



## **REPORT TO THE VICTORIAN PARLIAMENT FOR THE YEAR 2003**

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# 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 the fight against cancer.

The Cancer Council works to fulfil this mission through the following corporate objectives:

- To reduce the impact of cancer on the community
- To create a highly capable organisation
- To develop and implement evidence-based approaches
- To take a population perspective
- To advocate effectively for cancer control.

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 its 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 annually to receive committee reports and the Financial Statements. Council is a representation of the people of Victoria and many medical and research organisations, as determined by the Cancer Act. Like its committees, it observes corporate governance principles and a code of conduct in keeping with those of the Australian Institute of Company Directors.

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 performs the functions of 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.

## **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](http://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 2003 the Patron-in-Chief of the Council of the Cancer Council was His Excellency Mr John Landy *AC MBE*, Governor of Victoria. During 2003 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 Bronwyn PIKE**

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

### **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, FACAD (Athens),  
Hon F Hungarian Academy of Engineering  
La Trobe University

### **Professor Sally WALKER**

LLB (Hons), LLM (Melb)  
Deakin University

THE LORD MAYOR OF MELBOURNE

**Mr John SO**

THE SECRETARY, DEPARTMENT OF HUMAN  
SERVICES

### **Ms Patricia FAULKNER**

BA (Melb), DipEd (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, FFPMANZCA  
Monash Medical Centre

#### **Associate Professor David ASHLEY**

MBBS, PhD, FRACP  
Royal Children's Hospital

#### **Professor Henry G BURGER AO**

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

#### **Ms Julie CAIRNS**

BN, Master of Bioethics  
The Alfred

#### **Associate Professor Jonathan CEBON**

MBBS, FRACP, PhD  
Royal Australasian College of Physicians

#### **Professor Suzanne CORY AC**

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

#### **Dr Michael J DALLY**

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

#### **Professor Richard (Dick) M FOX**

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

#### **Associate Professor Matthew T GILLESPIE**

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

#### **Dr Mukesh HAIKERWAL**

MBChB, DipIMCRCS (Ed), DRCOG  
The Victorian Branch of the Australian Medical Association

#### **Dr Ross HANNAN**

BSc (Hons), PhD  
Baker Heart Research Institute

#### **Dr David HILLIS**

MBBS (Hons), MHA, FRACGP, FRACMA, FCHSE, FAICD  
Peter MacCallum Cancer Centre

#### **Dr Christopher HOGAN**

MBBS, DObst RCOG, DipObst RACOG, FRACGP

The Royal Australian College of General Practitioners Victoria

#### **Associate Professor Bruce JACKSON**

BMedSc, MD, FRACP  
The Northern Hospital (from March)

#### **Associate Professor Thomas W JOBLING**

MBBS, FRCOG, FRANZCOG, CGO, MD  
The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

#### **Mr Paul R B KITCHEN**

MA, MBBS, FRACS  
St Vincent's Hospital

#### **Associate Professor Bruce LOVELAND**

PhD  
Austin Research Institute

#### **Professor Frederick A O MENDELSON**

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

#### **Dr Paul L R MITCHELL**

BHB, MBChB, MD, FRACP  
Austin Health

#### **Mr Timothy C S PROBERT**

BDS, MDSc, FRACDS (OMS)  
Australian Dental Association – Victorian Branch

#### **Associate Professor Michael A QUINN**

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

#### **Professor Robert J S THOMAS**

MBBS, MS, FRACS, FRCS (UK)  
The Royal Australasian College of Surgeons

#### **Associate Professor Paul WARING**

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

#### **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, MEI (AGSE)

#### **Ms Alice J M WILLIAMS**

BCom, FCPA, CFA, ISFA, MAICD

*Other ministerial nominees*

**Mrs Yolanda KLEMPFNER AO**

LLB (Melb)

**Dr Ruth REDPATH AO**

MBBS, FRCS, FRCR

Elected to the position of President

*Chairs of Committees*

**Professor Michael C Berndt**

PhD

Medical & Scientific Committee

**Mr Peter GRIFFIN**

BCom (Melb), ASIA

Finance Committee (until February), Executive Committee (from October), elected to the position of Vice-President

**Mr Peter INGHAM**

BCom (Hons) (Melb), MBA (Melb)

Finance Committee

(from February)

**Ms Kathryn L SCHOFIELD**

BHA (UNSW), RN, MAICD

Executive Committee

(until October)

**Ms Patricia WILLIAMS**

Appeals Committee

(until August)

*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)**

The Chair of the Executive Committee (Board) of the Cancer Council was Ms Kathryn Schofield until October and Mr Peter J Griffin from October. During 2003 the members of the Executive Committee (Board) of the Cancer Council were:

**Ms Kathryn (Kath) L SCHOFIELD**

BHA (UNSW), RN, MAICD

(Chair until October)

**Mr Peter J GRIFFIN**

BCom (Melb), ASIA

(Chair from October)

**Professor Michael C BERNDT**

PhD

**Ms Saveria DIMASI**

BA (Hons), LLM

(from April)

**Professor Richard (Dick) M FOX**

BSc (Med), MBBS, PhD, FRACP

**Professor Peter FULLER**

MBBS, B(Med)Sc, PhD, FRACP

(from May)

**Professor Mary-Jane GETHING**

BSc (Hons), PhD

**Professor Margaret HAMILTON**

BA, DipSocStuds (Melb), MSW (Mich)

**Dr Stewart A HART**

FRACS, MBBS

(from April)

**Mr Peter INGHAM**

BCom (Hons) (Melb), MBA (Melb)

**Mr Michael O'BRYAN**

LLB (Hons) (Melb), BSc (Melb)

(from April)

**Associate Professor Michael A QUINN**

MBChB (Glas), MGO (Melb), MRCP (UK),

FRCOG, FRANZCOG, CGO

(until April)

**Mr Andrew P RAMSDEN**

CA

(until March)

**Dr M Ruth REDPATH AO**

MBBS, FRCS, FRCR

**Professor Alan RODGER**

BSc (Hons), MBChB, DMRT, FRCS(Ed), FRCR,

FRANZCR, FACHPM

(until March)

**Ms Patricia (Pat) WILLIAMS**

## **Other committees**

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

<b>Medical and Scientific Committee</b>	<b>Professor Michael BERNDT</b>
<b>Finance Committee</b>	<b>Mr Peter J GRIFFIN (until February)</b> <b>Mr Peter INGHAM (from February)</b>
<b>Appeals Committee</b>	<b>Ms Patricia WILLIAMS (until August)</b>

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 2003 were:

<b>Doreen AKKERMAN</b>	<b>Director, Cancer Information and Support Service</b>
<b>Assoc Prof Richard BELL</b>	<b>Senior Clinical Consultant</b>
<b>Denis BELLEVILLE</b>	<b>Manager, Human Resources</b>
<b>Dr Ron BORLAND</b>	<b>Co-Director, VicHealth Centre for Tobacco Control</b>
<b>Professor Gordon CLUNIE</b>	<b>Senior Clinical Consultant</b>
<b>Glyn GRIFFITHS</b>	<b>Manager, Business Development</b>
<b>Elias KAMBOUROPOULOS</b>	<b>Manager, Financial Services</b>
<b>Deb STRINGER</b>	<b>Director, Public Affairs &amp; Income Development</b>
<b>Susan FITZPATRICK</b>	<b>Executive Officer, Centre for Clinical Research in Cancer</b>
<b>Professor Graham GILES</b>	<b>Director, Cancer Epidemiology Centre</b>
<b>Todd HARPER</b>	<b>Executive Director, Quit–Victorian Smoking &amp; Health Program</b>
<b>Dr Peter HUGHES</b>	<b>General Manager</b>
<b>Woody MACPHERSON</b>	<b>Head, Research Management Unit</b>
<b>Ben MCAULIFFE</b>	<b>Manager, Publications Unit</b>
<b>Nicole PROSPER</b>	<b>Secretary to Council</b>
<b>Dorothy READING</b>	<b>Senior Strategic Consultant</b>
<b>Craig SINCLAIR</b>	<b>Director, Cancer Education Unit</b>
<b>Michelle SCOLLO</b>	<b>Co-Director, VicHealth Centre for Tobacco Control</b>
<b>Garth STEWART</b>	<b>Manager, Informatics &amp; Logistics</b>
<b>Dr Melanie WAKEFIELD</b>	<b>Director, Centre for Behavioural Research in Cancer</b>

## 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 in Victoria, 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 leading 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 2003 our Medical and Scientific Committee had a budget of \$2,774,000 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 2003, the Cancer Council funded 32 research projects, ten postgraduate scholarships, four postdoctoral fellowships, four major fellowships and 20 vacation studentships. In 2003 we funded research projects into fundamental issues in cancer research, including the mechanisms that control cell growth and cell death, immunology, 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 2003 our Cancer Trials Management Scheme awarded grants totalling \$722,000 to 17 hospitals. These grants helped to appoint cancer trial coordinators to assist clinicians in offering patients opportunities to participate in clinical trials. A total of 1,273 new patients were enrolled in cancer clinical trials and a further 4,870 patients were recorded on continuing clinical follow-up at the 17 hospitals. It is estimated that the Cancer Trial Management Scheme contributed to 21% 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 nearly 400 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, 12 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, conduct regular professional educational forums and produce twice-yearly cancer update newsletters on seven cancers (breast, gastrointestinal, gynaecological, head & neck, lung, skin and urological).

## **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 2000-2020 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 2000-2020 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.

The CEC continues its 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, and 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 prevention and detection, management of breast cancer, cervical cancer screening, needs of cancer patients, and attitudes about prostate cancer and screening for prostate cancer. More recently, CBRC commenced a program of research into the promotion of more balanced nutrition to reduce cancer risk.

In 2003, CBRC researchers successfully bid for a number of research grants through a competitive process. These included three project grants from NHMRC involving:



- an evaluation of the sun protection benefits of a shade intervention program in Victorian secondary schools (\$705,710 over three years)
- assessment of the effectiveness of a program of proactive referral of male patients with colorectal and prostate cancer to the Cancer Information Support Service (\$294,750 over three years)
- development and evaluation of a program to use trained volunteers to provide help to patients in navigating the health cancer system (\$440,088 over four years).

Grants from the NHMRC, VicHealth and other sources were also secured and progressed, including for a study of trends over time in sun protection behaviours of Victorians, the first national survey of sun protection behaviour, and studies of the 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.

### *Smoking and cancer: CBRC, VCTC and Quit*

Overall, 19.2% of Victorian adults were regular smokers in 2002, a figure not different from 2000 and 2001. Smoking is highest amongst Victorians aged 18 to 29, where 24% are regular smokers, compared to 23% of Victorians aged 30 to 49 and 12% of those aged 50 or older.

These figures come from data collected for the Victorian Smoking and Health Population Survey for 2002, 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.

Among Victorian secondary school students in 2002, 13% aged 12 to 15 years smoked in the past week, compared with 28% of 16 to 17 year olds. These figures are significantly lower than those obtained in 1999, indicating a positive trend which is most likely due to the combined effects of mass media campaigns, price increases and a range of tobacco policy controls implemented in Victoria. These data are part of the Australian survey of secondary school students conducted every three years and coordinated by CBRC since 1984.

In 2003 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 tobacco issues.

### *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.

In September 2003, the Centre submitted itself to a review from a high-profile international team. The review concluded that the Centre was internationally competitive and the Centre was congratulated on the high quality and impact of its work.

The VCTC consolidated its role as the Australian leader of the International Tobacco Control Policy Evaluation survey. The second wave of this four-country cohort survey of smokers was completed and a number of conference presentations were made on findings from the baseline round. These include the findings that Australia leads the USA, Canada and the UK in the implementation and support for smoke-free places and show strong majority support among smokers for total smoking bans in restaurants where they are in place. During 2003, the VCTC received financial support for the project from the Commonwealth Department of Health and Ageing, and a project grant from the National Health and Medical Research Council. Its paper reviewing the literature on the impact of smoke-free entertaining venues, largely restaurants, demonstrated that they do not have adverse effects on sales. This paper, and the database of studies kept updated on the VCTC website, is being used extensively throughout the world in support of stronger smoke-free laws.

The VCTC continued 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 VCTC began work to disseminate on the internet an interactive, personally tailored advice program of assistance, called the Quit Coach, which has been found to be successful in a large randomised controlled trial. In conjunction with collaborators at Melbourne and Monash universities, the VCTC won an NHMRC grant to explore the utility of GPs referring smoking patients to the Quitline to get either callback counselling or access to the Quit Coach.

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. In the latter area, the VCTC has now published two articles outlining possibilities for comprehensive action.

### *Quit Victoria*

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 2003 Quit maintained an active media profile and advocacy strategy focusing on a wide range of issues, especially the harmful effects of environmental tobacco smoke. Quit launched a number of new campaigns and the media launches of these campaigns resulted in substantial news coverage on the issues of smoking by young women and pregnant women. In addition, the Second Australian Tobacco Control Conference in Melbourne resulted in media coverage on issues such as passive smoking, youth smoking and addiction, tobacco industry conduct and smoking in public spaces. Quit also initiated considerable media attention on the issue of youth smoking with the release of new youth smoking prevalence figures for Victoria, and new data on the number of young people who become established smokers each year. A report released by the Cancer Council found that in 2002, smoking rates amongst Victorian school students were the lowest since surveys were first conducted almost 20 years ago. Among adults, smoking prevalence was 19.2% - also the lowest recorded for almost 20 years.

Quit maintained an active role in highlighting new research on tobacco issues from Australia and overseas, and the conduct of the tobacco industry continued to be a strong focus for Quit's media advocacy.

Quit produced a new television campaign to promote the Quitline to smokers wanting to quit and encouraging them to seek assistance from the Quitline. This service has demonstrated to be an effective aid for quitters and improves their chances of making a successful attempt at quitting. One of these advertisements was aimed at pregnant couples and encouraging them to seek help from the Quitline. 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 2003, there were approximately 21,165 calls to the Quitline and there were more than 17,000 requests for assistance received via the Quit website.

Quit Victoria's multicultural program, using bilingual staff, supported key multicultural festivals and events. Ethnic radio outlets promoted quitting for New Year, and Quit aired television advertisements that were dubbed in 10 languages.

Quit's health professional training program delivered over 40 smoking cessation training sessions to more than 300 health professionals including GPs, nurses, community health workers and dentists. Six 2-day facilitator training sessions were held. Nine 'Train the Trainer' one-day training sessions were conducted to support the Department of Human Service's Measuring Maternity Care Performance Indicators. Quit produced a training video showing how health professionals can engage and help their patients quit smoking, and pharmacy training and work with key pharmacy groups continued.

Quit was a member of the steering committees for the National GP Smoking Cessation Guidelines and the RACGP Practice Nurse projects. Quit's work in smoking and mental illness involved training for health professionals and the development of Quitline safe smoking cessation guidelines for callers with mental illnesses. They have been disseminated nationally and internationally.

Quit worked with 70 community health organisations and local governments, linking to relevant health awareness weeks and continued support for the Primary Care Partnership strategy.

Quit also assisted with the development of new tobacco policy and curriculum guidelines with the Department of Education and Training for use within schools.

### **Managing 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*

Australia has the highest rate of non-melanocytic skin cancer in the world, with a 38% increase from 270,000 in 1995 to 374,000 people treated for the disease in 2002. Nine hundred Victorians are diagnosed with melanoma each year, and 215 die each year from the disease, which is almost totally preventable. The cost of treating skin cancer in Australia is more than \$300 million a year.

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. 97% of Victorians who use sunscreen opt for a SPF 15+ or higher. The proportion of Victorians who like to get a sun tan decreased dramatically from 61% in 1987-88 to 34% in 1994-95. More recently, with cycles of fashion and strong marketing of solariums, there has been a slight rise in the proportion of people with a preference for a tan to 45% in 200-01. A new TV advertisement aiming to reduce tanning by young people, entitled 'Skin Cancer – it's killer body art', was produced in Victoria and distributed to Cancer Councils nationally. SunSmart generated a total of 660 media stories on television, print and radio during 2003.

SunSmart consolidated its significant achievements in primary schools and worked towards emulating that success in childcare centres and secondary schools. 77% of all Victorian primary schools and 53% of pre-schools are accredited by SunSmart. 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.

In 2003, SunSmart worked closely with WorkSafe Victoria to generate initiatives addressing the risk of skin cancer for outdoor workers, particularly those employed in the construction industry. During WorkSafe week in November, 333 construction workers received SunSmart education and skin cancer checks and 48 were referred on for further investigation by their GPs. SunSmart's workplace educators delivered 70 onsite education sessions to employers and employees, raising awareness of skin cancer as an Occupational Health and Safety health risk.

#### *PapScreen Victoria*

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 reduction in the mortality rate from cervical cancer, which continues to decrease annually by 4.4% in Victoria across all ages. Incidence of invasive cervical cancer is also decreasing.

In 2003, PapScreen recommenced its letter campaign, whereby letters of invitation were sent to women aged between 50 and 69 who hadn't had a Pap test in the past three years.

PapScreen continues to work closely with service providers and training and education institutions. In 2003, the University of Melbourne was funded to develop and deliver an accredited Pap test training course specifically for practice nurses. The course was piloted in September with twelve nurses enrolled who were mainly from rural and regional Victoria. The course will continue to be offered in 2004.

In 2003, the Cancer Council was awarded a contract by the Victorian Department of Human Services to implement, monitor and evaluate the professional credentialling and recredentialling of nurses to ensure consistent quality registered nurse Pap test provider services in Victoria. All nurses who provide Pap tests in Victoria are required to be credentialled by the Royal College of Nursing, Australia.

## *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. These are delivered in suburban Melbourne and particularly Victorian regional cities and towns where access to services and specialists may be difficult.

Advanced cancer forums are held throughout the year to offer patients with advanced disease, their family and carers the opportunity to participate in sessions that include the discussion of financial issues such as will-making and superannuation. A medical oncologist speaks on current treatments and a psychologist discusses family issues and living with uncertainty.

Kits containing written resources and a video were sent to all Victorian urologists, medical oncologists and radiation oncologists who work with men with prostate cancer, to have available for their patients. Work on a resource covering all aspects of sexuality and cancer commenced.

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 129 nurses undertake the 14-week education program since June 2001. Nurses who have completed the program then become part of a training forum provided at the Cancer Council twice each year.

Fourteen community information seminars were held in 2003 to discuss prostate and bowel cancer issues with large numbers attending each seminar throughout Victoria. Thirty-four education sessions were delivered to the Greek, Italian, Polish, Macedonian, Serbian, Croatian and Chinese communities on prostate problems and prostate cancer. Translation of many resources have been completed, such as media releases, overhead slides and flip charts, into seven languages. The translation into seven languages of the Cancer Council's fact sheet on prostate problems is also available at each session.

A program has been developed to deliver education sessions in workplaces on prostate and bowel cancer with promotion and further sessions planned for 2004.

## *Family Cancer Program 2003*

The rapid expansion of genetic knowledge and technologies from the Human Genome Project has major implications for the role of GPs in genetic medicine. With genetics becoming increasingly implicated in the aetiology of cancers, there is a rising demand for cancer genetic information and advice, which is becoming the domain of primary health care providers, particularly GPs.

The Family Cancer Program has been successfully upskilling Victorian GPs in cancer and genetics since the launch of the Victorian Family Cancer Genetics Service in March 2000.

The program has been building the capacity of the GP workforce in cancer and genetics through curriculum and resource development, and the delivery of interactive workshops; in 2003 approximately 6% of Victorian GPs participated in one of the 16 familial cancer workshops hosted by Victorian Divisions of General Practice.

A report highlighting referral trends to the Victorian Familial Cancer Centres is currently being compiled. It will have a particular focus on GP referral patterns and accuracy since the service's inception in 2000.

National and international strategic partnerships have been developed to advocate for increased GP access to high-quality cancer genetics education.

## *GP education program*

GPs are key providers of medical care, with more than 85% of the population visiting a GP at least once a year and, on average, visiting their GP more than five times per year.

The work of the GP spans the full spectrum of cancer care – prevention, detection, treatment and palliation, including psychosocial support of patients and carers. Patients with a new diagnosis of cancer are infrequent in specific GP general practices, but providing ongoing care for patients with an established diagnosis of cancer and their carers poses substantial issues. Probably the largest component of a GP's workload related to cancer involves dealing with patients who have suspicious symptoms, concerns about possible cancer or are at increased risk due to family history or lifestyle factors such as smoking, sun exposure or occupation.

The GP Education Program aims to develop and implement GP training and education in cancer care, with an initial focus on prostate cancer advice and bowel cancer screening.

Strategic partnerships are being developed to promote a range of cooperative measures to optimise the delivery of cancer care education from various stakeholders to Victorian GPs.

The program aims to deliver integrated cancer education information to GPs.

### *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.

In 2003, the Cancer Council provided information on breast cancer to the public and health professionals in a variety of formats, including:

- conducting the Breast Care Nurse Distance Education Program which provides tertiary level education for Division I nurses working in the Breast area. This is run in conjunction with the La Trobe University School of Nursing.
- conducting three BreastHealth Training Program for community health professionals
- responding to the general public for information about breast cancer through the Cancer Information and Support Service
- conducting the Breast Cancer Support Cancer Connect Program
- conducting 74 information sessions on breast health through the Community Language Program (multicultural peer education program delivering information in 18 languages) to over 1,400 women from culturally diverse backgrounds
- developing written material: patient booklets, brochures, fact sheets, website
- developing 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.

Data collection for a study examining the factors influencing women's decisions to re-attend BreastScreen Victoria for a screening mammogram is finished. Women who previously attended BreastScreen were interviewed about their recent experience at BreastScreen and again just before they were due for their next mammogram. The data from this study is being analysed and a report on the findings is planned for 2004.

### *Nutrition and physical activity*

Maintaining a healthy weight and engaging in regular physical activity are important contributors to reducing the risk of some cancers, including breast (post-menopausal) and bowel cancer.

In 2003, the Cancer Council Victoria contributed significantly to national initiatives of The Cancer Council Australia to promote the increase of health food intake and levels of physical activity. The Cancer Council Victoria also formed an alliance with Diabetes Australia, Victoria, and the National Heart Foundation, Victorian Division, to promote obesity prevention and contributed to the state based Eat Well Partnership Committee.

### *Bowel cancer*

The Cancer Council is responsible for community education and recruitment in the Victorian site of the Australian Government's National Bowel Cancer Screening Pilot Program. It is working closely with local partners: the Department of Human Services and the North East Division of General Practice. Launched in May 2003, the Victorian Pilot involves 28,000 people aged between 55-74 and living in a specified area of Melbourne. Each will receive a faecal occult blood test (FOBT) in the mail. Those testing positive will be asked to visit their doctor to arrange further tests, most commonly a colonoscopy.

The Cancer Council is using a variety of strategies to encourage participation in the FOBT pilot. Education sessions have been conducted in seven languages. Local and ethnic media (print and radio) have been targeted with media releases and advertising. Networks of community workers have been engaged and

trained about the program. Display stalls have featured in local shopping centres, libraries, festivals and events. Local Koori workers have been engaged to work specifically with the Aboriginal community. These strategies will continue until June 2004 when the program is due to conclude.

One of the particular challenges in the Victorian pilot site is the high proportion of residents from culturally diverse backgrounds (approximately 40%). The Cancer Council's team of bilingual health educators and its Multilingual Cancer Information Service, with the capacity to cater for calls in 80 languages, have been important resources for the program.

### *Cancer education of multicultural communities*

The Cancer Council's Community Language Program is a peer education program for multicultural communities. It has been operating for 13 years and currently has a team of 30 bilingual health educators, who between them speak 18 languages. The program provides education about cancer prevention and early detection and covers a range of cancer-related topics such as: What is cancer? Breast health, The importance of Pap tests, Skin cancer and sun protection and Prostate problems.

In 2003, for the fourth consecutive year, the Community Language Program delivered over 400 education sessions, as well as contributing to the development of culturally appropriate resources and working with ethnic media to provide cancer education in languages other than English.

### **Providing information and support**

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

In 2003 the Cancer Helpline, run by the Cancer Information and Support Service (CISS,) responded to 49,017 contacts: 6,419 were patients, 9,201 were members of the general public, 7,799 were health professionals, 5,752 were family and relatives, 4,502 were community organisations, 3,561 were hospitals, 757 were medical practitioners, 3,145 were accredited breast care nurse, 3,261 Cancer Connect volunteers, and 992 were Living with Cancer Education Program facilitators. The most frequently discussed cancer sites were breast, prostate, cervix, skin, colon, bronchus and lung, ovary and brain. During the year we distributed 248,526 pieces of literature.

We operate a Multilingual Cancer Helpline which enables a caller to be connected with a nurse counsellor with an interpreter online. We have access to interpreters in over 80 languages.

The Cancer Information and Support Service is part of the Caring Communities Project to improve access to palliative care services for residents of Victoria.

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

The Director and the CISS team conducted three public seminars in country Victoria, one of which was followed by presentations to general practitioners. Fifteen country centres are visited on a three-year rotation. In 2002 CISS also ensured that it reached the whole of Victoria by widely distributing the four issues of its newsletter, *Cancer Network News*, which has a circulation of approximately 1500.

#### *Living With Cancer Education Program (LWCEP)*

During 2003, 37 LWCEP were run throughout Victoria, with over 360 people with cancer and their significant others participating in each eight-week program. 67 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 2003 the program processed an increase of 12% of referrals and the volunteers had 900 contacts with support recipients. Eighty new volunteers were trained in 2003 and the program was

extended to include Parents Cancer Connect for the parents of newly diagnosed children to be able to link in with parents of children who have had cancer. Also a Carer's Cancer Connect was developed for carers of people experiencing cancer to link in with specially trained carer volunteers.

The Cancer Support Groups Program was discussed during 1700 calls from diagnosed cancer patients and their families. There are currently 120 accredited groups, with which 2,624 contacts were made in 2003.

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.

CISS gave 195 welfare grants to cancer patients totalling \$35,555 and funded \$122,807 in grants issued by hospitals, in addition to ten no interest loans to a total value of \$8,357.

### *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.

The National Cancer Control Initiative (NCCI) is housed at the Cancer Council in our Rathdowne Street offices. The NCCI is a key expert reference body providing timely advice, identifying appropriate initiatives and making specific recommendations to the Commonwealth Government and other key groups regarding the prevention, detection, treatment and palliation of cancer for all Australians. The NCCI is a partnership between The Cancer Council Australia and the Commonwealth Department of Health and Ageing. 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 2003 follow. The net result for the year 2003 was \$1.02 million.

In 2003 we received \$36.03 million. The majority of our income is derived from charitable support and fundraising activities and in 2003, by the end of the year, we had received \$21.5 million from the public and corporate sectors. Much of our fundraising income is derived from community-based events and bequests. Bequests income of \$8.1 million in 2003 was slightly down compared with \$8.3 million in 2002, although well ahead of budget. Some of the major events – ABMT and Daffodil Day – experienced a decline in 2003 although Relay for Life, a 'younger event', increased from \$2 million in 2002 to \$2.5 million in 2003. Events in total raised over \$6.7 million in 2003 and attracted media in the process. Other programs such as the direct mail program, community efforts, corporate and philanthropic trusts and foundations also contributed to the 2003 total.

We earned \$9.7 million of government and other funding body grants for specific projects. Our expenditure, in line with our commitments, increased from \$31.6 million to \$35 million. The table below illustrates the growth the organisation has experienced over the last decade.

<b>Period</b>	<b>Result</b>	<b>Revenue</b>	<b>Expenditure</b>	<b>Total</b>
	Surplus/(Deficit)			Assets
	\$000s	\$000s	\$000s	\$000s
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
Year ended Dec 2003	1,027	36,034	35,007	34,734

Note: Results for 1994-99 include specific project income not yet expended.

As President of the Cancer Council it is my pleasure to submit my report for the year 2003 to the Victorian Parliament. It gives an overview of the range of activities performed by an organisation which is at the forefront of the fight against cancer.

The Cancer Council operates with the assistance of very many Victorians; it especially benefits from the time and expertise of its highly qualified and experienced committee members, and from the generosity and dedication of its regular supporters, volunteers and donors. All this goes to enhance the performance of its very talented and efficient staff.



**M Ruth Redpath AO**  
**President**

**May 2004**



# **ANTI-CANCER COUNCIL OF VICTORIA**

## **Operating as THE CANCER COUNCIL VICTORIA**

**FINANCIAL STATEMENTS for the year ended 31 DECEMBER 2003**

### **STATEMENT OF FINANCIAL PERFORMANCE for the year ended 31 DECEMBER 2003**

	<b>Note</b>	<b>2003</b>	<b>2002</b>
		\$000s	\$000s
<b>REVENUE from ordinary activities</b>			
Charitable Support		20,689	20,021
Program Funding		9,689	9,296
Other Income	3	3,495	2,449
Retail Sales	4	2,161	1,860
<b>Total revenue from ordinary activities</b>		<b>36,034</b>	<b>33,626</b>
<b>EXPENSES from ordinary activities</b>			
Program Services:			
- Research	6	11,858	11,688
- Cancer Prevention and Early Detection	6	12,615	11,299
Cost of Goods Sold	4	906	804
Retail Expenses	4	992	812
Charitable Support		5,714	4,924
Administrative Support		2,922	2,127
<b>Total expenses from ordinary activities</b>		<b>35,007</b>	<b>31,654</b>
<b>NET RESULT for the reporting period</b>	5	<b>1,027</b>	<b>1,972</b>
Increase in asset revaluation reserve	12 (e)	1,683	-
Adjustment resulting from adoption of new accounting standard	11	(40)	-
Transfer prior year income from core unit to external unit	11	(22)	-
Closure of external program – transfer balance to core funds	11	(11)	-
Set up external program from core funds	11	92	-
<b>TOTAL CHANGES IN EQUITY</b>		<b>2,729</b>	<b>1,972</b>

# **ANTI-CANCER COUNCIL OF VICTORIA**

## **Operating as THE CANCER COUNCIL VICTORIA**

*FINANCIAL STATEMENTS for the year ended 31 DECEMBER 2003*

### STATEMENT OF FINANCIAL POSITION for the year ended 31 DECEMBER 2003

	Note	2003 \$000s	2002 \$000s
<b>ASSETS</b>			
<b>Current assets</b>			
Cash		414	1,015
Prepayments		82	254
Receivables		2,030	1,035
Investments	7a	8,277	15,356
Inventories		342	373
<b>Total current assets</b>		<b>11,145</b>	<b>18,033</b>
<b>Non-current assets</b>			
Investments	7b	7,233	-
Property, Plant and Equipment	8	16,356	13,780
<b>Total Non-Current Assets</b>		<b>23,589</b>	<b>13,780</b>
<b>TOTAL ASSETS</b>		<b>34,734</b>	<b>31,813</b>
<b>LIABILITIES</b>			
<b>Current Liabilities</b>			
Payables		2,315	2,696
Administered program funding	9	2,806	2,706
Research grants accrued		2,303	2,009
Provision for employee benefits	10	2,121	1,856
<b>Total Current Liabilities</b>		<b>9,545</b>	<b>9,267</b>
<b>Non-Current Liabilities</b>			
Research grants accrued		1,726	1,803
Provision for employee benefits	9	473	482
<b>Total Non-Current Liabilities</b>		<b>2,199</b>	<b>2,285</b>
<b>TOTAL LIABILITIES</b>		<b>11,744</b>	<b>11,552</b>
<b>NET ASSETS</b>		<b>22,990</b>	<b>20,261</b>
<b>EQUITY</b>			
Accumulated funds	11	5,096	4,155
Reserves	12	17,894	16,106
<b>TOTAL EQUITY</b>		<b>22,990</b>	<b>20,261</b>

# **ANTI-CANCER COUNCIL OF VICTORIA**

## **Operating as THE CANCER COUNCIL VICTORIA**

**FINANCIAL STATEMENTS for the year ended 31 DECEMBER 2003**

### **STATEMENT OF CASH FLOWS for the year ended 31 DECEMBER 2003**

	<b>Note</b>	<b>2003</b> \$000s	<b>2002</b> \$000s
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
<b>CASH FLOW FROM OPERATING ACTIVITIES</b>			
Receipts from charitable support, retail, royalties and fees for service (inclusive of GST)		25,988	24,759
Income for external projects (inclusive of GST)		14,321	14,625
Payments to suppliers and employees (inclusive of GST)		(37,814)	(35,698)
Interest and discounts received		440	5
<b>NET CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES</b>	<b>14(b)</b>	<b>2,935</b>	<b>3,691</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Proceeds on sale of investment securities		2,601	12,552
Payment for investment securities		(3,977)	(11,353)
Payment for property, plant and equipment		(3,047)	(1,891)
<b>NET CASH (USED IN) PROVIDED BY INVESTING ACTIVITIES (a)</b>		<b>(4,423)</b>	<b>(692)</b>
<b>NET INCREASE/(DECREASE) IN CASH HELD</b>		<b>(1,488)</b>	<b>2,999</b>
Cash at beginning of the financial period		3,389	390
<b>CASH AT THE END OF THE FINANCIAL PERIOD</b>	<b>14(a)</b>	<b>1,901</b>	<b>3,389</b>

# **ANTI-CANCER COUNCIL OF VICTORIA**

## **Operating as THE CANCER COUNCIL VICTORIA**

### **FINANCIAL STATEMENTS for the year ended 31 DECEMBER 2003**

## **NOTES TO THE FINANCIAL STATEMENTS for the year ended 31 DECEMBER 2003**

### **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 1994.

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) Revenue 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.

Dividends are recognised as income when received.

Interest is recognised as it accrues.

#### **(c) Expenses**

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

#### **(d) Revaluation of Property, Plant and Equipment**

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

##### **(i) Property**

Subsequent to their initial recognition, 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.

##### **(ii) Plant and Equipment**

Plant and Equipment are measured at cost.

##### **(iii) Depreciation**

Depreciation is calculated on a straight-line basis for buildings, plant and equipment based on the assets expected useful life from the time they are held.

# **ANTI-CANCER COUNCIL OF VICTORIA**

## **Operating as THE CANCER COUNCIL VICTORIA**

### **FINANCIAL STATEMENTS for the year ended 31 DECEMBER 2003**

#### **NOTES TO THE FINANCIAL STATEMENTS**

##### **for the year ended 31 DECEMBER 2003**

<b>CLASS OF FIXED ASSET</b>	<b>DEPRECIATION RATES (2003)</b>	<b>DEPRECIATION RATES (2002)</b>
<b>Buildings &amp; Improvements</b>		
Buildings	2.5%	2.5%
Freehold improvements	20.0%	10.0%
<b>Plant &amp; Equipment</b>		
Computer hardware	33.3%	33.3%
Computer software > \$5,000	40.0%	-
Furniture and fittings	20.0%	20.0%
Leasehold improvements	20.0%	20.0%
Office equipment	20.0%	20.0%
Telephone equipment	20.0%	20.0%
Motor vehicles	20.0%	20.0%

#### **(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.

##### **(i) Change in accounting policy**

Investments have now been categorised into current or non-current classifications. Only cash and fixed interest investments are now classified as current assets while Australian and international equities and listed property trusts are classified as non-current assets.

##### **(ii) Change in valuation**

In 2003, each classification of investments has been valued as follows:

- Current Investments are valued based on mark to market; and
- Non-current Investments are valued based on their recoverable amount.

The financial impact of this change in the valuation of investments resulted in an expense of \$962,632 in 2003 (refer note 5) and was included in expenses for "Administrative Support" on the Statement of Financial Performance.

#### **(g) Inventories**

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

#### **(h) Employee Benefits**

##### **(i) Wages, salaries, annual leave, sick leave and non-monetary benefits**

Liabilities for employee benefits for wages, salaries, annual leave and sick leave expected to be settled within 12 months of the year-end represent present obligations resulting from employees' services provided to reporting date, calculated at undiscounted amounts based on remuneration wage and salary rates that the consolidated entity expects to pay as at reporting date including related on-costs.

##### **(ii) Change in Accounting Policy**

In the reporting periods prior to 31 December 2003, provisions for employee benefits (annual leave) that were required to be measured at their nominal amounts were measured using remuneration rates current at the reporting date. For the period ending 31 December 2003, the Cancer Council is required by AASB 1028 "Employee Benefits" to measure provisions for employee benefits at remuneration rates expected to apply when the obligation is settled, including the expected future increase in remuneration rates.

# **ANTI-CANCER COUNCIL OF VICTORIA**

## **Operating as THE CANCER COUNCIL VICTORIA**

### **FINANCIAL STATEMENTS for the year ended 31 DECEMBER 2003**

#### **NOTES TO THE FINANCIAL STATEMENTS**

##### **for the year ended 31 DECEMBER 2003**

The impact of this change is:

Decrease	Accumulated funds	\$40k
Increase	Annual leave provision	\$40k

#### **(iii) Long Service Leave**

Employee entitlements for long service leave have been measured at the present value of the future cash outflows estimated for those entitlements. Entitlements able to be claimed within 2004 have been classified as current liabilities.

#### **(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 current liability 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.

#### **(l) 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 1936 and Income Tax Assessment Act 1997. 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 to donors.

# ANTI-CANCER COUNCIL OF VICTORIA

## Operating as THE CANCER COUNCIL VICTORIA

### FINANCIAL STATEMENTS for the year ended 31 DECEMBER 2003

	2003	2002
	\$000s	\$000s
<b>3 OTHER INCOME</b>		
Other Income comprises:		
- Investment Income	565	417
- Royalties and Fees for Service	2,930	2,032
<b>TOTAL OTHER INCOME</b>	<b>3,495</b>	<b>2,449</b>
<b>4 SURPLUS ON RETAIL OPERATIONS</b>		
Retail sales	2,161	1,860
Expenses:		
- Cost of Goods Sold	(906)	(804)
- Retail Expenses	(992)	(811)
<b>SURPLUS ON RETAIL OPERATIONS</b>	<b>263</b>	<b>245</b>
<b>5 OPERATING EXPENSES</b>		
The result for the reporting period was arrived at after charging:		
- Audit fees	18	33
- Depreciation of property, plant and equipment	1,349	497
- Loss on write-down of investments to recoverable amount	963	-
- Written down value of asset sold during the year	324	182
<b>OPERATING EXPENSES CHARGED AGAINST NET RESULT</b>	<b>2,654</b>	<b>712</b>
<b>6 EXPENDITURE (Program Services)</b>		
<b>RESEARCH</b>		
Support of basic scientific studies, clinical investigations and programs	4,188	4,661
Victorian Cancer Registry—registers all cancer cases in Victoria and provides statistical analyses	1,651	1,535
Centre for Behavioural Research in Cancer—a centre for research into behavioural aspects of cancer prevention, detection and rehabilitation	1,899	2,119
Cancer Epidemiology Centre—a centre for research into the occurrence, distribution and determinants of disease	2,572	1,964
Health 2000—a study to ascertain the effect of lifestyle factors (especially diet) on the incidence of a range of diseases.	509	450
VicHealth Centre for Tobacco Control—a centre to investigate new ways to reduce tobacco usage	1,039	959
<b>TOTAL RESEARCH</b>	<b>11,858</b>	<b>11,688</b>
<b>CANCER PREVENTION &amp; EARLY DETECTION</b>		
Education—programs to create awareness about prevention, early detection and treatment	2,695	2,827
Quit—public education program to reduce tobacco consumption and prevent the uptake of smoking	4,193	3,894
Aid to patients—in the form of welfare grants, cancer support groups, Cancer Information and Support Service	1,669	1,490
External subscriptions—relates to Victoria's involvement in national and international cancer programs	1,723	1,494
SunSmart—public education program related to skin cancer prevention and early detection	762	665
PapScreen Victoria—the promotion of regular screening for cervical cancer	1,403	929

# ANTI-CANCER COUNCIL OF VICTORIA

## Operating as THE CANCER COUNCIL VICTORIA

### FINANCIAL STATEMENTS for the year ended 31 DECEMBER 2003

Commercial Programs – providing sun protection aids to the general public

170

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<b>TOTAL CANCER PREVENTION AND EARLY DETECTION</b>	<b>12,615</b>	<b>11,299</b>
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**2003**

**2002**

\$000s

\$000s

#### 7 INVESTMENTS

##### (A) CURRENT INVESTMENTS

Fixed Interest Securities at cost	-	1
Australian Equities	-	3,579
International Equities	-	3,753
Listed Property	-	819
Australian Fixed Interest	6,790	4,830
Cash	1,487	2,374
<b>TOTAL CURRENT INVESTMENTS</b>	<b>8,277</b>	<b>15,356</b>

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##### (b) NON-CURRENT INVESTMENTS

Australian Equities	3,467	-
International Equities	2,968	-
Listed Property	798	-
<b>TOTAL NON-CURRENT INVESTMENTS</b>	<b>7,233</b>	<b>-</b>

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<b>TOTAL INVESTMENTS</b>	<b>15,510</b>	<b>15,356</b>
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All of the above investments are spread across seven managed funds. Current investments have been valued based on mark to market value while non-current investments have been valued based on recoverable value.

The Investments are represented by the following liabilities and reserves in the following accounts:

Liability - Administered Program Funding	2,809	2,706
External Grants Reserve	6,079	6,035
Special Funds	3,513	3,442
Balance available to fund Cancer Council expenditures	3,109	3,173
<b>TOTAL CURRENT INVESTMENTS</b>	<b>15,510</b>	<b>15,356</b>

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#### 8 PROPERTY, PLANT AND EQUIPMENT

Land at independent valuation (2003)	7,500	6,671
Buildings & Improvements at independent valuation (2003)	7,450	5,637
<b>TOTAL LAND &amp; BUILDINGS</b>	<b>14,950</b>	<b>12,308</b>

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Plant & Equipment	1,406	1,472
<b>TOTAL PLANT &amp; EQUIPMENT</b>	<b>1,406</b>	<b>1,472</b>

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<b>TOTAL PROPERTY, PLANT AND EQUIPMENT</b>	<b>16,356</b>	<b>13,780</b>
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#### (a) The basis of valuation of land and buildings is fair market value.

An independent valuation of our land and buildings at Rathdowne, Victoria and Drummond Street was undertaken on 5<sup>th</sup> February 2004. The carrying amounts for the land and buildings have been determined in accordance with this independent valuation. The valuation estimated a market value of \$7.65M for the land and buildings at Rathdowne and Victoria streets and \$7.3M 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.



# **ANTI-CANCER COUNCIL OF VICTORIA**

## **Operating as THE CANCER COUNCIL VICTORIA**

### **FINANCIAL STATEMENTS for the year ended 31 DECEMBER 2003**

The valuer employed to undertake the valuation was Fitzroys Pty Ltd (ACN 078 941 107), Licensed Estate Agents, Level 29, 367 Collins Street, Melbourne, Victoria, 3000.

	<b>2003</b>	<b>2002</b>
	\$000's	\$000's
<b>(b) Movements in property, plant and equipment for the year</b>		
<b>Land</b>		
OPENING BALANCE	6,671	6,671
Additions	-	-
Revaluation increments/(decrements)	829	-
Depreciation	-	-
Disposals	-	-
<b>CLOSING BALANCE</b>	<b>7,500</b>	<b>6,671</b>
<b>Buildings &amp; Freehold Improvements</b>		
OPENING BALANCE	5,637	4,806
Additions	1,595	1,002
Revaluation increments/(decrements)	854	-
Depreciation	(603)	(171)
Disposals	(33)	-
<b>CLOSING BALANCE</b>	<b>7,450</b>	<b>5,637</b>
<b>Leasehold Improvements</b>		
OPENING BALANCE	69	74
Additions	-	-
Revaluation increments/(decrements)	-	-
Depreciation	(15)	(5)
Disposals	-	-
<b>CLOSING BALANCE</b>	<b>54</b>	<b>69</b>
<b>Plant &amp; Equipment</b>		
OPENING BALANCE	1,403	867
Additions	1,018	1,039
Revaluation increments/(decrements)	-	-
Depreciation	(778)	(321)
Disposals	(291)	(182)
<b>CLOSING BALANCE</b>	<b>1,352</b>	<b>1,403</b>
<b>Total Assets</b>		
OPENING BALANCE	13,780	12,418
Additions	2,613	2,041
Revaluation increments/(decrements)	1,683	-
Depreciation	(1,396)	(497)
Disposals	(324)	(182)
<b>CLOSING BALANCE</b>	<b>16,356</b>	<b>13,780</b>
<b>9 ADMINISTERED PROGRAM FUNDING</b>		
Victorian Breast Cancer Research Consortium	2,504	2,327
National Cancer Control Initiative	302	379
<b>CLOSING BALANCE</b>	<b>2,806</b>	<b>2,706</b>

# **ANTI-CANCER COUNCIL OF VICTORIA**

## **Operating as THE CANCER COUNCIL VICTORIA**

### **FINANCIAL STATEMENTS for the year ended 31 DECEMBER 2003**

#### **10 EMPLOYEE BENEFITS**

The values of entitlements calculated in accordance with Note 1 (h) are:

Current:

Annual Leave	1,221	1,117
Long-Service Leave	900	739

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<b>CURRENT VALUE OF EMPLOYEE BENEFITS</b>	<b>2,121</b>	<b>1,856</b>
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Non-Current:

Long-Service Leave	473	482
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<b>NON-CURRENT VALUE OF EMPLOYEE BENEFITS</b>	<b>473</b>	<b>482</b>
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<b>TOTAL VALUE OF EMPLOYEE BENEFITS</b>	<b>2,594</b>	<b>2,338</b>
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<b>NUMBER OF EMPLOYEES</b>	<b>299</b>	<b>281</b>
	<b>2003</b>	<b>2002</b>
	000s	000s

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#### **11 ACCUMULATED FUNDS**

Accumulated Funds at Beginning of the Period	4,155	6,260
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Surplus for the Year	1,027	1,972
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Prior year adjustments

- adoption of new accounting standard – adjust 2002 annual leave provisor	(40)	-
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- transfer prior year income from core unit to external unit	(22)	-
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- closure of external program – transfer balance to core funds	(11)	-
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- set up external program from core funds	92	-
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Transfers (to)/from:

- Special Funds	(70)	(400)
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- Sir Edward Dunlop Fellowship Fund	-	(3)
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- Victorian Cancer Control Research Institute Fund	-	-
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- External Grants Reserve	(35)	(890)
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- Asset Revaluation Reserve	-	(2,784)
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<b>ACCUMULATED FUNDS AT END OF THE PERIOD</b>	<b>5,096</b>	<b>4,155</b>
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#### **12 RESERVES**

Special Funds (refer (a) below)	3,512	3,442
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Sir Edward Dunlop Fellowship Fund (refer (b) below)	280	280
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Victorian Cancer Control Research Institute Fund (refer (c) below)	1,529	1,529
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External Grants Reserve (refer (d) below)	6,070	6,035
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Asset Revaluation Reserve (refer (e) below)	6,503	4,820
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<b>TOTAL RESERVES</b>	<b>17,894</b>	<b>16,106</b>
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#### **(a) Special Funds**

Opening Balance	3,442	3,042
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Additional funds received	70	400
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<b>CLOSING BALANCE OF SPECIAL FUNDS</b>	<b>3,512</b>	<b>3,442</b>
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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 organisation to fund Cancer Council programs.

# ANTI-CANCER COUNCIL OF VICTORIA

## Operating as THE CANCER COUNCIL VICTORIA

### FINANCIAL STATEMENTS for the year ended 31 DECEMBER 2003

Other funds are required to be invested in perpetuity.

#### (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.

Opening balance	280	277
Add donations appropriated	-	3
Less appropriation of new fellowship	-	-
<b>CLOSING BALANCE OF FELLOWSHIP FUND</b>	<b>280</b>	<b>280</b>

The initial amount of the Fellowship was recognised in the accounts in accordance with accounting policy note 1(i) in the year in which it was awarded

	2003	2002
	000s	000s
<b>(c) Victorian Cancer Control Research Institute Fund</b>		
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.		
Opening balance	1,529	1,529
Add amount appropriated	-	-
<b>CLOSING BALANCE OF INSTITUTE FUND</b>	<b>1,529</b>	<b>1,529</b>

#### (d) External Grants Reserve

The Anti-Cancer Council has a number of incomplete projects at Balance Date that 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.

Opening balance	6,035	5,145
Add amount appropriated	35	890
<b>CLOSING BALANCE OF EXTERNAL GRANTS RESERVE</b>	<b>6,070</b>	<b>6,035</b>

#### (e) Asset Revaluation Reserve

Opening balance	4,820	2,036
Revaluation of Land	829	-
Revaluation of Buildings	854	-
Add prior year adjustment	-	2,784
<b>CLOSING BALANCE OF ASSET REVALUATION RESERVE</b>	<b>6,503</b>	<b>4,820</b>

## 13 SEGMENT REPORTING

The Anti-Cancer Council is a public institution created by an Act of Parliament..

It operates as a volunteer based charity to lead, coordinate, implement and evaluate action to minimise the human cost of cancer for all Victorians.

All activities undertaken to derive revenue are attributed the same purpose, which is to minimise cancer for Victorians.

## 14 STATEMENT OF CASH FLOWS

### a) Reconciliation of Cash

# **ANTI-CANCER COUNCIL OF VICTORIA**

## **Operating as THE CANCER COUNCIL VICTORIA**

### **FINANCIAL STATEMENTS for the year ended 31 DECEMBER 2003**

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 END OF PERIOD		
Cash on hand and at bank	414	1,015
Cash invested (refer note 7(a))	1,487	2,374
<b>CASH AT END</b>	<b>1,901</b>	<b>3,389</b>

#### **Financing Facilities**

Firmly committed long-term financing facilities available at the end of the financial period \$100,000 (2002-\$100,000). Facilities in use at that date \$Nil (2002 – \$Nil)

#### **b) Reconciliation of Net Result for the reporting period to Net Cash provided by**

##### **Operating Activities**

NET RESULT FOR THE REPORTING PERIOD	1,027	1,972
(Loss)/Profit on sale of investments and assets	1,112	(397)
Depreciation of buildings, furniture, equipment and vehicles	1,396	497
Changes in net assets and liabilities		
(Increase)/Decrease in receivables	(995)	1,273
(Increase)/Decrease in inventories	31	(109)
(Increase)/Decrease in prepayments	172	325
(Decrease)/Increase in employee benefits	256	346
(Decrease)/Increase in current liabilities	13	(339)
(Decrease)/Increase in accrued research grants	(77)	123
<b>NET CASH (USED IN)/PROVIDED BY OPERATING ACTIVITIES</b>	<b>2,935</b>	<b>3,691</b>

#### **15 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 B PIKE

Accountable Officer: Prof D HILL *AM*

The Anti-Cancer Council of Victoria is governed by a Council established in accordance with the provisions of the Cancer Act 1958. The members of the Council during 2003 were

***see note 15(i) on the next page***

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 2003 were:

***see note 15(ii) on the next page***

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. The Finance Committee also 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 2003 were:

# **ANTI-CANCER COUNCIL OF VICTORIA**

## **Operating as THE CANCER COUNCIL VICTORIA**

### **FINANCIAL STATEMENTS for the year ended 31 DECEMBER 2003**

*see note 15(iii) on the next page*

#### **(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 \$230,000 (2002 - \$206,242).

#### **(c) Retirement benefits of responsible persons**

Retirement benefits paid by the Anti-Cancer Council in connection with the retirement of responsible persons amounted to: Nil (2002 - \$150,864). 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.

# **ANTI-CANCER COUNCIL OF VICTORIA**

## **Operating as THE CANCER COUNCIL VICTORIA**

### **FINANCIAL STATEMENTS for the year ended 31 DECEMBER 2003**

#### **Note 15(i) – Members of the Council**

Mr R R ALLEN	Prof A D GILBERT	Prof M J OSBORNE
Prof M A ASHBY	Assoc Prof M T GILLESPIE	The Hon B PIKE
Assoc Prof D ASHLEY	Mr P J GRIFFIN	Mr T C S PROBERT
Assoc Prof R BELL	Dr M HAIKERWAL	Assoc Prof M A QUINN
Prof M C BERNDT	Dr R D HANNAN	Dr M R REDPATH AO
Prof H G BURGER AO	Dr D HILLIS	Ms K L SCHOFIELD (until October)
Ms J CAIRNS	Dr C HOGAN	Prof E R SIMPSON
Assoc Prof J CEBON (from March)	Mr P INGHAM (from February)	Mr J SO
Mr J CLARKE	Assoc Prof B JACKSON (from March)	Prof R J S THOMAS
Prof S CORY AC	Assoc Prof T W JOBLING	Prof S WALKER
Dr M J DALLY	Mr P R B KITCHEN	Assoc Prof P WARING
Prof P L DARVALL	Mrs Y KLEMPFNER AO	Ms A J M WILLIAMS
Mr M C EASTMAN	Ms T LAWLER	Ms P WILLIAMS (until August)
Ms P FAULKNER	Assoc Prof B LOVELAND	Dr A S ZIMET
Prof R M FOX	Prof F A O MENDELSON	
Prof P J FULLER	Dr P L R MITCHELL	

#### **Note 15(ii) – Members of the Executive Committee**

Ms K L SCHOFIELD (Chair until October)	Prof P FULLER (from May)	Assoc Prof M A QUINN (until April)
Mr P J GRIFFIN (Chair from October)	Prof M HAMILTON	Mr A P RAMSDEN (until March)
Prof M C BERNDT	Dr S HART (from April)	Dr M REDPATH
Ms S DIMASI (from April)	Mr P INGHAM	Prof A RODGER (until March)
Prof R M FOX	Mr M O'BRYAN (from April)	Ms P WILLIAMS

#### **Note 15(iii) – Members of the Finance Committee**

Mr P J GRIFFIN (Chair until March)	Mr T P MARTIN (until July)	Ms K L SCHOFIELD (until October)
Mr P INGHAM (Chair from April)	Mr J McCOLL (until February)	Ms A WATERS (from June)
Mr E CHAN (from August)	Mr A P RAMSDEN (until March)	

# **ANTI-CANCER COUNCIL OF VICTORIA**

## **Operating as THE CANCER COUNCIL VICTORIA**

### **FINANCIAL STATEMENTS for the year ended 31 DECEMBER 2003**

#### **16 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 (excluding the responsible persons disclosed in note 15(b)) of the Council whose income from the Anti-Cancer Council falls within the following bands is:

	<b>2003</b>	<b>2002</b>
	No. of employees	No. of employees
100,000–109,999	5	3
110,000–119,999	1	1
120,000–129,999	1	1
130,000–139,999	2	-
140,000–149,999	2	2
150,000–159,999	1	1
160,000–169,999	1	-
170,000–179,999	1	-
180,000–189,999	-	-
230,000–239,999	-	-
240,000–249,999	1	-

The total income received or due and receivable from the Anti-Cancer Council by executive officers listed above whose income exceeds \$100,000: \$2,061,569 (2002: \$1,011,936) does not include Note 15(b).

#### **17 COMMITMENTS**

##### **(a) Operating lease commitments**

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

- not later than one year	77	70
- later than one year but not later than five years	32	48
<b>TOTAL OPERATING LEASES</b>	<b>109</b>	<b>118</b>

##### **(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:

	-	1,233
<b>TOTAL CAPITAL COMMITMENTS</b>	<b>-</b>	<b>1,233</b>

#### **18 AUDIT FEES**

The office of the Auditor-General of Victoria audits the Financial Statements of the Anti-Cancer Council of Victoria. Amounts expensed for 2003 (and 2002) were based on estimates of \$16,610 (and 2002 - \$15,400), inclusive of GST

#### **19 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.

# **ANTI-CANCER COUNCIL OF VICTORIA**

## **Operating as THE CANCER COUNCIL VICTORIA**

### **FINANCIAL STATEMENTS for the year ended 31 DECEMBER 2003**

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 \$1,516,831 (2002-\$1,533,861). At 31 December there were nil contributions outstanding in relation to the last pay period of the year (2002 - \$50,180). 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.

## **20 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**

*see note 20 on the next page*

#### **Financial Liabilities**

*see note 20 on the next page*

### **(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.