of Surgeons
(until May)

Dr Michael C BERNDT PhD

The Baker Medical Research Institute
(until August)

Professor Henry G BURGER AO

FAA, MD, BS, FRCP, FRACP, FCP (SA), FRANZCOG,
FRANZCOG
Prince Henry's Institute of Medical Research

Ms Julie CAIRNS

BN, Master of Bioethics
The Alfred
(from November)

Mr Robert M COOK AM

MDS (Melb), FDSRCS (Eng), FRACDS, FICD
The Australian Dental Association
(until July)

Professor Suzanne CORY AC

PhD, FAA, FRS
The Walter & Eliza Hall Institute of Medical
Research

Dr Michael J DALLY

BSc, MBChB, FRANZCR
The Royal Australian and New Zealand College
of Radiologists

Mr Arthur DAY

MBBS (Melb), FRCS, FRACS, FRANZCOG,
FRANZCOG, CGO
The Royal Australian College of Obstetricians &
Gynaecologists
(until June)

Professor Richard (Dick) M FOX

BSc (Med), MBBS, PhD, FRACP
Royal Melbourne Hospital

Dr Matthew T GILLESPIE

PhD (Mon), BSc (Hons) (Mon)
St Vincent's Institute of Medical Research

Dr Mukesh HAIKERWAL

MBChB, Dip IMC RCS (Ed), DRCOG
The Victorian Branch of the Australian Medical
Association

Mr Ross HANNAN

BSc (Hons), PhD
(Baker Medical Research Institute from August)

Dr David HILLIS

MBBS (Hons), MHA, FRACGP, FRACMA,
FCHSE, FAICD
Peter MacCallum Cancer Institute
(from November)

Dr Christopher HOGAN

MBBS, DObst RCOG, DipObst RACOG, FRACGP

The Royal Australian College of General
Practitioners Victoria
(from July)

Associate Professor Thomas W JOBLING

MBBS, FRANZCOG, FRANZCOG, CGO, MD
The Royal Australian and New Zealand College
of Obstetricians and Gynaecologists
(from November)

Mr Paul R B KITCHEN

MBBS, FRACS
St Vincent's Hospital

Associate Professor Bruce LOVELAND

BSc (Hons), PhD
Austin Research Institute
(from July)

Associate Professor Ian E McINNES

MBBS (Melb), FRCS (UK), FRACS (Syd)
The Alfred
(until November)

Professor Frederick (Fred) A O MENDELSON

MBBS, MD, PhD, FRACP
Howard Florey Institute of Experimental
Physiology & Medicine

Dr Paul MITCHELL

BHB, MBChB, MD, FRACP
Austin & Repatriation Medical Centre

Professor Lester PETERS AM

MBBS (Hons), MD, FRANZCR, FRCR, FACR
Peter MacCallum Cancer Institute
(until November)

Dr Ewa PIEJKO

MBBS(Melb), DRANZCOG, FRACGP
The Royal Australian College of General
Practitioners
(until July)

Associate Professor Magdalena PLEBANSKI

BSc (Hons), MSc, PhD
Austin Research Institute
(until July)

Mr Timothy PROBERT

BDS, MDS, FRACDS (OMS)
Australian Dental Association of Victoria
(from July)

Associate Professor Michael A QUINN

MBChB (Glas), MGO (Melb), MRCP (UK),
FRCOG, FRANZCOG, CGO
Royal Women's Hospital

Professor Robert THOMAS

MBBS (Melb), FRACS, FRCS (Eng), MS(Melb)
The Royal Australasian College of Surgeons
(from November)

Associate Professor Paul WARING

MBBS, FRCPA, PhD
The Royal College of Pathologists of Australasia

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

Dr Allan S ZIMET
PhD, MBBS, FRACP
The Australian Medical Association Victoria

*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 AO
MBBS, FRCS, FRCR
Elected to the position of President

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

Chairs of Committees

Professor Michael C Berndt
PhD

Executive Committee (Board)

The Chair of the Executive Committee (Board) of the Cancer Council was Associate Professor Michael A Quinn until June and Ms Kathryn Schofield from June.

During 2002 the members of the Executive Committee (Board) of the Cancer Council were:

Associate Professor M A QUINN
MBChB (Glas), MGO (Melb), MRCP (UK),
FRCOG, FRANZCOG, CGO
(Chair until June)

Ms Kathryn (Kath) L SCHOFIELD
RN, BHA, MAICD, AFCHSE, CPE
(Chair from June)

Dr Michael C BERNDT
PhD

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

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

Medical & Scientific Committee

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

Associate Professor Michael A QUINN
MBChB (Glas), MGO (Melb), MRCP (UK),
FRCOG, FRANZCOG, CGO
Executive Committee
(until June)

Ms Kathryn SCHOFIELD
RN, BHA, MAICD, AFCHSE, CPE
Executive Committee
(from June)

Ms Patricia WILLIAMS
Appeals Committee

*Representatives of the Medical and
Scientific Committee*

Associate Professor Richard BELL
MBBS, FRACP, FRCPA, FACHPM, MRACMA

Mr Marshall (Mark) C EASTMAN
MBBS, BSc, FRACS

Professor Peter J FULLER
MBBS, B(Med)Sc, PhD, FRACP

Professor Evan R SIMPSON
BSc, PhD Executive Committee (Board)

Mr Peter J GRIFFIN
BCom (Melb), ASIA

Professor Margaret HAMILTON
BA, DipSocStuds (Melb), MSW (Mich)

Mr Peter INGHAM
BCom (Hons) (Melb), MBA (Melb)

Mr Andrew P RAMSDEN
ACA

Dr M Ruth REDPATH
MBBS, FRCS, FRCR

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

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

(until July)

Ms Patricia (Pat) WILLIAMS

Other committees

The Chairs of the other committees of the Cancer Council were:

Medical and Scientific Committee **Professor Michael BERNDT**

Finance Committee **Mr Peter J GRIFFIN**

Appeals Committee **Ms Patricia WILLIAMS**

The members of all these committees serve in a voluntary capacity.

Director

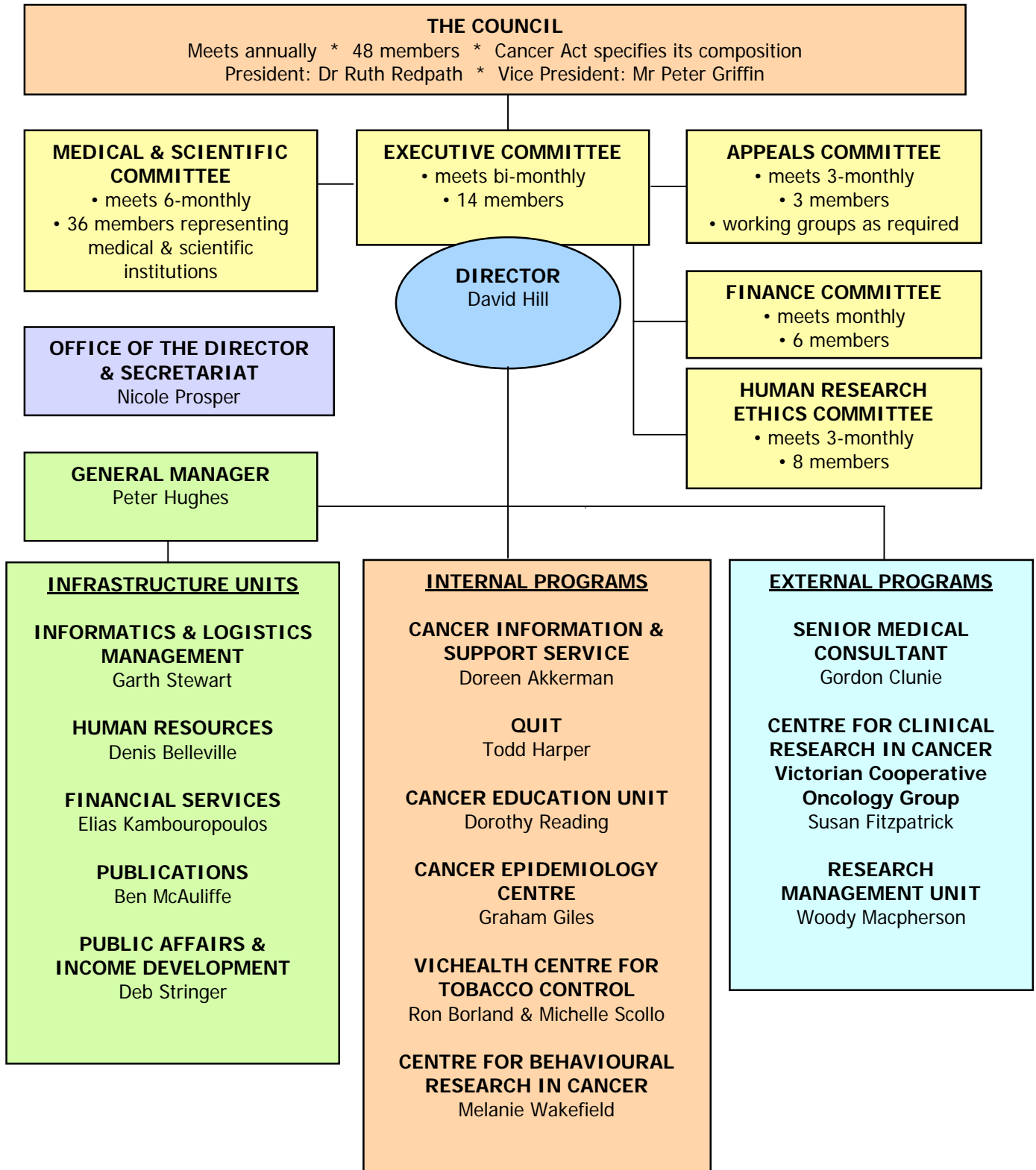
The chief executive is Professor David Hill *AM*, PhD

Units

The senior officers of the Cancer Council at 31 December 2002 were:

Doreen AKKERMAN	Director, Cancer Information and Support Service
Denis BELLEVILLE	Manager, Personnel & Property
Dr Ron BORLAND	Co-Director, VicHealth Centre for Tobacco Control
Professor Gordon CLUNIE	Senior Clinical Consultant
Elias KAMBOUROPOULOS	Manager, Financial Services
Deb STRINGER	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
Woody MACPHERSON	Head, Research Management Unit
Nicole PROSPER	Secretary to Council
Dorothy READING	Director, Cancer Education Unit
Michelle SCOLLO	Co-Director, VicHealth Centre for Tobacco Control
Leslie STANGER	Manager, Informatics
Dr Melanie WAKEFIELD	Director, Centre for Behavioural Research in Cancer

Structure of The Cancer Council Victoria



VOLUNTARY SUPPORT

Over 700 volunteers in 29 regional units & 10 Can Do Clubs
20,000 fundraising volunteers
2,000 scientific referees
350 expert honorary advisory

300 clerical, shop and mail order volunteers
135 cancer support groups
Over 80,000 donors
110 Cancer Connect

Program summary

The Cancer Council is an independent charity that conducts cancer research and provides advice and practical help to people with cancer. We are the largest non-government provider of cancer research funds, most of our income being generated by Victorians through donations, bequests or business sponsorships, or through fundraising events.

In the past year we have continued to:

- fund biological and clinical research in hospitals, universities and research institutes
- conduct behavioural, epidemiological and policy 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
- advise government and participate in the development of initiatives and policy
- maintain a relevant, effective, efficient and high-profile organisation of the highest integrity
- play a central role in the continuing fight against cancer.

Sixty years ago, only 25% of people diagnosed with a serious cancer survived. Now, more than 50% of people diagnosed with a serious cancer will be cured. The Cancer Council continues to extend its highly regarded programs to improve the quality of life for patients, to change attitudes and behaviour that cause cancer, and to reduce the cost of the disease on our society.

Funding biological and clinical research

In 2002 our Medical and Scientific Committee had a budget of \$2,484,433 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 applicants' projects. During 2002, the Cancer Council funded twenty-eight research projects, eight postgraduate scholarships, three postdoctoral fellowships, three major fellowships and seventeen vacation studentships. In 2002 we funded research projects into fundamental issues in cancer research, including the mechanisms that control cell growth and cell death, immunotherapy, genetic markers, the development of cancer treatments and the ways that cancers spread through the body.

The Centre for Clinical Research in Cancer continued its commitment to facilitating clinical research activities across Victoria through support for clinical research and the activities of the Victorian Cooperative Oncology Group (VCOG). Clinical trials identify treatment regimens in which potential treatments can be tested for effectiveness, toxicity and dosage levels, and compare new regimens with current best treatment. The 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. It is estimated that approximately 6% of new cancer patients are enrolled in clinical trials in Victoria. This is twice the national average.

In 2002 our Cancer Trials Management Scheme awarded grants totalling \$722,000 to seventeen hospitals. These grants helped to appoint cancer trial coordinators to assist clinicians in offering patients opportunities to participate in clinical trials. A total of 1,628 new patients were enrolled in cancer clinical trials and a further 4,585 patients were recorded on continuing clinical follow-up at the seventeen hospitals. It is estimated that the Cancer Trial Management Scheme contributed to 21.5% of this clinical trial research activity. Also, our Clinical Trials Office provided central management coordination for patient recruitment to an international breast cancer trial and two Victorian trials - one in breast cancer, the other in palliative care - and has coordinated follow-up data for nineteen international, national and Victorian trials involving over twelve hundred patients.

The VCOG comprises a membership base of over 350 cancer specialists, allied health care professionals, scientists and consumers. The VCOG provides a unique forum with its multi-speciality and cross-institutional representation enabling interchange of knowledge and information. This contributes to consensus on cancer treatment policy; collaboration in clinical research programs locally, nationally and internationally; and coordinated lobbying for improved patient services. The VCOG structure includes a primary committee, twelve specialist advisory committees and five clinical research sub-committees, representing clinical interests in breast, gastrointestinal, gynaecological, head & neck, lung, neurological, skin and urological cancer, palliation, psychology, cancer genetics and support services. The committees meet quarterly and also conduct regular professional educational forums.

Conducting epidemiological and behavioural research

Cancer Epidemiology Centre

The Cancer Epidemiology Centre (CEC) monitors cancer incidence and survival 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. In addition to the monitoring and surveillance role, the CEC uses this information to identify new research questions and contribute to evaluation of cancer control programs.

The Health 2000 program was initiated in 1990 and obtained information and blood samples from forty-two thousand people living in Melbourne. With funding from the National Health and Medical Research Council (NHMRC), VicHealth and the National Breast Cancer Foundation, it is now possible to use this rich resource to investigate the genetic and environmental causes of our three most common cancers: bowel, breast and prostate. Now, thanks to an \$8.5 million program grant from the NHMRC, Health 2000 has been encompassed by the broader Epidemiology of Chronic diseases, Health Interventions and DNA Studies (ECHIDNAS), and has vital funds needed to begin re-testing the original cohort. ECHIDNAS is a consortium comprising four researchers from the Cancer Council and four other researchers, who will deal with findings related to diseases other than cancer. It focuses on the effect of lifestyle on cancer risk as well as the role of genetics and how our behaviour can influence our predisposition to disease.

In 2002 the CEC also won one of the new NHMRC capacity building grants in public health for PLATYPUSES (PLATform for Young Public Health researchers to Upgrade their Scientific Experience and Status). PLATYPUSES will provide a mid-level scientific team of promising young researchers to work on ECHIDNAS and help them to become the next generation of senior independent researchers.

The CEC obtained \$1 million in capital works from the Department of Human Services for the Victorian Cancer Registry re-engineering. This will eventually bring an improvement in the monitoring of cancer trends in Victoria as it will increase the proportion of electronic notifications, record linkage and editing, and will achieve a virtually paper-free registry. The CEC also obtained an additional grant of \$225,000 to help remove the cancer registration backlog which had accumulated as a result of unexpected disruptions to the accommodation of the registry files.

In 2002 CEC continued to focus on families with cancer. The CEC operates the Victorian Family Cancer Registry within the Victorian Family Cancer Genetics Services (VFCGS) program. It has been providing full family cancer history verification to VFCGS Family Cancer Centres since March 2002. This service enables the Family Cancer Centres to provide a more accurate risk assessment to their patients. The CEC has developed a software application called FamBIS (Family Based Information System), which manages information captured in the VFCGS program. FamBIS also enables the electronic interchange of data between Family Cancer Centres and the Victorian Family Cancer Registry. Electronic data interchange can be used by family cancer centres for both family history verification and registration with the Victorian Family Cancer Registry. Electronic data are secured using high-level encryption software.

The CEC also performs management surveys of cancer patients identified and sampled via the Cancer Registry, and feeds back information to the clinical community.

Centre for Behavioural Research in Cancer

By conducting in-house behavioural research, the Cancer Council helps to build the knowledge base on behavioural factors in cancer control. Through its advocacy work, it tries to ensure the application of this knowledge in the design of cancer prevention programs in Victoria. The Centre for Behavioural Research in Cancer (CBRC) investigates the patterns of cancer risk behaviour in populations, the development of cancer-preventing and cancer-promoting behaviours. It identifies and evaluates the types of educational programs that can impact on cancer-related behaviour and increase people's ability to cope with the disease.

CBRC staff investigate and publish their research in areas that include: the uptake of 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 attitudes about prostate cancer and screening for prostate cancer. In 2002 the CBRC began new investigations into the promotion of fruit and vegetable consumption to reduce cancer risk.

Smoking and cancer: CBRC, VCTC and Quit

About one in five Victorian adults are regular smokers, the same as in 1998-99. The smoking rates are highest amongst Victorians under the age of thirty, where 29% are regular smokers, compared to 23% of Victorians aged thirty to forty-nine. Victorian men over fifty are the heaviest smokers, with a third of this group smoking twenty-one cigarettes or more every day.

These figures come from data collected for the Victorian Smoking and Health Population Survey for 2000 and 2001, an annual telephone survey of two thousand Victorians concerning smoking and quitting behaviours, public opinions and behaviours related to the introduction of smokefree policies, measures of environmental tobacco smoke exposure and doctors' advice to smokers.

In 2002 analysis and reporting were completed on the results of the Victorian Smoking and Health Population Survey 2001. The reports, published in December, included trends across years of the population surveys; data on public opinion, attitudes and behaviour related to smoking bans in public places; smoking behaviours and quitting intentions and attempts; doctors' advice to patients about smoking; workplace smoking bans, public reactions to advertising campaigns; and media reports on tobacco issues.

In 2002 the Cancer Council spent over \$2 million towards research aimed at changing people's behaviour to prevent cancer, of which almost \$1 million went to research on controlling tobacco sales and promotion. The same year, CBRC researchers successfully bid for a number of research grants through a competitive process. These included:

- an NHMRC capacity-building grant for \$368,000 per year over five years
- a second NHMRC grant for \$130,000 to examine unintended adverse influences of advertising for nicotine replacement therapy among youth and smokers not ready to quit
- grants from the NHMRC and other sources for a study of genetic and environmental influences on the development of tobacco and alcohol related behaviours in young people; the relation between anti-smoking advertising and youth smoking behaviour; aspects of the law restricting smoking in bar and gaming venues; and the effect of smoking restrictions in social venues on the smoking behaviour of young nightclub patrons.

In 2002, in order to consolidate its work in the tobacco area, the Cancer Control Research Institute (CCRI) of the Cancer Council established the CCRI Tobacco Strategies Group, which has been working on six streams of activity: clear air; investing in tobacco; institutionalising tobacco dependence treatment; exposing industry conduct; regulating tobacco; and monitoring and surveillance.

VicHealth Centre for Tobacco Control

The VicHealth Centre for Tobacco Control (VCTC) is a consortium partnership of the Cancer Council's Cancer Control Research Institute and Monash University's Institute of Health Services Research, funded by VicHealth and the Cancer Council.

The VCTC is placed at the centre of some of the major issues in tobacco control, in which it is either taking national leadership or playing an important role internationally.

One of the highlights of 2002 was the presentation of a document prepared by VCTC entitled *Tobacco Control: A Blue Chip Investment in Public Health* to the advisers to the Federal Health Minister, Treasurer and Prime Minister, and other senior bureaucrats. The report was also presented at a Parliamentary breakfast in Canberra.

The VCTC began work on the development of a framework for the provision of smoking cessation services that will integrate, within the health system, with mass deliverable cessation assistance and, where appropriate, pharmaceuticals. In addition, the legal expert in the centre has become the primary national resource for analysis of litigation related to the tobacco industry. The centre's work on tobacco regulation falls into two main areas: work on specific issues, which should help to reform current laws; and the more fundamental work of rethinking the entire way in which regulation and legislation are being pursued.

The VCTC is the leading Australian agency in the International Tobacco Control Policy Evaluation study. This study, which commenced in 2002, is designed to monitor the reactions of smokers to tobacco policy initiatives in any of the four countries that are currently part of the study (Australia, USA, UK & Canada). It is already being used to evaluate some policy in the UK and we hope to use it to study the impact of possible new warning labels on tobacco products which are currently under consideration in Australia. To date this study has been funded to around US\$2.7 million from a range of sources, including the Canadian Institutes of Health, the Robert Wood Johnson Foundation, Cancer Research UK and the American Cancer Society.

Quit Victoria: the Victorian Smoking and Health Program

Established in 1984, Quit is a joint initiative of the Cancer Council, the Department of Human Services, the Heart Foundation and VicHealth. It is governed by a Steering Committee, which advises the Minister for Health on policy and legislation. Quit's overall goal is to reduce the harmful effects of tobacco use, particularly the incidence of cancer, heart disease and respiratory disorders.

In 2002 Quit was active in a number of areas, of which some examples are given below. Quit maintained an active media profile and advocacy strategy focusing on a wide range of issues and either initiated media coverage or made public comments on the following: publication of the socially-cued smoking paper in *Tobacco Control*; the death of Ms Rolah McCabe (who sued British American Tobacco Australasia for damages) from lung cancer; the issue of providing smoking rooms; and the workplace smoking bans at Philip Morris. Quit's advocacy work contributed to legislative changes.

Two new television campaigns went to air. The 'Cigarette Recall' television advertisement featuring renowned comedian John Clarke went to air on Sunday 21 July. This was a national campaign developed by Quit, which focused on the tobacco industry conduct. The campaign received substantial free airtime, courtesy of TV stations. The introduction of Victoria's new smokefree gambling legislation on Fathers' Day, 1 September, provided a good opportunity to launch the 'Nice People' campaign, which depicted the work of dedicated professionals needed for the care and treatment of lung cancer victims. Calls to the Quitline continued to reflect the mass media led campaign strategy with high levels of calls to the Quitline resulting from television campaign activity. In 2002 there were approximately twenty-five thousand calls to the Quitline.

Quit was involved in a number of community programs in 2002. It linked its smoking cessation message into National Asthma Week 6-14 October. Quit successfully worked with the Asthma Foundation to include a letter from Quit that supported the theme of managing asthma by encouraging quitting and promoting the Quitline and resource 'Smoking and Asthma' brochure. Quit also promoted the week on its website and included links to Asthma Victoria and the Royal Children's Hospital website for further information on Clinical Practice Guidelines for Asthma.

Quit's health professional training program was very active and included completion of a smoking cessation training program for dentists, funded by Department of Human Services, and extension of the training for pharmacists and assistants. Smoking cessation training was delivered throughout Victoria to general practitioners, cardiac rehabilitation health professionals, cancer nurses, community health staff, Aboriginal health workers, school nurses and diabetes health professionals.

There was an increasing emphasis on support for smokers with mental illness including training for workers in the field and the development of Quitline guidelines to ensure safe smoking cessation for smokers with mental illness.

Much progress was made in the area of guidelines for encouraging and supporting pregnant smokers to stop smoking, with close collaboration between Quit and the Three Centres Guidelines for Antenatal Care project, the Shared Care Project and the Department of Human Services' Performance Indicators for Antenatal Care project.

Quit supported twelve cultural events including a Chinese community forum, a multicultural soccer program, the Chilean Independence Day Festival (two days), and the Moon Lantern Festival, which targeted the Chinese, Vietnamese and Turkish communities. Quit also supported the Hungarian Mental Health Day, the Cambodian Ancestor Ceremony, an Indian Festival, the Serbian Festival (two days), a Greek Russian Social Night and a Women's Health Day. Bilingual staff were available to help and support smokers to quit with resources, support and information.

The VicHealth-funded Sports Program achieved great success in extending smokefree practices to sporting clubs. The Victorian Country Football League had over 85% of all clubs smokefree. In addition, the Sports Program completed work on a policy document for smokefree environments that can be adapted for local councils to use. Quit will work with peak local government bodies to disseminate the policy document template.

The Department of Human Services-funded a project to examine the issue of smokefree policies in hospital settings. Quit conducted focus groups and consultations in a number of hospitals.

Quit launched a smokefree guide for businesses in early 2002 which has proved to be a valuable tool for workplaces implementing smokefree policies. A program funded by Department of Human Services to train rural and outer metropolitan facilitators to address tobacco control within the workplace settings has enabled an extension of worksite cessation services. Most meetings with workplaces have been with large manufacturing sites and have included input from both union members and occupational health and safety representatives. Outcomes have been generally positive with most workplaces adopting phased-in smokefree policies.

Statewide cancer prevention and early detection campaigns

In the past year we built on the success of high-profile cancer prevention and early-detection campaigns. Our skin cancer prevention, smoking cessation (as outlined above) and cervical cancer screening programs were all involved in national campaigns while we continued to develop campaigns at a local level.

SunSmart

Two hundred people die in Victoria each year from melanoma, an almost totally preventable disease. A further 90+ die from non-melanocytic skin cancer. The 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 % of Victorians who use sunscreen opt for a SPF 15+ or higher.

SunSmart consolidated its significant achievements in primary schools and worked towards emulating that success in childcare centres and secondary schools. About three in four Victorian primary schools and half the state's childcare centres are now SunSmart accredited. This means children must wear sun-protective hats from September to April, be taught about SunSmart behaviour at every year level and be provided with sufficient outdoor shade. However the level of SunSmart accreditation in the early childhood sector (47%) was significantly lower than in primary schools (73 %). The Cancer Council employed an early childhood specialist to focus on promotion of sun protection policy across this sector. At the same time professional development activities were undertaken, in conjunction with Quit, for regional secondary school nurses to improve the level of SunSmart practices in secondary schools.

As a testament to its value, the SunSmart Schools Program, initiated in Victoria, went national in 2002, ensuring all Australian children have an opportunity to learn about the dangers of ultraviolet (UV) radiation exposure.

In 2002, as a result of considerable advocacy efforts by SunSmart, the Department of Human Services issued a warning to all commercial solarium establishments in Victoria, warning them of the need to improve current practices to ensure consumers were adequately informed of the health risks associated with their use.

The SunSmart Workplace Program has also had an impact. Since its inception in 1994, the SunSmart Workplace Program has lobbied major employers, industry groups and unions to introduce sun protection policies; to date 41% of the top one hundred Victorian workplaces that employ outdoor workers have complied.

Have a Pap test every two years

The Cancer Council has coordinated successful statewide cervical screening communications and recruitment strategies since the introduction of the National Cervical Screening Program in 1991. The recruitment program has contributed to the continued increase in the proportion of Victorian women screened, and to the reduction in the mortality rate from cervical cancer. Cervical cancer mortality in Victoria continues to decrease annually by 5.5 % across all ages. Additionally, incidence of invasive cervical cancer is also decreasing.

PapScreen Victoria contracted La Trobe University's Australian Research Centre for Sex, Health and Society to conduct a study into issues related to cervical screening for women with a disability and the report was released in November.

A study into the experiences of cervical screening by lesbians, conducted by the Cancer Council, showed that the screening rate of the sample was similar to that of all Victorian women, and women were significantly more likely to have been screened in the past if their health care provider had known of their sexual orientation and was aware of lesbian health issues.

Men's Cancer Program

The Men's Cancer Program plays a key role in educating the community and health professionals about prostate cancer. The team delivers prostate cancer community information seminars, multicultural and workplace education sessions, and advanced cancer forums for people experiencing the disease. These are delivered in suburban Melbourne and Victorian regional cities and towns.

In collaboration with La Trobe University, the Cancer Council has developed a Prostate Care Nurse Distance Education Program to enhance nurses' skills and knowledge in prostate care. This program has seen 113 nurses undertake the fourteen-week education program since June 2001. An extensive kit of resource literature is also currently being collated which will be sent to every Victorian urologist and other clinicians to have available for their patients.

Education days were organised, with nurses from Melbourne, rural Victoria and interstate attending. A number of community information seminars were also held in metropolitan and regional Victoria to discuss prostate and bowel cancer issues. The program was expanded to include a multicultural component that involved training educators to provide education about prostate cancer to their communities. The first training sessions were for the Italian, Greek and Polish communities.

The Cancer Council maintained its links with the Australian Prostate Cancer Collaboration Committee.

Breast cancer programs

Breast cancer continues to be a major cancer concern for Victorians. The Cancer Information and Support Service receives over ten thousand requests for information about breast cancer annually.

The Cancer Council Victoria provides information on breast cancer to the public and health professionals in a variety of formats, including:

- the BreastHealth Training Program for community health professionals
- the Cancer Information and Support Service
- the Community Language Program (multicultural peer education program delivering information in eighteen languages)
- written material: patient booklets, brochures, fact sheets, website
- visual resources: videos, flipcharts, presentations.

Although breast cancer incidence has increased steadily over the past ten years, mortality has been falling by 1% per year over the same period.

The CBRC is continuing a study examining the factors influencing women's decisions to re-attend BreastScreen Victoria for a screening mammogram. Women who previously attended BreastScreen and were interviewed about their experience at BreastScreen were invited to attend for their next screening mammogram, and are now being interviewed about their intentions to be re-screened.

Nutrition and physical activity

As evidence grows concerning the protective effects of diets high in vegetables and fruits for a range of cancers, the Cancer Council recognises the desirability of promoting increased consumption of these foods by the public.

A series of focus groups was conducted to help develop a protocol for the dietary intervention component of the ECHIDNAS grant (See Cancer Epidemiology Centre section above). Preliminary analysis has indicated that home delivery is not likely to lead to much increase in consumption, but that there is a role for better education about serving sizes.

In June, behavioural science and education staff attended Eat & Run: The First Australasian Nutrition, Physical Activity and Cancer Conference, organised by The Cancer Council Australia with input from The Cancer Council Victoria. This was a very successful conference which included keynote presentations from highly regarded international speakers on epidemiology, interventions, policy and advocacy on diet, physical activity and obesity. There is now clear evidence that being overweight and/or weight gain are risk factors for a range of cancers, including breast, bowel, endometrial and kidney cancers, as well as cardiovascular diseases and diabetes. A national working party, which includes Cancer Council staff, is currently collaborating with the Commonwealth Government, non-government health organisations and food industry groups to develop a national fruit and vegetables campaign.

Bowel cancer

Following the Commonwealth Government's decision to fund the National Colorectal Cancer Screening Pilot Program, the Cancer Council contributed extensively to the planning and preparation involved.

At a local level, work advanced rapidly on planning for the Victorian pilot. The site, Heidelberg and surrounding suburbs, coincides with the North-East Valley Division of General Practice. A Management Committee has been formed involving the Department of Human Services, the North-East Valley Division, the Cancer Council and local clinicians. The site includes a spread of socio-economic groups and includes a higher than usual level of people from non-English speaking backgrounds (47% compared with 22%). This was a major reason for the selection of the site and was supported by the small advisory group set up to assist the Department of Human Services Victoria to prepare a submission for involvement in the pilot.

The Cancer Council is responsible for planning and delivering the community education and recruitment components of the pilot.

Providing information and support

Telephone information and support, cancer support groups and statewide services

In 2002 the Cancer Helpline, run by the Cancer Information and Support Service (CISS,) responded to almost 48,000 contacts: nearly 10,000 were patients, 7,000 were members of the general public, 6,000 were health professionals, 5,500 were family and relatives, 200 were community organisations, 2,500 were hospitals, 1,000 were medical practitioners, over 3,000 were accredited breast care nurse, nearly 3,000 Cancer Connect volunteers, and 500 were Living with Cancer Education Program facilitators. The most frequently discussed cancer sites were breast, prostate, cervix, skin, colon, bronchus and lung, and ovary.

A Cancer Call In generated 461 calls, which were taken by thirty-three cancer specialists who volunteered their time.

Apart from playing an important role in training professionals, such as the Breast Care Nurses, CISS has been active in promoting the use of evidence-based cancer treatments by health professionals in other ways. Together with CBRC, CISS has been investigating the impact of specialists referring their newly diagnosed male colorectal and prostate cancer patients to CISS.

CISS organised two Living Well education-based forums, one for women experiencing advanced breast cancer and their families, and the other for individuals with any type of advanced cancer and their families. Both forums were very successful and well attended.

The Director and the CISS team conducted three public seminars, one of which was followed by presentations to general practitioners, in country Victoria. Fifteen country centres are visited on a three-year rotation. In 2002 CISS also ensured that it reaches the whole of Victoria by widely distributing the four issues of its newsletter, *Cancer Network News*, which has a circulation of approximately fifteen hundred.

Living With Cancer Education Program (LWCEP)

During 2002 there were forty-five LWCEP run throughout Victoria, with over six hundred people with cancer and their significant others participating in each eight-week program. Sixty new facilitators were trained.

Cancer Connect

This program, managed by CISS, involves training volunteers who have had cancer to give support to newly-diagnosed cancer patients. In 2002 the program processed 457 referrals and the volunteers had nine hundred contacts with support recipients. The following newly diagnosed patients were matched with trained volunteers for the cancers named: 336 breast

cancer; forty-seven prostate cancer; nine non-Hodgkin's lymphoma; twenty-three colon and bladder cancer; and twenty-one people testis, ovary, corpus uteri, bronchus or lung cancers. Thirty-five new volunteers were trained in 2002. The Cancer Support Groups Program was discussed during seventeen hundred calls from diagnosed cancer patients and their families. There are currently 120 accredited groups, with which 2,500 contacts were made in 2002. CISS also runs other programs like the Holiday Break Program for people affected with cancer, the Look Good, Feel Better Program and the Outside Speakers' Bureau, whereby community groups and workplace venues are put in touch with speakers to discuss cancer prevention, early detection, and specific types of cancer and ways of coping. In collaboration with the Cancer Education Unit, CISS operated a Multicultural Cancer Information Service pilot program. During the year, interpreters assisted 118 callers to access information and counselling from a nurse counsellor. Greek, Chinese Mandarin, Chinese Cantonese, Vietnamese, Italian and Russian were the languages most frequently used. CISS gave 120 welfare grants to cancer patients totalling \$17,302 and funded \$99,427 in grants issued by hospitals, in addition to four no interest loans to a total value of \$2,945.

Assisting in the development of local, national and international strategies

The aim of our advocacy and networking activities is to influence the policy and legislative agenda in Victoria, and occasionally nationally, with a view to assisting cancer control activities. This means identifying the forum where decisions that impact on our programs are made and attempting to be part of the decision-making process. Strategic use of the media supports these activities. As a centrally based organisation with statewide responsibilities, we enlist others to assist with our work wherever possible, by providing training, resources and networking activities.

The Cancer Council assists with the administration and management of several externally funded research entities. The Victorian Breast Cancer Research Consortium Inc (VBCRC) is a State Government initiative established to carry out basic scientific research into breast cancer. Commencing in 1997 the State Government has provided \$3 million per annum for ten years. The consortium 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.

A major review of the Consortium conducted in 2002 has endorsed the approaches taken by both the Government and the VBCRC and praised the progress made to date.

The National Cancer Control Initiative (NCCI) is housed at the Cancer Council in our Rathdowne Street offices. The NCCI is a partnership between The Cancer Council Australia and the Commonwealth Department of Health and Ageing 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.

The Cancer Council has been leading the way, not just in Victoria, but nationwide, and also influencing policies on the international front. Among the many organisations with which we have maintained an ongoing involvement are the National Breast Cancer Centre, The Cancer Council Australia and other State Cancer Councils, the National Heart Foundation, Diabetes Australia, VicHealth, and the Victorian Universities, as well as the International Union Against Cancer.

Funding the programs

The financial reports of the Cancer Council for the period January to December 2002 follow. The net result for the year 2002 was \$1.97 million.

In 2002 we received \$33.62 million. The majority of our income comes from individuals supporting us and in 2002, 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 \$6.2 million in 2001 to \$8.3 million in 2002, which helped to boost our total charitable income from \$16.7 million to \$20 million.

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, and Relay for Life. Relay for Life was piloted in 1999 and raised \$75,000, and in 2002 it raised a total of just over \$2 million. Altogether events raised over \$6 million, and increased the profile of the Cancer Council and cancer awareness in the community.

We earned \$9.2 million of government and other funding body grants for specific projects. Our expenditure, in line with our commitments, increased from \$30.3 million to \$31.6 million. The table below illustrates the growth the organisation has experienced over the last decade.

Period	Result	Revenue	Expenditure	Total
	Surplus/(Deficit)			Assets
	\$000s	\$000s	\$000s	\$000s
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
Year ended Dec 2001	2,244	32,605	30,361	29,709
Year ended Dec 2002	1,972	33,626	31,654	31,813

Note: Results for 1993-99 include specific project income not yet expended.

I am pleased to provide to Parliament this report on the operations of the Cancer Council in 2002. 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, fundraising, professional advice and governance, and our committed, world-class, expert staff.



M Ruth Redpath AO
President
12 May 2003

ANTI-CANCER COUNCIL OF VICTORIA

FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2002

		2002	2001
	NOTE	\$000s	\$000s
REVENUE FROM ORDINARY ACTIVITIES			
Charitable Support		20,021	16,653
Program Funding		9,296	11,223
Retail Sales	4	1,860	1,925
Other Income	3	2,449	2,804
		33,626	32,605
EXPENSES FROM ORDINARY ACTIVITIES			
Program Services:			
* Research	6	11,688	10,232
* Cancer Prevention and Early Detection	6	11,299	12,843
Cost of Goods Sold	4	804	858
Retail Expenses	4	812	908
Charitable Support		4,924	3,725
Administrative Support		2,127	1,795
		31,654	30,361
		1,972	2,244
NET SURPLUS FROM OPERATING ACTIVITIES			
NET SURPLUS ATTRIBUTABLE TO MEMBERS OF THE ANTI-CANCER COUNCIL			
Increase in Asset Revaluation	11 (e)	-	2,036
		1,972	4,280
TOTAL CHANGES IN EQUITY OF THE ANTI-CANCER COUNCIL			

The accompanying notes form part of these financial statements.

	NOTE	2002 \$000s	2001 \$000s
ASSETS			
CURRENT ASSETS			
Cash Assets		1,015	390
Prepayments		254	579
Receivables		1,035	2,308
Investments	7	15,356	13,750
Inventories		373	264
TOTAL CURRENT ASSETS		18,033	17,291
NON-CURRENT ASSETS			
Investments	7	-	-
Property, Plant and Equipment	8	13,780	12,418
TOTAL NON-CURRENT ASSETS		13,780	12,418
TOTAL ASSETS		31,813	29,709
LIABILITIES			
CURRENT LIABILITIES			
Accounts Payable		2,696	3,098
Administered Program Funding		2,706	2,593
Research Grants Accrued		2,009	2,058
Provision for Employee Entitlements	9	1,856	1,662
TOTAL CURRENT LIABILITIES		9,267	9,411
NON-CURRENT LIABILITIES			
Research Grants Accrued		1,803	1,680
Provision for Employee Entitlements	9	482	330

TOTAL NON-CURRENT LIABILITIES		2,285	2,010
TOTAL LIABILITIES		11,552	11,422
NET ASSETS		20,261	18,287
EQUITY			
Reserves	11	16,106	12,027
Accumulated Funds	10	4,155	6,260
TOTAL EQUITY		20,261	18,287

The accompanying notes form part of these financial statements.

	NOTE	2002 \$000s	2001 \$000s
CASH FLOWS FROM OPERATING ACTIVITIES			
CASH FLOW FROM OPERATIONS			
Receipts from charitable support, retail, royalties and fees for service (inclusive of GST)		24,759	16,234
Payments to suppliers and employees (Inclusive of GST)		(35,698)	(29,271)
Interest and discounts received		5	557
Program funding (Inclusive of GST)		14,625	16,426
NET CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES (c)	13(b)	3,691	3,946
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds on sale of investment securities		12,552	4,811
Payment for investment securities		(13,727)	(12,013)
Payment for property, plant and equipment		(1,891)	(414)
NET CASH (USED IN) PROVIDED BY INVESTING ACTIVITIES (a)		(3,066)	(7,616)
NET INCREASE/(DECREASE) IN CASH HELD			
Cash at beginning of the financial period		390	4,060
CASH AT THE END OF THE FINANCIAL PERIOD	13(a)	1,015	390

The accompanying notes form part of these financial statements.

1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The financial report is a general purpose financial report that has been prepared in accordance with Australian Accounting Standards, Urgent Issues Group Consensus Views and other authoritative pronouncements of the Australian Accounting Standards Board and the requirements of the Financial Management Act.

The financial report covers the Anti-Cancer Council of Victoria as an individual entity. The Anti-Cancer Council of Victoria is a not for profit charity incorporated in Victoria under the *Cancer Act 1936*.

The financial report has been prepared on an accrual basis and is based on historical costs and does not take into account changing money values or, except where stated current valuations of non-current assets. Cost is based on the fair values of the consideration given in exchange for assets.

The following is a summary of the material accounting policies adopted by the Anti-Cancer Council of Victoria in the preparation of the financial report. The accounting policies have been consistently applied, unless otherwise stated.

(a) Donated Services

A substantial number of volunteers have donated a significant amount of their time in the Anti-Cancer Council's program services and its fundraising campaigns. However, since no objective basis exists for recording and assigning values to their services, they are not reflected in the accompanying financial statements. Similarly, the value of space and time contributed by various media for our educational and fundraising advertisements has not been recorded.

(b) Income Recognition

The Anti-Cancer Council is the beneficiary under various wills and trust agreements, the total realisable amounts of which are not presently determinable. Our share of such bequests and legacies and all other Charitable Support is recorded on a cash basis when received. Where income is derived from commercial activities, then this income is recognised when the sale is made.

(c) Expenses

Expenses are recognised on an accrual basis and are allocated into functional categories dependent upon the ultimate purpose of the expenditure.

(d) Property, Plant and Equipment

Each class of property, plant and equipment are carried at cost or fair value less, where applicable, any accumulated depreciation.

Property

Freehold land and buildings are measured on the fair value basis, being the amount for which an asset could be exchanged between knowledgeable willing parties in arm's length transaction. It is the policy of the Anti-Cancer Council of Victoria to have an independent valuation every three years, with annual appraisal being made by the directors.

Plant and Equipment

Plant and Equipment is capitalised at cost with estimated useful lives no longer than 10 years.

Depreciation is calculated on a straight-line basis for buildings, plant and equipment is based on the assets expected useful life from the time they are held ready for use. The depreciation rates applied for both the 2002 and prior year are:

<u>Class of Fixed Asset</u>	<u>Depreciation Rate</u>
Office Equipment	20%
Furniture & Fittings	20%
Computers	33.33%
Buildings	2.5%
Building Improvements	10%

(e) Leases

The Anti-Cancer Council of Victoria makes lease payments under operating leases where substantially all the risks and benefits remain with the lessor, these are charged as expenses in the periods in which they are incurred.

(f) Investments

Investments are recorded at purchase cost or, if donated, at the fair market value at date of receipt. No adjustment is made to reflect market changes on a year-to-year basis.

Dividends are recognised as income when received. Accrued interest is recognised as a receivable.

(g) Inventories

Inventories of finished goods sold in the Retail operation are valued at the lower of cost and net realisable value.

(h) Employee Entitlements

Provision is made for the Anti-Cancer Council's liability for employee entitlements arising from services rendered by employees to balance date. Employee entitlements expected to be settled within one year together with entitlements arising from salaries and annual leave that will be settled after one year, have been measured at their nominal amount. Other employee entitlements payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those entitlements.

Contributions are made by the Anti-Cancer Council to an employee superannuation fund are charged as expenses when incurred.

(i) Research Grants

Liabilities for Research Grants are recognised at the time of approval of the grant by the Anti-Cancer Council.

(j) Related Party Transactions

The Anti-Cancer Council relies heavily upon input from volunteers and persons acting in an honorary capacity and has always sought input to our management committees from those involved in cancer control in the community. In technical matters assistance is sought from experts in the relevant field. The pool from which such expertise can be obtained is not extensive, so circumstances may arise where a committee member or adviser may be involved in meetings where decisions are made relating to their institution. Where such circumstances arise, we require the person to either abstain from voting or absent him/herself from the meeting while the decision is made.

Conversely, the Anti-Cancer Council's expertise in cancer control has resulted in other bodies requesting that our representatives assist with their management. As a result a number of our executives are members of committees of management of bodies that, over time, may have a financial relationship with us. Where such circumstances arise we require the person to declare their interest and comply with the applicable rules of the relevant body.

(k) Funding of Programs**(i) Controlled Programs**

We receive grants to fund projects related to our activities, such as the Quit and SunSmart campaigns. This funding is normally awarded competitively from bodies who foster research and education of community benefit.

(ii) Administered Programs

We receive grants to finance special programs, which are administered by us, such as the Victorian Breast Cancer Research Consortium and the National Cancer Control Initiative. These programs do not form part of the operations of the Anti-Cancer Council so details of receipts and payments are not included in the Statement of Financial Performance but are included in the Statement of Cash Flows.

Where the terms of the grant are such that we are liable to repay any unspent monies on the administered programs the amount of any grants unspent at balance date is recorded as a creditor in the Statement of Financial Position and the funds invested in Fixed Interest and At Call facilities in accordance with the grant terms included as part of Managed Funds under Note 7.

(I) Comparative Figures

Where necessary, the comparative figures have been adjusted to enhance comparability.

2 TAX STATUS

The Anti-Cancer Council is a non-profit voluntary organisation, exempt from income tax under the Income Tax Assessment Act. The Anti-Cancer Council is also exempt from other government levies such as payroll tax. Donations of \$2 or more made to the Anti-Cancer Council are income tax deductible.

	2002	2001
	\$000s	\$000s
3 OTHER INCOME		
Other Income comprises:		
- Investment Income	417	510
- Royalties and Fees for Service	2,031	2,294
TOTAL OTHER INCOME	2,448	2,804
4 SURPLUS ON RETAIL OPERATIONS		
Statement of Financial Performance for the Period ended 31 December 2002		
Income	1,860	1,925
Expenses:		
- Cost of Goods	804	858
- Other Expenses	811	908
SURPLUS ON RETAIL OPERATIONS	245	159
5 OPERATING EXPENSES		
The result for the period was arrived at after charging:		
Depreciation of property, plant and equipment	497	840
6 EXPENDITURE (Program Services)		
RESEARCH		
Support of basic scientific studies, clinical investigations and programs	4,661	3,822
Victorian Cancer Registry—registers all cancer cases in Victoria and provides statistical analyses	1,535	1,354
Centre for Behavioural Research in Cancer—a centre for research into behavioural aspects of cancer prevention, detection and rehabilitation	2,119	1,978
Cancer Epidemiology Centre—a centre for research into the occurrence, distribution and determinants of disease	1,964	1,662
Health 2000—a study to ascertain the effect of lifestyle factors (especially diet) on the incidence of a range of diseases.	450	261
VicHealth Centre for Tobacco Control—a centre to investigate new ways to reduce tobacco usage	959	1,155
TOTAL RESEARCH	11,688	10,232
CANCER PREVENTION & EARLY DETECTION		
Education—programs to create awareness about prevention, early detection and treatment; Cancer Information and Support Service	2,827	3,512
Quit—public education program to reduce tobacco consumption and prevent the uptake of smoking	3,894	5,346
Aid to patients—in the form of welfare grants, cancer support groups, Cancer Information and Support Service	1,490	584

	2002	2001
	\$000s	\$000s
External subscriptions—relates to Victoria's involvement in national and international cancer programs	1,494	1,335
SunSmart—public education program related to skin cancer prevention and early detection	665	876
<i>PapScreen Victoria</i> —the promotion of regular screening for cervical cancer	929	1,190
TOTAL CANCER PREVENTION AND EARLY DETECTION	11,299	12,843

7 INVESTMENTS

CURRENT INVESTMENTS

Fixed Interest Securities at cost	1	423
Australian Equities	3,579	2,668
International Equities	3,753	2,634
Listed Property	819	734
Australian Fixed Interest	4,830	3,911
Cash	2,373	3,380
TOTAL CURRENT INVESTMENTS	15,356	13,750

Market Value of Managed Funds	14,401	13,400
-------------------------------	--------	--------

The downturn in the market value of the Managed Funds occurred due to the downturn in international markets. The Investments are represented by the following liabilities and reserves in these accounts.

Liability - Administered Program Funding	2,706	2,593
External Grants Reserve	6,035	5,143
Special Funds	3,442	3,042
Balance available to fund Cancer Council expenditures	3,173	2,972
TOTAL CURRENT INVESTMENTS	15,356	13,750

8 PROPERTY, PLANT AND EQUIPMENT

(a) Land at Cost	-	-
Land at independent valuation (2002)	6,671	6,671
Buildings—At Cost	1,056	54
Less: Accumulated Depreciation	(61)	(10)
(b) Buildings—At Valuation (2002)	4,799	4,799
Less: Accumulated Depreciation	(157)	(37)
TOTAL LAND & BUILDINGS	12,308	11,477
(c) Furniture, Equipment & Vehicles		
At Cost	3,809	2,898
Accumulated Depreciation	(2,337)	(1,957)
TOTAL FURNITURE, EQUIPMENT & VEHICLES	1,472	941
TOTAL PROPERTY, PLANT AND EQUIPMENT	13,780	12,418

(a) The basis of valuation of land and buildings is fair market value based on capitalisation approach

An independent valuation of our land and buildings at Rathdowne, Victoria and Drummond Street was undertaken in 2001. The carrying amounts for the land and buildings have been determined in accordance with this independent valuation. The valuation estimated a market value of \$7.0M for the land and buildings at Rathdowne and Victoria streets and \$4.5M for Drummond Street.

The valuation was undertaken to comply with the Accounting Standards as part of a policy to revalue land and buildings every three years.

The rectification of the Cancer Control Research Institute building at 100 Drummond Street continued throughout 2002 and was completed in February 2003. At the time that this report was completed, all staff had been relocated back into the building.

(d) MOVEMENTS IN CARRYING AMOUNTS

Movements in the carrying amounts for each class of property, plant and equipment between the beginning and end of the financial year:

	Land	Building & Building Improvements	Furniture, Equipment & Vehicles	Total
2002				
Balance at beginning of the financial year	6,671	4,806	941	12,418
Additions	-	1,002	1,039	2,041
Revaluation increments/(decrements)	-	-	-	-
Depreciation	-	(171)	(326)	(497)
Disposals	-	-	(182)	(182)
Carrying amount at end of year	6,671	5,637	1,472	13,780
2001				
Balance at beginning of the financial year	1,851	8,011	1,252	11,114
Additions	-	11	403	414
Revaluation increments/(decrements)	4,820	(2,784)	-	2,036
Depreciation	-	(204)	(636)	(840)
Disposals	-	(228)	(78)	(306)
Carrying amount at end of year	6,671	4,806	941	12,418

	2002	2001
	\$000s	\$000s
9 EMPLOYEE BENEFITS		
The values of entitlements calculated in accordance with Note 1 (h) are:		
Current:		
Annual Leave	1,117	968
Long-Service Leave	739	694
	1,856	1,662
Non-Current:		
Long-Service Leave	482	330
Number of Employees	281	260
10 ACCUMULATED FUNDS		
Accumulated Funds at Beginning of the Period	6,260	5,283
Surplus for the Year	1,972	2,244
Transfers (to)/from:		
* Asset Revaluation Reserve	(2,784)	-
* Special Funds	(400)	-
* Victorian Cancer Control Research Institute Fund	-	429
* Sir Edward Dunlop Fellowship Fund	(3)	(3)
* External Grants Reserve	(890)	(1,693)
ACCUMULATED FUNDS AT END OF THE PERIOD	4,155	6,260
11 RESERVES		
Special Funds	3,442	3,042
Sir Edward Dunlop Fellowship Fund	280	277
Victorian Cancer Control Research Institute Fund	1,529	1,529
External Grants Reserve	6,035	5,143
Asset Revaluation Reserve	4,820	2,036
TOTAL RESERVES	16,106	12,027
(a) SPECIAL FUNDS		
Balance at beginning of the year	3,042	3,042
Additional funds received	400	-
BALANCE OF SPECIAL FUNDS	3,442	3,042

Special funds are donations or bequests received with a condition that the funds be invested and only the interest used for a specific purpose.

Some funds are required to be invested for finite periods of time after which the capital may be spent by the organization to fund Cancer Council programs.

Other funds are required to be invested in perpetuity.

	2002	2001
	\$000s	\$000s
(b) SIR EDWARD DUNLOP FELLOWSHIP FUND		
Following the death of Sir Edward Dunlop in 1994, the Anti-Cancer Council launched a special appeal which established the Sir Edward Dunlop Fellowship Fund. The aim of the fellowship is to ensure that first-class cancer research continues to be carried out in Melbourne. The fellowship is funded by donations from the public as well as additional funds from the Anti-Cancer Council. Following the completion of the first fellowship in 1999, the appointment of a new Fellow was made in 2000.		
The operating result for the Year Ended 31 December 2002 was determined after including the following items:		
Balance of Fellowship Fund brought forward	277	274
Add donations appropriated	3	3
Less appropriation of new fellowship	-	-
BALANCE OF FELLOWSHIP FUND	280	277
The full value of the Fellowship was recognised in the accounts in accordance with accounting policy note 1(j) in the year in which it was awarded		
(c) VICTORIAN CANCER CONTROL RESEARCH INSTITUTE FUND		
In April 1997, the Anti-Cancer Council launched a one-off building appeal to fund the purchase of a new building to house its research teams.		
Balance of Institute Fund brought forward	1,529	1,958
Add amount appropriated	-	(429)
BALANCE OF INSTITUTE FUND	1,529	1,529
(d) EXTERNAL GRANTS RESERVE		
The Anti-Cancer Council recognises a number of projects that at Balance Date were incomplete have been funded by way of competitively won or specifically nominated grants. As these funds relate to specific projects, and are not part of our Accumulated Excess, we believe it is appropriate to allocate these funds into a separate reserve.		
Balance of External Grant Reserve brought forward	5,143	3,450
Add amount appropriated	892	1,693
BALANCE OF EXTERNAL GRANTS RESERVE	6,035	5,143
(e) ASSET REVALUATION RESERVE		
Balance of Revaluation Reserve brought forward	2,036	-
Revaluation of Land	-	4,820
Revaluation of Buildings	-	(2,784)
Add prior year adjustment	2,784	-
BALANCE OF ASSET REVALUATION RESERVE	4,820	2,036

2002	2001
\$000s	\$000s

12 SEGMENT REPORTING

The Anti-Cancer Council is a public institution created by an Act of Parliament. It operates as a volunteer based charity, it leads, coordinates, implements and evaluates action to minimise the human cost of cancer for all Victorians.

13 STATEMENT OF CASH FLOWS

a) Reconciliation of Cash

For the purposes of the statement of cash flows, cash includes cash on hand and in banks and investments in money market instruments, net of outstanding bank overdrafts. Cash at the end of the financial year as shown in the statement of cash flows is reconciled to the related items in the balance sheet as follows:

CASH AT BEGINNING OF THE PERIOD

Deposits at call	-	4,012
Cash on hand and at bank	390	48
Bank overdraft	-	-
	390	4,060

CASH AT END OF PERIOD

Deposits at call	-	-
Cash on hand and at bank	1,015	390
Bank overdraft	-	-
	1,015	390

Financing Facilities

Firmly committed long-term financing facilities available at the end of the financial period **\$100,000 (2001-\$100,000)**

Facilities in use at that date **\$Nil (2000 - \$Nil)**

b) Reconciliation of Net Cash Provided by Operating Activities to Surplus/Deficit on Operations

NET SURPLUS FROM OPERATING ACTIVITIES	1,972	2,244
(Loss)/Profit on sale of investments and assets	(397)	(106)
Depreciation of buildings, furniture, equipment and vehicles	497	840
Changes in net assets and liabilities		
(Increase)/Decrease in current receivables	1,273	(419)
(Increase)/Decrease in current inventories	(109)	62
(Increase)/Decrease in other assets	325	(195)
(Decrease)/Increase in employee provisions	346	433
(Decrease)/Increase in current liabilities	(339)	993
(Decrease)/Increase in non-current liabilities	123	94
NET CASH (USED IN)/PROVIDED BY OPERATING ACTIVITIES	3,691	3,946

14 RESPONSIBLE PERSONS

In accordance with the Directions of the Minister for Finance under the Financial Management Act 1994, the following disclosures are made for the Responsible Ministers and the Accountable Officer.

(a) Names

Persons who held the above positions in relation to the Anti-Cancer Council of Victoria at any time during the reporting period are:

Responsible Minister: The Hon J W THWAITES

Accountable Officer: Prof R C BURTON (until August)
Prof D HILL *AM* (from August)

The Anti-Cancer Council of Victoria is governed by a Council in accordance with the provisions of the Cancer Act. The members of the Council during 2002 were

Mr R R ALLEN	Prof M ASHBY	Dr D ASHLEY
Assoc Prof R BELL	Prof Emeritus R C BENNETT <i>AM</i> (until May)	
Dr M C BERNDT	Prof H BURGER <i>AO</i>	Ms J CAIRNS (from November)
Mr J M CLARKE	Mr R M COOK (until July)	Prof S CORY <i>AC</i>
Dr M J DALLY	Prof P L DARVALL (from July)	Mr A J DAY (until June)
Mr M C EASTMAN	Ms P FAULKNER	Prof R M FOX
Prof P J FULLER	Prof A D GILBERT	Dr M T GILLESPIE
Mr P J GRIFFIN	Dr M C HAIKERWAL	Dr R D HANNAN (from August)
Dr D J HILLIS (from November)	Dr C D HOGAN (from July)	
Assoc Prof T W JOBLING (from November)	Mr P R B KITCHEN	Mrs Y KLEMPFNER <i>AO</i>
Ms T A LAWLER	Assoc Prof B E LOVELAND (from July)	
Assoc Prof I E McINNES (until November)	Prof F A O MENDELSON	Dr P L R MITCHELL
Prof M J OSBORNE	Prof L J PETERS (until November)	Dr E PIEJKO (until July)
Assoc Prof M PLEBANSKI (until July)	Mr T C S PROBERT (from July)	Assoc Prof M A QUINN
Dr M R REDPATH	Prof D A ROBINSON (until July)	
Ms K L SCHOFIELD (from June)	Prof E R SIMPSON	
His Honour Judge A F SMITH (until July)	Counc J SO	
Prof R J S THOMAS (from November)	The Hon J W THWAITES	Assoc Prof P WARING
Ms A J M WILLIAMS	Ms P WILLIAMS	Prof G WILSON
Dr R WOODRUFF (until November)	Dr A S ZIMET	

Subject to the general control of the Council, the Executive Committee may determine the measures to be taken to carry out the objectives of the organisation. The members of the Executive Committee during 2002 were:

Assoc Prof M A QUINN (Chair until June)	Ms K L SCHOFIELD (Chair from June)	
Dr M C BERNDT	Prof R M FOX	Mr P J GRIFFIN
Prof M HAMILTON	Mr P INGHAM	Mr A P RAMSDEN
Dr M R EDPATH	Prof A RODGER	
His Honour Judge A F SMITH (until July)	Ms P WILLIAMS	

Subject to the general control of the Council, the Finance Committee manages the property, investments and funds of the organisation with responsibility to report to the Executive Committee on matters considered by it and advises the Executive Committee on all relevant matters pertaining to the administration and management of the property, investment and funds of the Anti-Cancer Council. The members of the Finance Committee during 2002 were:

Mr P J GRIFFIN (Chair)

Mr J McCOLL

Ms K L SCHOFIELD (from June)

Mr P INGHAM

Assoc Prof M A QUINN (until June)

Mr A P RAMSDEN

Mr T P MARTIN

(b) Remuneration

The Responsible Minister does not receive any remuneration from the Anti-Cancer Council of Victoria.

All members of the Council and the Executive Committee volunteer their services to the Anti-Cancer Council of Victoria and receive no remuneration. Total remuneration received or due and receivable by Responsible Staff from the Anti-Cancer Council in connection with the management of the Anti-Cancer Council amounted to \$206,242 (2001 - \$260,000).

(c) Retirement Benefits of Responsible Persons

Retirement benefits paid by the Anti-Cancer Council in connection with the retirement of responsible persons amounted to: \$150,864 (2001 - \$Nil). Part of the amount for 2002 included payment for sabbatical leave.

(d) Other Related Party Transactions

There were no other transactions during the year with responsible persons and responsible person related entities.

15 EXECUTIVE REMUNERATION

It is the policy of the Anti-Cancer Council of Victoria that the operations of the organisation be performed at an internationally competitive level. An independent sub-committee of the Executive Committee sets Senior Executive salaries at levels that the committee believes are sufficient to attract and retain executives who perform at the required level.

The number of executive officers of the Council whose income from the Anti-Cancer Council falls within the following bands is:

	2002 \$000s	2001 \$000s
100,000–109,999	3	2
110,000–119,999	1	1
120,000–129,999	1	2
130,000–139,999	-	1
140,000–149,999	2	-
150,000–159,999	1	1
160,000-169,999	-	-
170,000–179,999	-	1
180,000–189,999	-	1

The total income received or due and receivable from the Anti-Cancer Council by executive officers whose income exceeds \$100,000: \$1,011,936 (2001: \$1,208,402).

16 COMMITMENTS

(a) Operating lease commitments

Future operating lease rentals not provided for in the financial statements and payable:

	2002	2001
	\$000s	\$000s
Not later than one year	70	82
Later than one year but not later than five years	48	117
	<hr/> 118	<hr/> 199

(b) Capital Commitments

The rectification of the building at 100 Drummond Street was completed in February 2003. The unexpended amount of capital expenditure contracted to complete this project was:

	2002	2001
	\$000s	\$000s
Capital commitments – 100 Drummond Street	1,233	Nil

17 AUDIT FEES

The office of the Auditor-General of Victoria audits the Financial Statements of the Anti-Cancer Council of Victoria. Amounts received or due and receivable by the Auditor for Auditing the Accounts for 2002 \$14,000 (2001 - \$22,000)

18 SUPERANNUATION

The Anti-Cancer Council contributes to the AON Master Trust for on-going staff. A second fund for casual and short-term staff is maintained by the Australian Retirement Fund.

For all eligible employees the statutory amount is contributed and in addition an extra contribution of 3% is made to add to any employee's after-tax contributions.

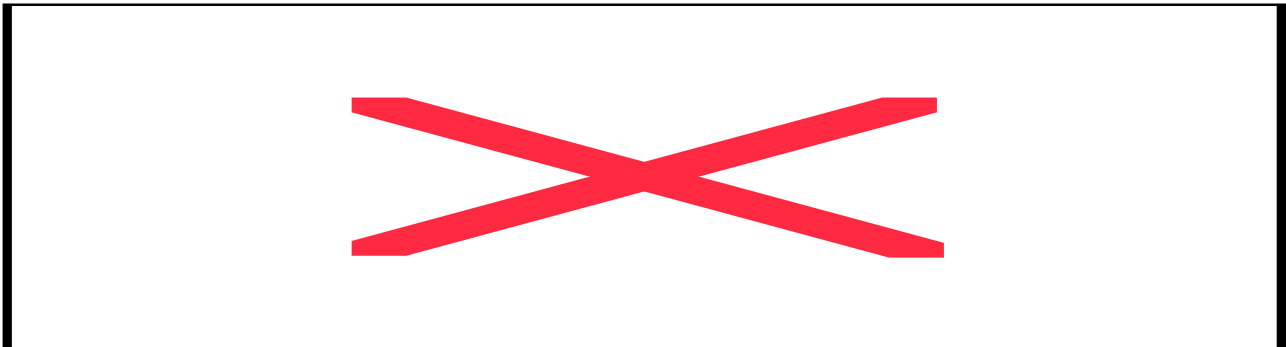
The total contribution paid to the Funds by the Anti-Cancer Council of Victoria was \$1,533,861 (2001-\$1,059,275). At 31 December contributions totalling \$50,180 (2001-\$6,000) were outstanding in relation to the last pay period of the year. Employee contributions are based on a percentage of gross salary up to 5%. All employees are entitled to benefits on retirement, disability or death in accordance with the appropriate legislation and the terms of the Trust Deed of the funds. The funds are accumulation funds.

19 FINANCIAL INSTRUMENTS

(a) Interest Rate Risk

Our exposure to interest rate risk, which is that the value of a financial instrument will fluctuate as a result of changes in market interest rates, is as follows

FINANCIAL ASSETS



FINANCIAL LIABILITIES

	Weighted Average Effective Interest %		Floating Interest Rate \$	
	2002	2001	2002	2001
Accounts Payable	-	-	2,696	3,098
Administered Program Funding			2,706	2,593
Research Grants Accrued	-	-	2,009	2,058
TOTAL FINANCIAL LIABILITIES	-	-	7,411	7,749

(b) Credit Risk

The maximum exposure to credit risk, excluding the value of any collateral or other security, at balance date to recognised financial assets is the carrying amount, net of any provisions for doubtful debts, as disclosed in the balance sheet and notes to the financial statements.

The Anti-Cancer Council does not have any material credit risk exposure to a single debtor or group of debtors under financial instruments entered into by us.

(c) Net Fair Values

The net fair values of listed investments have been valued at the quoted market bid price at balance date adjusted for transaction costs expected to be incurred. For other assets and other liabilities the net fair value approximates their carrying value. Financial assets where the carrying amounts exceed net fair values have been written down as the economic entity intends to hold these assets to maturity. The aggregate net fair values and carrying amounts of financial assets and financial liabilities are disclosed in the balance sheet and in the notes to and forming part of the accounts.

ANTI-CANCER COUNCIL OF VICTORIA

STATEMENT BY OFFICERS

In the opinion of the officers below:

- (a) The accompanying Statement of Financial Performance is drawn up so as to present fairly the Anti-Cancer Council's results for the year ended 31 December 2002.
- (b) The accompanying Statement of Financial Position is drawn up so as to present fairly the state of affairs of the Anti-Cancer Council at 31 December 2002.
- (c) The accounts have been made out in accordance with Australian Accounting Standards and the *Financial Management Act 1994*.
- (d) At the date of this statement there are no known circumstances which would render any particulars in the statements to be materially misleading or inaccurate.

Melbourne, 2003.

Chair
Executive Committee

Chair
Finance Committee

Principal Accounting Officer

Executive Committee Report to Council

The Anti-Cancer Council of Victoria was established by an act of Parliament in 1936. This Cancer Act was revised in 1958 and is still current.

The Executive Committee (Board) of the Anti-Cancer Council is responsible for the overall Corporate Governance of the Council which it discharges by approving strategic directions in cancer control and the organisational structure, policies and processes required to implement these strategies.

THE KEY DECISIONS AND EVENTS OF THE YEAR 2002

In 2002 the Cancer Council has maintained its high level of productivity during a year of change and challenges. The research staff continued to deliver excellent research and programs despite the problems with accommodation. Following the resignation of the Professor Robert Burton, his replacement by Professor David Hill AM as Director, and the appointment of a General Manager, the second half of the year saw a number of changes in the management structure and the beginning of a review of policies and procedures across the organisation.

Board Retreat

The Board held its second strategic planning retreat in May and the following were identified as areas of activity or interest for the Cancer Council: Advocacy and leadership in the provision of support services to patients and their families; advocacy and leadership in prevention of cancer; early detection; strategic analysis of cancer control data; translation of cancer control knowledge into practice; strategic alliances with universities, local councils, cancer councils, and general practitioner groups.

BOARD LEADERSHIP

Associate Professor Michael Quinn resigned from the Chair and Ms Kathryn Schofield, who has been on the Board since 1998, was elected at the June Meeting. Ms Schofield is a former Partner of KPMG and former Managing Director of KPMG Consulting Inc. Professor Alan Rodger was elected to replace Ms Schofield Deputy Chair.

Board membership

The Board mourned the passing away of Judge Anthony F Smith in July. Before he was appointed to Council in 1978 and joined the Executive Committee in 1983, Judge Smith had been doing *pro bono* legal work for the Cancer Council for a decade. He made an enormous contribution to the work of the CCV, focusing on legal advice on a

Members:

***A/Prof. M A Quinn
(Chair until June)***

***Ms K Schofield
(Chair since June)***

Prof M C Berndt

Prof R M Fox

Prof M-J Gething

Mr P J Griffin

Prof M Hamilton

Mr P Ingham

Mr A P Ramsden

Dr M R Redpath

Prof A Rodger

***His Honour Judge
A F Smith (until
July)***

Ms P Williams

number of issues, especially tobacco control.

There are currently two vacancies on the Board, one for a co-opted member and one for a Council appointment. A Nominations Committee consisting of three Board members was formed with the brief to review the recruitment procedure and canvass other Board members for suitable names. By the April meeting of the Board it is anticipated that the vacancies will have been filled.

Reporting mechanism for the Human Research Ethics Committee (HREC)

The Board reviewed the place and accountability of the HREC within the governance structure and this Committee now reports regularly to the Board. A working group was formed to look at HREC processes and how it was preparing for emerging issues such as the management of tissue banks, archival storage of tissues and compliance with privacy laws.

President's Award

The 2002 award winner was Mr David MacDougal, who has been instrumental since the early 80's in setting up and assisting in the development of cancer support services in the Mornington Peninsula and the Volunteer Unit. He was a member of the Executive Committee from 1986 to 1990 and contributed to the establishment of the Peninsula Cancer Support Group and Hospice Service.

Review of The Cancer Council Australia (TCCA), formerly Australian Cancer Society (ACS)

Since the review in 2001 there have been ongoing consultations with other State Cancer Councils about the need for reform within the national body and opportunities for greater collaboration between the States. As a result a number of working parties have been established to assist in the review and reform process.

18th UICC International Cancer Congress

One Board member and three senior staff members attended this congress in Oslo in June.

Cancer Control Research Institute Building (CCRI)

The CCRI Units moved to 501 Swanston Street where they occupied two floors of rented space for 11 months. The repairs to the Drummond Street building have been completed and the research staff have now reoccupied their offices. The Cancer Council has been exploring its legal position in regard to compensation and that process is ongoing.

Changes to staff

To further his international interests Professor Robert Burton resigned as Director of The Cancer Council Victoria in August. In order to avoid discontinuity the Board appointed Professor David Hill AM as Director for an initial period of 12 months. Professor Hill was the Director of the Cancer Council's Cancer Control Research Institute and Associate Director of the organisation for a number of years. He is an acknowledged international leader in cancer control. In 2001 he was made a Member of the Order of Australia (AM) for 'services to the promotion of community health, particularly in the development of cancer awareness and prevention programs'.

Dr Melanie Wakefield, succeeded Professor David Hill as Director of the Centre for Behavioural Research in Cancer.

In 2001 the Board determined that the financial and business activities of the Cancer Council were of such magnitude and complexity that it was necessary to establish a General Manager position to assist in transitioning the organisation into a contemporary outfit with a clear and strong risk management

strategy, implemented through tight controls and procedures. In September 2002 Dr Peter Hughes, whose background includes architecture, property development and corporate management of a significant medical institute, was appointed as the inaugural General Manager.

National Cancer Control Initiative (NCCI)

The NCCI is an independent expert group providing advice to the Commonwealth Government and other groups, including Cancer Councils, on all aspects of cancer control. Its work covers a range of projects in prevention, screening, improving clinical practice, and responding to key issues, and is led by Professors Mark Elwood and Brian McAvoy. The NCCI is funded by the Commonwealth Government through an agreement with The Cancer Council Australia, and is based at The Cancer Council Victoria. The ten staff members are employed by the NCCI through the Cancer Council. The work concentrates on issues of national interest, and NCCI coordinates active projects in all States and in the Northern Territory. In 2002, the NCCI coordinated a national survey to measure the frequency of non-melanoma skin cancer, the commonest cancer in Australia, which is not recorded by the usual cancer registry system; this national survey was funded by all the state Cancer Councils. Another major activity was the finalisation of the report on "*Optimising Cancer Care in Australia*", in conjunction with the Clinical Oncological Society of Australia and The Cancer Council Australia. These and other NCCI activities are described on the NCCI website, from which the reports mentioned can also be obtained: www.ncci.org.au.

Activity Reports

The Executive Committee received written reports from each of the following Unit Heads during the year:

Ms Doreen Akkerman, Director, Cancer Information and Support Service
Mrs Susan Fitzpatrick, Executive Officer, Centre for Clinical Research in Cancer
Professor Graham Giles, Director, Cancer Epidemiology Centre
Mr Todd Harper, Executive Director, Quit
Dr Melanie Wakefield, Director, Centre for Behavioural Research in Cancer
Ms Dorothy Reading, Director, Cancer Education Unit
Dr Ron Borland, Director, VicHealth Centre for Tobacco Control
Ms Deb Stringer, Director, Public Affairs and Income Development Unit

Thanks

The Board has been especially generous with its time and expertise during 2002 in governing the Cancer Council in a voluntary capacity and helping it to fulfil its mission. The dedication of board members during this difficult year has been exemplary.

We are most grateful to Ms Nicole Prosper for her assistance to the President and Chair of the Board, and for ensuring the smooth running of meetings and the implementation of decisions made.

The leadership team of the Cancer Council deserves our special recognition, in particular Professor David Hill, who seamlessly took over the leadership in August and has already made an impressive contribution in the fulfilment of our mission *to lead, coordinate, implement and evaluate action to minimise the human cost of cancer for all Victorians.*

K Schofield
Chair

Despite the pleasing net of a \$1,972,000 surplus result for the year ended 31 December 2002, the year had proved to be a testing one for the Anti-Cancer Council.

Income

Our total charitable support increased from \$16.7 million to \$20.0 million, largely due to the exceptional bequest income which rose from \$6.2 million in 2001 to \$8.3 million.

We received \$9.3 million of government and contractual grants from other funding bodies for specific projects outsourced to the Anti-Cancer Council of Victoria. Key researchers were successful with National Health and Medical Research Council grants. Most notably a team from the Cancer Council, with one researcher from The University of Melbourne, won an NHMRC five-year grant of \$1.65 million per year for capacity building in public health.

Expenditure

Our expenditure increased from \$30.4 million to \$31.7 million, of which \$11.7 million was applied to research and \$11.3 million to prevention and early detection programs.

The year saw significant cash outlays relating to the temporary relocation of our research staff and repairs to our Cancer Control Research Institute building at 100 Drummond Street. To date, the expenditure outlaid by the Anti-Cancer Council for repairs and other disruptions amounts to \$1.7 million. Legal advice is being sought regarding the possibility of recovering at least part of these costs.

Audit and Risk Management Sub-Committee

The Sub-Committee, under the chairmanship of Mr John McColl, met at regular intervals during the year to receive reports about the ongoing review of accounting procedures. In particular it oversaw measures put in place to address the issues raised in the Auditor-General's Management Letter in regard to the Financial Report for 2001.

Council will note that for the year 2002 the Anti-Cancer Council was audited by the Auditor-General's office instead of Meyrick Webster as in previous years.

The Audit and Risk Management Sub-Committee has also been working closely with the newly-appointed General Manager, Dr Peter Hughes, who is developing a comprehensive risk management strategy for the organisation.

Staff

The Finance Services Unit was restructured in 2002 and this involved the recruitment of a Financial Controller, Mr Lou Cannata, in lieu of the Chief Accountant, who resigned from his position last year.

Members:

*Mr P J Griffin
(Chair)*

Mr T Martin

Mr J McColl

*A/Prof M A Quinn
(until June)*

Mr A P Ramsden

*Ms K L Schofield
(from June)*

Audit and Risk Management Sub-Committee:

Mr P J Griffin

Mr T Martin

Mr J McColl

(Chair)

P Ingham
CHAIR

The Medical and Scientific Committee

The functions of the Medical and Scientific Committee stem from the *Cancer Act 1958*. The Medical and Scientific Committee provides advice to the Executive Committee as to the nature, scope and method of promoting investigations and research with respect to cancer and allied conditions and with respect to the causation, prevention and treatment thereof.

Cancer Research supported by The Cancer Council Victoria

We know what causes some types of cancer and for these, prevention strategies such as our education programs and early detection screening are the best focus. Other cancers are still a mystery and more fundamental investigations are needed.

The Cancer Council Victoria spends over \$10 million on cancer research each year. This research includes behavioural, epidemiological and clinical research programs conducted internally by the Cancer Control Research Institute as well as clinical and biomedical investigations conducted externally in Victorian hospitals, universities and medical research institutes.

The research carried out by the research staff of the Cancer Council includes the work of the Centre for Behavioural Research in Cancer where Dr Melanie Wakefield is Director, The VicHealth Centre for Tobacco Control, which has Dr Ron Borland as Director and the Cancer Epidemiology Centre with Professor Graham Giles as Director. Professor Giles is also the Director of the Victorian Cancer Registry. The research output from these units is outstanding when measured by their success in winning competitive grants, their publication record and invitations to our researchers to present papers at international and national conferences and scientific meetings.

Our clinical research funding assists with clinical trials, which are very important in finding the best possible treatment for people with cancer. Often the work we fund forms the Victorian component of national and international treatment studies.

The following table from the 2002 audited accounts gives a summary of our expenditure on the major cancer research programs funded in 2002.

Members:

Dr M C Berndt
A/Prof D Ashley
A/Prof A Bankier
A/Prof D Bowtell
A/Prof J Camakaris
Dr L Campbell
Dr J A Carnie
Dr C Christophi
Prof G Coleman
Dr P Coughlin
Dr I Davis
Prof A R Dunn
Prof J Ferguson
(until May)
Prof R M Fox
A/Prof A G Frauman
Prof K Ghiggino
A/Prof M T Gillespie
Dr J M Gunn
Dr D C S Huang
Prof D Karoly
A/Prof B Loveland
A/Prof M P Mac Manus
Prof C L Masters
Dr M McCullough
(from May)
Dr J J McKendrick
Prof F Mendelsohn
Prof J Mercer
Dr D Neesham
Prof R Parish
A/Prof M A Quinn
(until April)
Prof A Rodger
Mr R Rome

RESEARCH	2002
SUPPORT OF BASIC SCIENTIFIC STUDIES AND PROGRAMS FUNDED BY THE MEDICAL AND SCIENTIFIC COMMITTEE, CLINICAL INVESTIGATIONS AND PROGRAMS	4,661
VICTORIAN CANCER REGISTRY—REGISTERS ALL CANCER CASES IN VICTORIA AND PROVIDES STATISTICAL ANALYSES	1,535
CENTRE FOR BEHAVIOURAL RESEARCH IN CANCER—A CENTRE FOR RESEARCH INTO BEHAVIOURAL ASPECTS OF CANCER PREVENTION, DETECTION AND REHABILITATION	2,119
CANCER EPIDEMIOLOGY CENTRE—A CENTRE FOR RESEARCH INTO THE OCCURRENCE, DISTRIBUTION AND DETERMINANTS OF DISEASE	1,964
HEALTH 2000—A STUDY TO ASCERTAIN THE EFFECT OF LIFESTYLE FACTORS (ESPECIALLY DIET) ON THE INCIDENCE OF A RANGE OF DISEASES.	450
VICHEALTH CENTRE FOR TOBACCO CONTROL—A CENTRE TO INVESTIGATE NEW WAYS TO REDUCE TOBACCO USAGE	959
TOTAL RESEARCH	11,688

Dr A Strickland
A/Prof P Waring
Prof R E H Wettenhall
Dr A Zimet

Standing Sub-Committee
on Research

Members:

Dr M Berndt (Chair)

A/Prof D Bowtell

Prof A Dunn

Prof R Fox

Prof M-J Gething

Dr D C S Huang

Prof T J Martin AO

Prof C L Masters

Prof C A Mitchell

Prof L Peters AM

Dr M A Wakefield

Prof R E H Wettenhall

Prof J Zalcborg

RESEARCH FUNDED BY THE MEDICAL AND SCIENTIFIC COMMITTEE

The research funded in Victorian hospitals, universities and medical research institutes is allocated by the Medical and Scientific Committee. We take advice from the Standing Research Sub-Committee, which conducts a rigorous peer review and selection process to identify which applications should receive funding and to ensure that all money donated to us is channelled into the highest quality research. It is a very competitive process with only the highest quality projects being successful in obtaining funding. The Committee has a budget for biomedical research and each year funding is provided to cancer researchers in the following ways. They range across all of the stages of a research career.

Vacation Studentships are available to undergraduate students enrolled in relevant disciplines at any Victorian university. The student's work must be done as part of a cancer research program being conducted at a university or other research organisation. The studentship placements are for a maximum of six weeks

While there are no specified priority areas for grants-in-aid research, currently most grants-in-aid are for very high quality basic research or clinical research which focuses on diagnosis and management.

Fellowships are our most prestigious awards and they provide support to a small number of senior researchers. Our fellowships include the Carden, Fraser, Lions and Dunlop Fellowships. The Carden Fellowship acknowledges George Carden's bequest and the Fraser Fellowship the separate bequests of Harry Lovatt Fraser and Kathleen Fraser. The Lions Fellowship is made possible by funds donated by the Victorian Lions Clubs and the Dunlop Fellowship was established by a special appeal in honour of our long term patron and supporter, the late Sir Edward (Weary) Dunlop.

Monitoring the Research

All researchers report their scientific progress annually in writing to the Medical and Scientific Committee, including the details of publications and patent applications arising from our grants. A lay report is also required and this assists us with the reporting of research to our donors and to the general public.

OTHER ACTIVITIES OF THE MEDICAL AND SCIENTIFIC COMMITTEE

OVARIAN CANCER RESEARCH

In early 2000, The Cancer Council Victoria launched a specific appeal for ovarian cancer, championed by the late Sheila Lee, an ovarian cancer patient. Over \$200,000 has been raised by a number of enthusiastic individuals, community groups and businesses, specifically for research into the early detection of ovarian cancer. Applications were called for in 2002 for this special research grant-in-aid. The number of applications was small and none of them were ranked highly enough to be recommended for funding. This special grant has therefore been advertised again in 2003.

Tissue Bank Coordination

The Medical and Scientific Committee has appointed a Tissue Bank Working Group to work on the establishment of an integrated biospecimens resource for cancer research, treatment and prevention. The Working Group, chaired by Associate Professor Paul Waring of Peter MacCallum Cancer Institute, has been working with the four existing tissue bank sites, with a view to their integration and future expansion to other sites. Existing collections are situated at the Austin Campus of the Ludwig Institute for Cancer Research, the Peter MacCallum Cancer Institute, the Monash Medical Centre and the Royal Melbourne Hospital. Most of these collections, having been started for specific projects, should remain the property of their local institutes. However it has been agreed that they could be expanded on a cooperative basis. It has also been agreed that a broad range of tumour types and specimens should be collected.

Progress has been made on the development of and agreement on common documentation for ethics approval including patient information sheets and consent forms and common standards and protocols for collection and storage at each site. Further work will be carried out on the database requirements for a common or linked database, a common application and approval process for researchers applying for access to tissue, and an application for continued funding for the cooperative initiative.

The work of the Research Management Unit

The secretariat and all other administrative functions for the Medical and Scientific Committee are performed by the staff of the Research Management Unit and on behalf of the Committee I would like to thank Ms Woody Macpherson, Ms Felicity Fairbairn and the other staff of the Unit for their assistance and hard work during 2002.

Since 2000, The Research Management Unit has managed, on behalf of the Cancer Council Australia, the peer review assessment and ranking of all the cancer research grant applications received by the state cancer councils and National Breast Cancer Foundation. The funding bodies are charged on a per grant basis to ensure cost recovery for the Cancer Council Victoria.

In 2002 a new process was introduced for handling multi-state applications. This has enabled improved co-ordination of national projects applying to more than one Cancer Council for funding. The new process has streamlined the assessment and ranking tasks for reviewers and committee members and has proved to be easier for the applicants and the National Grants Secretariat. The decision to fund the project remains with each of the individual states.

Other work carried out by Woody's small but skilled team includes policy development and support for the Human Research Ethics Committee, and the management of the Victorian Breast Cancer Research Consortium Inc for the Victorian Government. The Consortium is a 10 year program of funding for basic and translational breast cancer research.

ACKNOWLEDGMENTS

I would like to thank the Medical and Scientific Committee for their support and also express our appreciation of the work of the members of the Standing Research Sub-committee. These people have once again given their time and expertise to the arduous selection process for our research grants, postdoctoral fellowships, scholarships and studentships. Special thanks are due to Professor Lester Peters, Director of Radiation Oncology at the Peter MacCallum Cancer Institute, who has decided to retire from this sub-committee. We have been very fortunate to have Professor Peters' expertise on this committee since 1996.

In 2002 the Cancer Council spent more than \$ 11 million on research. The research can be funded because of the generosity of donors from around Victoria who contribute via bequests, donations and participation in fundraising activities such as Relay for Life and Daffodil Day. Additional funding comes from funding bodies and government; groups like VicHealth and the National Health and Medical Research Council.

Our research informs every aspect of cancer control. We thank all of our donors for their generous contributions to the fight, and the researchers, who are using these research donations in such effective and exciting ways.

Professor Michael Berndt
Chair, Medical and Scientific Committee

Total income from charitable support and community fundraising for 2002 was \$21.5 million against a budget of \$18.5 million.

Chair of the Appeals Committee

Ms Pat Williams continued in her role as Chair of the Appeals Committee. Ms Williams is Managing Director of Williams Media Audits and brings international expertise in the areas of marketing and management consultancy advice to the committee.

Media and Marketing Advisory Committee

The Media and Marketing Advisory Committee, a sub-committee of the Appeals Committee, brings together marketing and sales directors from print, radio and television media to provide advice and support to the marketing and media programs of the organisation. In 2002, the Media and Marketing Advisory Committee formed two working groups, one to support the Daffodil Day Business Breakfast – helping to achieve an increase in net profit of 100% - and the second to develop a Media Ball for 2003.

Director of the Public Affairs and Income Development Unit

In January 2002, Ms Deb Stringer was appointed Acting Manager of the Public Affairs and Income Development Unit to replace Mr Paul Davey, who resigned from the position of Director at the end of 2001. Ms Stringer was appointed Director of the PAID Unit in September 2002.

OVERVIEW

Total gross budget was exceeded by approximately \$3 million, primarily due to a very healthy year in bequest income.

EVENTS

Daffodil Day continued to be a strong performer for the Cancer Council, bringing in \$2 million in income for the second year running. Public profile for Daffodil Day was as significant, with over 500 press articles being recorded. Relay for Life became the second \$2 million event, grossing just over \$2 million in 2002. Relay for Life was particularly well supported in regional Victoria. Australia's Biggest Morning Tea (ABMT) topped the \$1 million mark in Victoria for the first time, raising over \$1.1 million. Nearly 7,000 hosts registered for ABMT in 2002. The volunteer units, the Nurse Campaign and other smaller events such as Australia's Breast Cancer Day grossed over \$1 million in 2002, bringing the total revenue raised from Events throughout Victoria to over \$6 million. The Events result was made possible by the contributions and efforts of over 20,000 fundraising volunteers.

Members:

Ms P Williams (Chair)

A/Prof M A Quinn
(until June)

Mr A P Ramsden

Ms K L Schofield

(from June)

**MEDIA &
MARKETING
ADVISORY
COMMITTEE**

Mr O Ablinger

Mr N Betts

Mr S Dentry

Ms S Gall

Mr P Helft

Mr C Hoy

Mr D Hoyle

Mr R Johnson

Mr T Kendall

Ms M Lester

Mr L Martin

Mr G Max

Mr J Pahos

Ms C Rhodes

Ms P Webster

Ms T Whitford

Mr A Will

Ms P Williams

(Convenor)

Mr P Wiltshire

Mr S Yaffe

DONOR, MEMORIALS AND COMMUNITY FUNDRAISING PROGRAM

Total revenue raised by the Donor program in 2002 was \$3.2 million. Community fundraising, including revenue from the Cancer Council Balls brought in almost one-third of the Donor program's income. The average gift donation increased by 37% in 2002. The Christmas Appeal continued to grow as a major component of the direct mail program, grossing over \$320,000.

BEQUESTS

The Wills and Estates Program had a very strong year in 2001, receiving over \$8 million from approximately 180 estates. The average bequest from an estate was over \$45,000. This result was the highest on record for the Cancer Council.

CORPORATE TRUSTS & PARTNERSHIPS

Total income for Corporate Trusts and Partnerships was just over \$1 million with trust income making up 53% of total income. Major trust and corporate donations came from EJ Whitten Foundation, William Buckland Foundation, Roy Morgan Research, Ritchie Stores, Helen Macpherson Smith Trusts and the Victorian Community Foundation.

The Corporate Golf Program grossed over \$300,000 in 2002 from 70 golf days for the corporate sector.

RETAIL SERVICES

Retail Services made a net return to the Cancer Council of \$325,000 from a turnover of \$1.8 million in 2002. A new retail store in the Chadstone Shopping Centre opened in June and Retail Services started an on-line shop in May 2002. The Chadstone store traded exceptionally well in 2002, capturing shoppers who had previously been supporters of the Elizabeth Street store.

The Cancer Council had a very strong result in 2002, thanks to the generosity of the Victorian public, the hard work of fundraising staff and the enormous contribution made by the thousands of volunteers who make the results possible. I wish to thank them all.

P WILLIAMS
Chair