



REPORT TO THE VICTORIAN PARLIAMENT FOR THE YEAR 2004

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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 core business is cancer control. It conducts and supports research, delivers statewide support and prevention programs, and is a strong advocate for reducing the physical and emotional burden of cancer.

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 Cancer Council's vision is to be:

- a source of insight and inspiration for solutions in the fight against cancer
- an authoritative voice, sought out and heeded by its stakeholders
- a major national and a significant international player in cancer control, led by cancer control experts of international repute
- a strong partner and collaborator within the medical, scientific and policy-making environment
- a service provider that is accessible to all Victorians
- a benchmark for charities' stewardship of resources.

The Cancer Council significantly and positively influences the cancer agenda in Victoria and beyond; it does so partly by maintaining partnerships with professional groups, businesses and especially government. Because of its high-level and multifaceted collaboration with government it is sometimes erroneously perceived as a body entirely funded by government. However, while working closely with cancer clinicians and researchers and presenting a strong public profile, the Cancer Council strives to provide highly independent quality advice to government in order to maximise participation in setting the public agenda on cancer.

As an independent charity, the Cancer Council relies on the generous support of donors and volunteers. It raises \$4–5 per head of population annually and receives almost the same amount in competitive research grants and government contracts.

In the Strategic Plan approved by the Executive Committee (Board) in 2004, the most important activities were identified as:

- prevention and early detection programs
- policy research
- basic and clinical research funding
- professional development for cancer professionals
- information and support for people affected by cancer
- epidemiological and behavioural research.

The powers of the Cancer Council as detailed in Section 5 (2) (a)–(e) of the Cancer Act 1958 (Vic) 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.

The Cancer Council houses the Cancer Epidemiology Centre, the Centre for Behavioural Research in Cancer, the VicHealth Centre for Tobacco Control, Quit Victoria, the Victorian Cancer Registry and units that deliver public education programs, information and support to cancer patients and their carers, and to the public at large.

The Cancer Council auspices and funds the administrative, educational and clinical research activities of the Victorian Cooperative Oncology Group, a network of 18 committees and over 400 cancer specialists. It also auspices and administers the State-funded Victorian Breast Cancer Research Consortium.

Also housed at and managed by the Cancer Council is the National Cancer Control Initiative, a partnership between The Cancer Council Australia and the Commonwealth Department of Health and Ageing.

The work of the Cancer Council is supported by units in charge of publications, fundraising, informatics and logistics, financial services and human resources.

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 best practice and industry guidelines. The organisation regularly receives and welcomes feedback from stakeholders and the community about specific 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 audited financial statements. Council includes non-specialist community representation 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 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** (a sub-committee of the Executive Committee) assists on issues as determined by the Executive Committee and can make decisions on its behalf.

The **Finance Committee** has responsibility for the financial affairs and risk management of the Cancer Council.

The **Audit and Compliance Sub-Committee** oversees compliance with a range of statutory obligations and effective management of risks, and provides specific advice to the Finance Committee on matters relating to financial systems integrity and financial risk.

The **Investment and Property Sub-Committee** is an advisory body whose function is to identify and address investment issues and provide recommendations to the Finance Committee.

The **Appeals Committee**, of which the **Media and Marketing Advisory Committee** is a sub-committee, oversees income generation, assists with fundraising 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 Victorian Auditor-General's Office audits the financial statements which, together with the audit 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 of the next meeting of Parliament. This report is published on the Cancer Council's website at www.cancervic.org.au.

Published report

The *Annual Review* is provided to major stakeholders and is available to the general public.

Program summary

By the age of 75 at least one in three Victorians will develop a cancer other than non-melanocytic skin cancer. Statistics released in December 2004 by the Cancer Council's Victorian Cancer Registry show that in 2003 a total of 12,286 men and 10,212 women presented with new cancers, and 5,351 men and 4,340 women had died of cancer in 2002.

In 2003 as many as 9,766 Victorians lost their lives to cancer, the leading cause of death (28.9% of total) in the State. More Victorians died from cancer (8,564 or 25.4%) than from the totality of coronary diseases.

The encouraging news is that cancer death rates for men and women continue to decrease at an annual rate of about 1.0% and 0.8% respectively. Sixty years ago, only 25% of people diagnosed with a serious cancer survived, whereas now nearly 60% of people diagnosed with a serious cancer will be cured.

The Cancer Council continues to extend its highly effective programs to improve patients' quality of life, and its assertive campaigns 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 2004 our Medical and Scientific Committee had a budget of \$2.79 million to fund biomedical research in Victorian hospitals, universities and medical research institutes. It again selected individuals for our major fellowships, namely grants-in-aid, postdoctoral fellowships, postgraduate scholarships and studentships. Funding is always keenly sought, in particular for grants-in-aid, where the selection process involves a national peer review of the applicants' projects. During 2004, we funded 30 research projects, 10 postgraduate scholarships, five postdoctoral fellowships, four major fellowships and 19 vacation studentships. In 2004 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 in which cancers spread through the body.

Last year the Medical and Scientific Committee also allocated seed funding to a special project to facilitate the coordination of tissue collection for cancer research. Procurement and banking of annotated clinical tissue are essential to research, clinical trials and the attainment of a greater understanding of cancer. A project officer and Tissue Bank Cooperative Management Committee were appointed to promote the use of standard documentation, policies and procedures that will provide tumour tissue and blood specimens with matched clinical, pathological and outcome data for research into the treatment and prevention of cancer. A common database is also being installed at four hospital tissue bank sites (Austin Health, Southern Health, the Peter MacCallum Cancer Centre and Melbourne Health). Building on the progress of this project, an application for \$10.9 million was submitted to the Department of Innovation, Industry and Regional Development under their Science Technology and Innovation (STI) grant program.

The Centre for Clinical Research in Cancer maintained its commitment to facilitating clinical research 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 new regimens compared with current best treatment. It is the view of the Cancer Council 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, or twice the national average, are enrolled in clinical trials in Victoria.

In 2004 our Cancer Trials Management Scheme awarded grants totalling \$725,000 to 18 hospitals. These grants helped to appoint cancer trial coordinators to assist clinicians in offering patients opportunities to participate in clinical trials. A total of 1,456 new patients were enrolled in trials and a further 5,288 patients received continued clinical follow-up at the participating hospitals. It is estimated that the Cancer Trial Management Scheme contributed to 20% of this clinical trial research activity. In addition, our Clinical Trials Office provided central management coordination for patient recruitment to two international breast cancer trials and an Australasian prostate cancer trial, and coordinated follow-up data for 19 international, national and Victorian trials involving over 1,000 patients.

The VCOG comprises a membership base of over 400 cancer specialists, healthcare professionals, scientists and consumers. The VCOG provides a unique forum with its multi-speciality and cross-institutional representation that enables interchange of knowledge and data. This contributes to consensus on cancer treatment policies, collaboration in clinical research programs locally, nationally and internationally, and coordinated lobbying for improved patient services. The VCOG structure includes a primary committee, executive committee, 12 specialist advisory committees and five clinical research sub-committees, representing clinical interests in breast, gastrointestinal, gynaecological, head & neck, haematological, lung, neurological, skin and urological cancers, palliation, psychology, and cancer genetics. The committees meet quarterly, conduct regular professional educational forums and produce biannual cancer update newsletters on six cancers (breast, gastrointestinal, gynaecological, 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. Figures on cancer in Victoria in 2003 were published in December 2004. In preparing the 2003 incidence data, over 100,000 notifications were processed from 250 hospitals and 50 pathology laboratories.

The Health 2000–2020 program was initiated in 1990, when information and blood samples were obtained from 42,000 people living in Melbourne. It focuses on the effect of lifestyle on cancer risk as well as the role of genetics and the influence that our behaviour can have on our predisposition to disease. The results to date reveal that overweight and obesity are important risk factors for some of our most common cancers, including colon cancer and breast cancer. The study has also identified simple ways in which diet can be changed to reduce the risk of type 2 diabetes, a common condition in our population. The CEC is about one-third of the way through re-testing the original participants in Health 2000–2020. The information being obtained will ensure that the study remains useful for at least another decade. The follow-up is being partly funded by an \$8.5 million program grant from the NHMRC.

The CEC, which also operates the Victorian Family Cancer Registry within the Victorian Family Cancer Genetics Services (VFCGS) program, continues its focus on families with cancer. 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 offer their patients a more accurate risk assessment. 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. The interchange of electronic data, which are secured using high-level encryption software, can be used by family cancer centres for both family history verification and registration with the Victorian Family Cancer Registry.

Another of the CEC's roles is to perform management surveys of cancer patients identified and sampled via the Cancer Registry, and feed back the information to the clinical community.

Centre for Behavioural Research in Cancer

By conducting inhouse 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. An external scientific review of CBRC in November 2004 concluded that the centre had an impressive record of research performance and was highly regarded internationally. CBRC staff investigate and publish 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, the needs of cancer patients, and improved energy balance to reduce cancer risk.

In 2004, CBRC released the results of its Australia-wide survey showing the lowest level of smoking among Australian secondary schools students aged 12–15 years since monitoring began 20 years ago. The centre also completed a study which showed a poor level of compliance of Victorian solarium venues in limiting access of minors and fair-skinned adults to tanning facilities. Other important research studies supported by grants from the NHMRC, VicHealth and other sources were also progressed. These included studies of trends over time in sunburn and 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 bars and gaming venues, and the effect of smoking restrictions in social venues on the smoking behaviour of young nightclub patrons. CBRC also significantly progressed work on two randomised controlled intervention studies that tested new methods of delivering supportive care for people with cancer.

Smoking and cancer: Quit Victoria and VCTC

Overall, 16.6% of Victorian adults were regular smokers in 2003. Smoking is highest amongst Victorians aged 18 to 29, where 23.4% are regular smokers (smoke daily or at least weekly), compared to 19.8% of Victorians aged 30 to 49 and 9% of those aged 50 or older. These figures come from data collected for the Victorian Smoking and Health Population Survey for 2003, an annual telephone survey of 3,000 Victorians.

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 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.

Quit Victoria

Established in 1984, Quit is a joint initiative of The Cancer Council Victoria, the Department of Human Services, the National Heart Foundation (Victorian Division) and VicHealth. Quit's overall goal is to reduce the harmful effects of tobacco use, particularly the incidence of cancer, heart disease and respiratory disorders.

In 2004 Quit maintained an active communications strategy focusing on a wide range of issues, including the benefits of quitting, consumer information and the harmful effects of environmental tobacco smoke. In October of that year, Victorian Premier Steve Bracks announced that smoking would be banned in all bars, pubs and clubs from July 2007.

Other issues receiving broad media coverage included the introduction of graphic warning on cigarette packs, and the release of data on smoking prevalence amongst adults in Victoria together with figures on Victorian lung cancer deaths and youth smoking.

In 2004 Quit also researched and developed the "Bubblewrap" advertising campaign, which aimed to raise awareness of the relationship between smoking and emphysema.

The "Parents" television commercials also returned to air, encouraging smokers to seek assistance by calling the Quitline. The Quitline service has demonstrated itself to be an effective aid for quitters and improves their chances of making a successful attempt at quitting. Calls to the Quitline continued to reflect the impact of the mass media led campaign strategy, with high levels of calls to the Quitline resulting from television campaign activity.

Quit packs are available free of charge and include 13 languages other than English. Over the year there were more than 13,000 Quit packs distributed from calls to the Quitline and more than 5,000 requests for packs via the Quit website. A free web-based smoking cessation support (The Quit Coach), which tailors advice for individual smokers, has been made available online. Quit Victoria's multicultural service, using bilingual staff, supported key multicultural festivals and events. There were 500 health promotion activities/information sessions showcasing Quit's multicultural resources, with 5,000 resources distributed.

Last year, 33 Fresh Start community courses and 23 workplace courses, 12 short courses, 37 prison courses and 77 workplace seminars were conducted. Quit's Fresh Start short course was evaluated and feedback incorporated, as were aspects of the Quitline service.

Quit's Health Professional smoking cessation training was further developed and 100 training sessions delivered to a wide range of health professionals including those in the oral health, cardiac rehabilitation, maternity care, diabetes, GP practice, pharmacy, respiratory and cancer settings.

A grant of \$150,000 was received from the Department of Human Services (DHS) for an 18-month project to extend the health professional training program. Quit produced and disseminated a training video showing how oral health professionals can engage and help their patients quit smoking.

Funding was received from the Victorian Managed Insurance Agency and DHS to develop a tailored smoking cessation program for workers in the La Trobe Valley who both smoke and have been exposed to asbestos. The project will continue in 2005.

In 2004, Quit facilitators were trained in Melbourne, rural areas and prison settings. Quit also took its training expertise interstate, providing training for facilitators in Darwin and Port Macquarie, and Smoking and Pregnancy and Quitline training in Hobart.

Quit and the VicHealth Centre for Tobacco Control (VCTC) participated in developing the National Smoking Cessation Guidelines for General Practice, with fax referral to the Quitline. Since their launch at the end of May 2004 more than 400 GP fax referrals have been received. Articles about the guidelines have been published by Quit in Cancer Forum and the Australian Health Promotion Association newsletter.

Quit has continued to work with community health organisations and local government, linking to relevant health awareness weeks and continued support for the Primary Care Partnership strategy.

Quit assisted in the development of Department of Education and Training Guidelines for tobacco policy and curriculum in Victorian schools including presenting six prevention-training sessions throughout Victoria.

The current 1995 edition of the book *Tobacco in Australia - Facts and Issues* is one of the most accessed resources on the Quit website. In 2004 the Commonwealth Department of Health and Ageing approved funding for a new edition of the publication that will add value and help to build capacity for the further development of tobacco control in Australia.

VicHealth Centre for Tobacco Control

The VicHealth Centre for Tobacco Control (VCTC) is placed at the centre of some of the major issues in tobacco control by taking a national leadership role or playing an important role internationally, principally in the areas of tobacco regulation and health economics.

The centre has commissioned detailed work analysing the economic impact of tobacco use in Australia. This work has included an analysis of the benefits of lower smoking levels, including the short-term benefits of a reduction in smoking on acute myocardial infarction (AMI) and stroke hospitalisations and costs.

The centre's work on tobacco regulation falls into two main areas: work on specific issues that should help to reform current laws, and more fundamental issues relating to tobacco regulation and legislation.

During 2004 the VCTC was part of two successful US National Institutes of Health grants to further our International Tobacco Control Policy Evaluation Project. The VCTC now has three annual waves of data from Australia, Canada, the United States of America and the United Kingdom and is collecting data from three other countries including Malaysia and Thailand. It is clear that Australia is generally leading its peers in the implementation of smokefree places including the proportion of smokers making their homes smokefree. The VCTC has also begun to document some of the misunderstanding internationally about so-called 'light/mild' cigarettes, and the impact of recent EU reforms to ban the use of such terms.

This survey has placed the VCTC in an ideal position to evaluate the impacts of forthcoming reforms in Australia, including new health warnings and banning of smoking in pubs and clubs. This study has also extended to include Ireland with a special study of the impact of Smoke-free Ireland, where smoking is banned in all indoor workplaces, including pubs.

The VCTC is also consolidating work on improving the Quitline service. The follow-up of a study of the benefits of augmenting the Quitline call-back system with extra relapse prevention calls is

almost completed, and the implementation of a trial of GP referral to the Quitline is ready. Pilot testing suggests that the strategy is acceptable to GPs and they appreciate the feedback Quit provides. This study is also providing opportunities to promote Quit Coach, the most effective automated interactive smoking cessation resource available in the world.

In 2004 the VCTC, on behalf on various health and legal bodies, wrote numerous submissions to government and government inquiries, including submissions to the Commonwealth Government regarding pack warnings and product information, to the Victorian Government regarding the review of the Health Act, to the Victorian Government on tobacco reforms, to the Productivity Commission Inquiry into the *Disability Discrimination Act 1992*, to the Senate Legal and Constitutional Committee inquiry into the provisions of the *Disability Discrimination Amendment Bill 2003* and to the Maxwell Review of the Victorian Occupational Health and Safety Act. The VCTC submission to Crown Counsel, Professor Peter Sallmann QC, on document destruction issues in March 2004, was referred to in a number of places in Professor Sallman's final report and Professor Sallmann adopted VCTC's position in his recommendations.

On behalf of The Cancer Council Australia, the National Heart Foundation, Action on Smoking and Health (ASH), and the Australian Council on Smoking and Health, the VCTC made submissions to a Senate Inquiry regarding tobacco advertising, tobacco industry political donations, and Australian Competition and Consumer Commission (ACCC) activities relating to the tobacco industry in June and August 2004. In August the VCTC gave evidence to the inquiry on all three issues and has written follow-up letters to the Chairman and Deputy Chair of the ACCC setting out an appropriate approach to "light" and "mild" cigarette issues.

The VCTC made a submission to the Commonwealth on the benefits to Australia of ratifying the Framework Convention on Tobacco Control (FCTC), and its submission to the Joint Standing Committee on Treaties (JSCOT) on the FCTC was quoted from in JSCOT's report to Parliament.

In July 2004, the VCTC provided advice to the Framework Convention Alliance (FCA), an umbrella group of international non-government organisations involved in the development and implementation of the FCTC, regarding Draft FCTC Rules of Procedure. The advice on non-government organisation participation in international treaties is the basis for the FCA position. The VCTC received funding from The Cancer Council Australia and the National Heart Foundation towards work looking at the regulation of cross-border tobacco advertising under the FCTC.

The VCTC was awarded funding for advice regarding the Pacific Island Countries Trade Agreement. Advice was given to the Secretariat of the Pacific Community regarding the inclusion or exclusion of alcohol and tobacco in the Pacific Islands Countries Trade Agreement, with early work presented at a meeting of the Pacific Island Countries in November 2004.

VCTC's work on cigarette pack warnings and product information was awarded the VicHealth Excellence in Health Promoting Research award 2004.

Managing statewide cancer prevention and early detection campaigns

SunSmart

In 2004 SunSmart received two accolades that are worthy of note. It was appointed the World Health Organization Collaborating Centre for the Promotion of Sun Protection, a role which recognises The Cancer Council Victoria's SunSmart program as a world leader in skin cancer control and strengthens our position as an international leader in health promotion. Secondly, SunSmart won the 2004 VicHealth award for Excellence in Health Promotion Projects.

The Cancer Council coordinated the first National Sun Survey, based on the Victorian survey that has been conducted over the past ten years. The survey explored weekend sun protection behaviour by adults, teens, and children. Preliminary data on the adult study showed that younger males and those with more sensitive skin were more likely to get sunburnt on the weekend than other respondents. Thirty-nine per cent of respondents reported that they liked to get a suntan and attempts to get a suntan in the current season were low at 15%.

The influx of solarium centres offering large doses of UV radiation to unsuspecting customers provides an ongoing challenge for SunSmart's skin cancer prevention campaign. The number of solarium centres operating in Melbourne has increased by 600% over the past 10 years. The Cancer Council's study into compliance by Melbourne solarium centres with the Australian Standard for Solaria for Cosmetic Use (2002) highlighted generally poor results. Of particular concern was the fact that 90% of those with fair skin that burns and never tans and over half of teenagers without parental consent were allowed access, in contravention of the requirements of the standard. Many centres operate without skilled staff and are clearly unable to comply with the standard. SunSmart commenced work with the Department of Human Services to develop public information resources warning about the dangers of solaria, and plans for a national advocacy strategy to inspire industry regulation are underway.

SunSmart continued to strengthen its significant achievements in primary schools and substantially increased its profile in childcare centres and secondary schools. To date 81% of all Victorian primary schools and 59% of pre-schools have joined the SunSmart program. This means children must wear sun-protective hats from September to April, be taught about SunSmart behaviour at every year level, and have sufficient outdoor shade available in the playgrounds. Based on our successful television advertisement, *Skin Cancer – it's Killer Body Art*, a secondary schools curriculum for English, Media Studies, Pastoral Care and Health subjects from years 8–12 was developed, featuring a documentary style video depicting the making of the advertisement. This unique product is being sold to schools across Australia.

In 2004 SunSmart's partnership with WorkSafe Victoria continued to generate initiatives to address the risk of skin cancer for outdoor workers, particularly those employed in the construction industry. During WorkSafe week in November, 368 construction workers across Victoria received SunSmart education and skin cancer checks and 140 (38%) were referred by their GPs for further investigation by specialists. SunSmart's workplace educators delivered 118 onsite education sessions to employers and employees, raising awareness of skin cancer as an occupational health and safety 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 incidence and mortality rate from cervical cancer by encouraging women to have regular biennial Pap tests.

In August 2003, PapScreen commenced a campaign that involved sending personalised letters of invitation to women aged 50–69 years who had not had a Pap test in the last three years or who had never had a Pap test, encouraging them to do so. The campaign concluded in February 2004, and in total 193,529 letters were sent to women. Women were encouraged to call the Cancer Helpline if they required further information, and nearly 2,500 calls were received, mainly about issues regarding hysterectomy and finding a Pap test provider.

In July 2004, PapScreen launched a new campaign, which aired on television and radio for three and a half weeks. The theme of the campaign was 'Don't Just Sit There'. The 30 and 15-second television commercials and 30-second radio announcement reminded women that while having a

Pap test may be uncomfortable or even embarrassing, the consequences of not having a Pap test can be far worse. While the campaign was designed to have wide appeal, there was particular emphasis on encouraging under-screened women aged 45 to 65 to have Pap tests every two years. This campaign, developed by PapScreen, had pleasing results.

On average, each working day during the campaign period saw an additional 535 women coming in for a Pap test, compared to the preceding four weeks. The majority of those women were overdue for their next Pap test by 24 to 30 months. The campaign also reached women who had never before had a Pap test; an extra 50 women per day had a Pap test for the first time during the campaign period. Among women who were surveyed, an impressive 61.5% were able to recall the advertisement (18.7% unprompted and 42.8% prompted) and most were able to report a key message from the advertisement. Due to this success, PapScreen intends to repeat this campaign in 2005, with the inclusion of a multicultural component.

PapScreen continues to implement a wide range of grant program initiatives to reach unscreened and underscreened women. During the past year, 18 grants were awarded to organisations for the purchase of essential cervical screening equipment; three neighbourhood renewal programs were awarded funding to develop and deliver a cervical screening health promotion project within their area; and in order to support PapScreen's mass media campaign, more than 40 organisations were funded to deliver additional Pap test clinical services to women. Funding was also provided in 2004 to multicultural organisations to organise and host an education session delivered in their language.

Breast cancer programs

Breast cancer continues to be a major cancer concern for Victorians. In 2004, the Cancer Education Unit provided information on the early detection of breast cancer to the public and health professionals in a variety of formats. Activities included:

- conducting five BreastHealth Training Programs for community health professionals
- informing GPs and community health professionals about the shift in policy to the promotion of breast awareness messages, rather than breast self-examination, following the adoption of a new national policy on the early detection of breast cancer
- initiating a media campaign around International Women's Day to promote breast awareness messages
- introducing a grants scheme (the Women's Health Grants) promoting BreastHealth and Pap test information to multicultural community groups. This resulted in the delivery of 145 information sessions through the Community Language Program (a multicultural peer education program delivering information in 22 languages). An additional 15 information sessions were delivered focusing on BreastHealth issues, giving a total of 3,200 women from culturally diverse backgrounds who received information on BreastHealth in their own language
- developing written material: patient booklets, a new Breast Awareness brochure, information sheets, including a translation into 17 languages, and website updates
- developing visual resources: an update of the BreastHealth video and a new BreastHealth flipchart.

Bowel cancer

The Cancer Council played a major role in the Australian Government's National Bowel Cancer Screening Pilot Program, being responsible for all communications and recruitment strategies in the Victorian pilot site. It worked closely with local partners, the Department of Human Services and the North East Division of General Practice, to help maximise participation rates.

While in operation between May 2003 and June 2004, the Victorian pilot involved 29,000 people aged 55 to 74 and living in the north-eastern suburbs of Melbourne. Each person was invited to screen for bowel cancer and received a faecal occult blood test kit (FOBT) in the mail. Those testing positive were asked to visit their doctor for further tests, most commonly a colonoscopy.

The Cancer Council used a variety of strategies to encourage participation in the pilot. Education sessions were conducted in seven languages. Local and ethnic media (print and radio) were targeted with media releases and advertising. Networks of community workers were engaged and trained about the program. Display stalls featured in local shopping centres, libraries, festivals and events. Local Koori workers worked specifically with the Aboriginal community. The Cancer Council's team of bilingual health educators and its Multilingual Cancer Information Line, with the capacity to cater for telephone calls in 80 languages, were important resources for the program. Although final results have not been released, an overall participation rate of around 45% was achieved, with around 40% participation in the Victorian site. This was considered very promising given the high cultural diversity in the site, where around 40% of participants spoke a language other than English at home.

We now eagerly await details from the Australian Government on how the national program will roll out.

Cancer education of multicultural communities

The Cancer Council's commitment to multicultural education increased in 2004 with the appointment of a Multicultural Education Officer to coordinate action across various programs and encourage organisation-wide activities that include a multicultural focus.

A major education strategy was implemented through the Community Language Program, which employs a team of 30 bilingual community educators who speak 22 languages between them. The program educates multicultural communities about cancer prevention and early detection, through a range of cancer-related session topics. In 2004 the program delivered a record 441 education sessions to multicultural community groups. It also contributed to the development of culturally appropriate resources and worked with ethnic media.

In November 2004 the first 'Cancer and Diversity' Multicultural Information Day was held for community workers. The day aimed to increase awareness and consolidate collaboration between the Cancer Council, multicultural communities and organisations that deal with culturally and linguistically diverse communities.

The Cancer Council website now provides information on a range of cancer-related topics in 16 languages (www.cancervic.org.au/multilingual). Multilingual fact sheets are also available in hard copy.

Men's Cancer Program

The Men's Cancer Program continues to play 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 visits support groups. These are delivered in suburban Melbourne and rural Victoria. Twenty-eight community forums and support group meetings were held in 2004, attracting over 1,300 people.

An education program was developed and delivered to train educators to go into workplaces and present on prostate problems and prostate and bowel cancers, with 29 sessions on prostate problems and cancer and bowel cancers being subsequently delivered.

Bilingual educators also delivered 55 sessions in Greek, Italian, Polish, Macedonian, Serbian, Croatian and Chinese on prostate problems and prostate cancer. Translation of many resources into seven languages have been completed and distributed at each session with Cancer Council fact sheets on prostate problems. Further work on translation of resources is underway.

The Prostate Care Nurse Distance Education Program, a collaboration with La Trobe University, continues and since June 2001 has seen 145 nurses undertake the 13-week education program. Nurses who have completed the program are able to attend an annual education day held at the Cancer Council, which was attended by 29 nurses in July 2004.

A new booklet, *Sexuality and Cancer: A Guide for People with Cancer*, was completed and distributed to consumer groups, from which it received positive feedback. A video, *Testicular Cancer: A Guide for Men and their Families*, was also completed and distributed.

Family Cancer Program

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 enhancing Victorian GPs' skills 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 on the familial aspects of bowel and breast cancer. The program provides GPs with the skills needed to accurately assess a patient's risk of familial cancer, to offer patients appropriate management and introduce them to the services offered by the Victorian Family Cancer Genetic Services (VFCGS). The workshops are accredited under the Quality Assurance and Continuing Professional Development Program of the Royal Australian College of General Practitioners.

During 2004 five workshops were held across three rural and two metropolitan Divisions of General Practice, with 74 GP participants. National and international recognition of the program was achieved through active involvement in various networks and conferences.

The VFCGS website, hosted by the Cancer Council, was launched in February 2004 and attracted substantial media attention and ongoing traffic to the site. The site at www.cancervic.org.au/familycancer provides links to the Cancer Information and Support Service and the four Victorian Family Cancer Centres.

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.

The largest component of a GP's workload related to cancer involves dealing with patients who have suspicious symptoms or concerns about possible cancer, or are at increased risk due to family history or lifestyle factors, such as smoking, nutrition, alcohol and physical activity levels.

The GP Program aims to optimise the delivery of cancer control initiatives throughout Victorian general practice to strengthen relationships and representation with the sector, and to support

programs in developing and implementing GP education in cancer control. A key outcome of the program includes the establishment of a General Practice Working Group that includes a GP, representatives from the Peter MacCallum Cancer Centre, the National Cancer Control Initiative and staff from across the Cancer Council. Other outcomes include completing an audit of the Cancer Council's primary health care activities and services, developing a newsletter for general practices, reviewing the Royal Australian College of General Practitioners' Red Book *Guidelines for Preventive Activities in General Practice - 5th Edition*, working with Victorian Divisions of General Practice to distribute cancer control information, and supporting the Cancer Council's programs in familial cancer, cervical screening and smoking cessation.

During 2004 the Cancer Council was involved in the development and piloting of GP workshops on 'The Early Detection of Prostate Cancer Using a Model of Informed Choice'. Three workshops as part of a pilot were held in November with the participation of 63 GPs. Evaluation of the workshops is underway with a view to roll workshops out across Victoria in 2005. There are plans to deliver the workshop module in other formats.

Our priorities in 2005 are to extend our work around bowel cancer screening, to continue the early detection of prostate cancer workshops and to disseminate literature and resources developed by us.

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 2004 the Cancer Council, in conjunction with Diabetes Australia (Victoria) and the National Heart Foundation (Victorian Division), launched the 'If we do nothing' campaign to highlight the number of deaths associated with obesity each year as compared to road accidents. Also in 2004, the Cancer Council collaborated with Diabetes Australia (Victoria) and the Australasian Society for the Study of Obesity to develop a web-based network of parents who share a concern about obesity-related issues. The Parents' Jury (www.parentsjury.org.au) was launched in August 2004 and has attracted over 250 members. So far it has undertaken research related to confectionery at supermarket checkouts and led publicity campaigns to raise awareness about the importance of obesity prevention.

Raising cancer awareness in the community

Throughout 2004 the Cancer Council maintained an active profile in the news media (unpaid media) in both metropolitan and regional Victoria to promote awareness about its work.

Newsworthy research findings were released throughout 2004 to support the health promotion aims of the Quit, SunSmart and PapScreen programs. In addition, extensive communications activities were undertaken by the Cancer Council in Victoria for the national bowel cancer screening pilot.

The Cancer Council's fundraising activities are a strong focus of promotional activities, providing the opportunity to engage community support in fundraising events by highlighting the impact of cancer in Victoria, as well as raising awareness about cancer prevention and support services available for those affected by cancer.

In 2004, the Cancer Council's communications activities included a strong focus on utilising both paid and unpaid multicultural media to ensure its message reached readers of multicultural media.

In addition, communications staff regularly respond to media enquiries, providing the latest cancer statistics, briefing media on the Cancer Council's position, and arranging interviews with researchers and other experts.

The work of the Cancer Council's communication staff and supporters generates a considerable amount of coverage in the news media, and makes an important contribution to raising community awareness about the impact of cancer, new research findings, risks factors and cancer prevention, cancer screening programs, and support for those affected by cancer.

Providing information and support

Telephone information and support, cancer support groups and statewide services

In 2004 the Cancer Helpline run by the Cancer Information and Support Service (CISS) responded to 53,264 contacts: 8,054 were patients, 6,709 were members of the general public, 5,686 were health professionals, 6,309 were relatives, 4,280 were community organisations, 2,214 were hospitals, 896 were medical practitioners, 4,319 were accredited breast care nurses, 369 were prostate care nurses, 4,412 were Cancer Connect volunteers, and 2,607 were 'Living with Cancer' Education Program facilitators. The most frequently discussed cancer sites were breast, prostate, bowel, cervix, skin, bronchus and lung, ovary and brain. During the year we distributed 305,633 pieces of literature.

CISS operates a Multilingual Cancer Helpline which enables a caller to be connected with a nurse counsellor with an interpreter online. The unit has 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 Victorian cancer clinicians and 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 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 four public seminars in country Victoria, one of which was followed by presentations to general practitioners. Visits are organised to 15 country centres on a three-year rotation. In 2004 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 2,000.

Living With Cancer Education Program (LWCEP)

Last year 35 LWCEPs were run throughout Victoria, with the participation of over 340 people with cancer and their significant others in each eight-week program. Forty-five 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 2004 the program processed 14% more referrals than in the previous year and the volunteers had 900 contacts with support recipients. Thirty-nine new volunteers were trained in 2004. The program supports newly diagnosed cancer patients, parents of newly diagnosed children, and also carers of people experiencing cancer, by linking them with specially trained volunteers who have themselves had cancer, are a parent of a cancer patient or carer of someone with cancer.

Cancer Support Groups Program

The Cancer Support Groups Program was discussed during 1,400 calls from diagnosed cancer patients and their families and friends. There are currently 115 accredited groups with the Cancer Council, with which 2,700 contacts were made in 2004.

Welfare Grants Program

CISS gave 206 welfare grants to cancer patients totalling \$31,200 and funded \$91,000 in grants issued by hospitals, in addition to two no-interest loans to a total value of \$1,800.

CISS also runs other programs such as 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.

The Victorian Cancer Clinicians Communication Program (VCCCP) was introduced and 10 cancer clinicians were trained as facilitators. An impressive 41 cancer specialists have attended workshops on 'How to Deliver Bad News to Patients and their Families'. The program has also trained 60 general practitioners, 42 postgraduate oncology nurses and 12 registrars in advanced communication skills.

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 in which 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 10 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 (Victoria), VicHealth and the Victorian universities, as well as the International Union Against Cancer and the World Health Organization.

Funding the programs

Gross income for charitable support grew by approximately \$1.6 million in 2004 achieving a record result. A net result of approximately \$16.3 million was also the highest result on record. The strongest area of performance was in bequests income. Direct Mail was also a growth area in 2004 as was our newest event, Tour for a Cure. There were, however, some significant challenges associated with generating charitable income in 2004. Two long-standing events, Australia's Biggest Morning Tea and Daffodil Day, did show some downturn, a result of the maturing of these events. Corporate support was also under budget in 2004. However, we continue to have very successful and high profile events, a growing direct mail program and a strong bequests program.

It should be noted that the Cancer Council does not engage in some contemporary fundraising practices such as cold call telemarketing, street appeal acquisitions or door knocking. We aim to provide opportunities for meaningful engagement with the community. This strategy will be further developed as we look for new programs and activities to offer the Victorian community as and when various events mature.

The charitable income result for 2004 was due to the enormous contribution of the Victorian community and their commitment to the cancer cause. Contributions from regional Victoria were of particular note in a number of our activities, especially Relay for Life, which is our premier community fundraising event. Regional Victoria contributes almost 70% of Relay for Life income. This event is also an excellent example of how our fundraising events offer something to the communities who support our fundraising activity. Relay for life is a vehicle for the dissemination and promotion of our key health messages and can be a cathartic experience for those affected by cancer, be they cancer survivors, carers, friends or family members.

Period	Result	Revenue	Expenditure	Total
	Surplus/(Deficit)			Assets
	\$000s	\$000s	\$000s	\$000s
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
Year ended Dec 2004	2,702	41,198	38,496	36,604

Note: Results for 1995-99 include specific project income not yet expended.

As President of the Cancer Council it is my pleasure to submit my report for the year 2004 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 relies on the assistance of numerous Victorians; it is very fortunate to be able to have highly qualified and experienced committee members who generously donate their time and expertise to its work. The continuing generosity and dedication of its regular supporters, volunteers and donors is among its greatest assets, as are the competence and assiduity of its staff.

The senior officers of the Cancer Council at 31 December 2004 were:

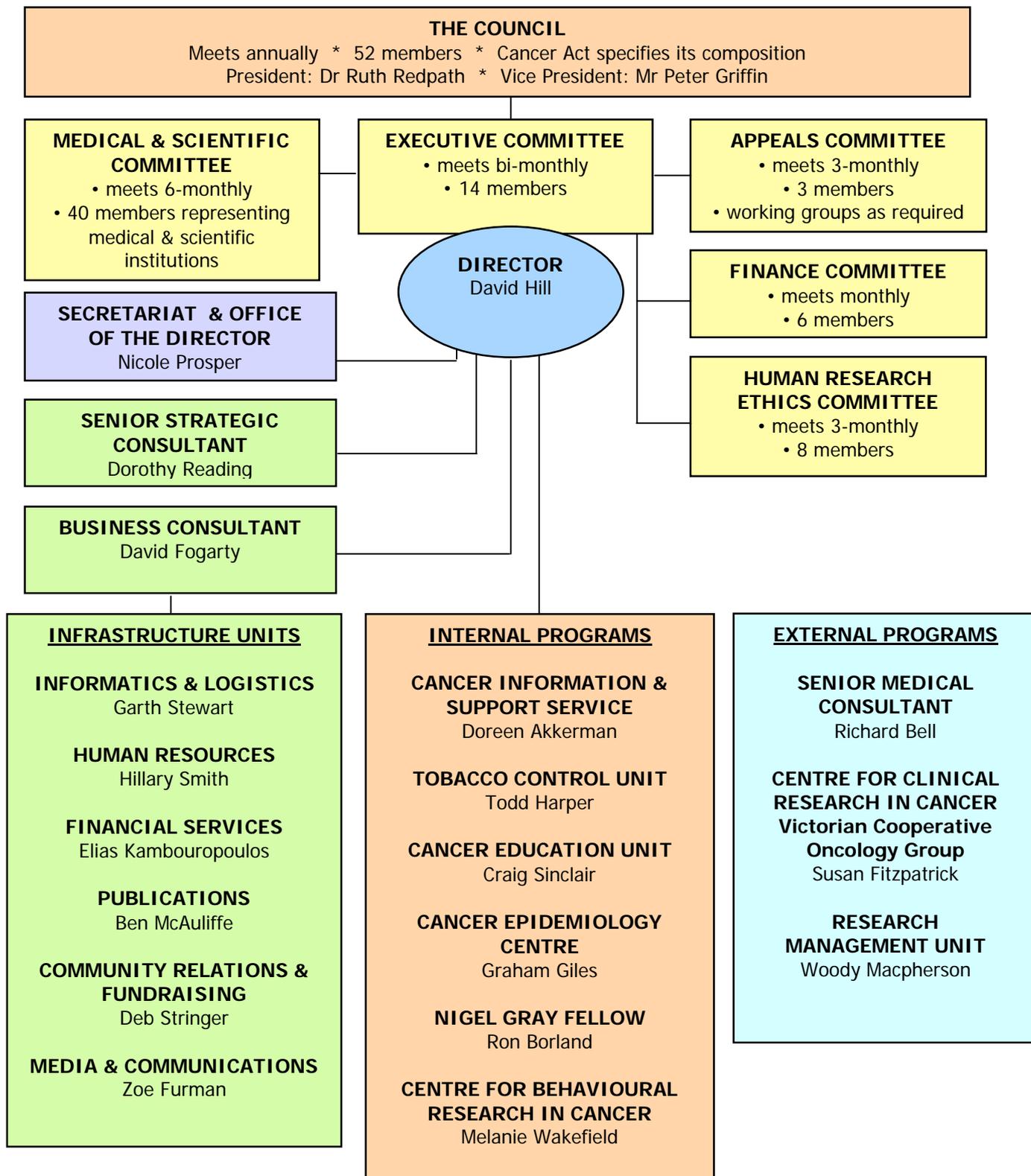
Professor David HILL <i>AM</i>	Director
Doreen AKKERMAN	Director, Cancer Information and Support Service
Assoc Prof Richard BELL	Senior Clinical Consultant
Dr Ron BORLAND	Nigel Gray Fellow
Susan FITZPATRICK	Executive Officer, Centre for Clinical Research in Cancer
David FOGARTY	Business Consultant
Zoe FURMAN	Director, Communications
Professor Graham GILES	Director, Cancer Epidemiology Centre
Todd HARPER	Executive Director, Quit–Victorian Smoking & Health Program
Elias KAMBOUROPOULOS	Manager, Financial Services
Woody MACPHERSON	Head, Research Management Unit
Ben MCAULIFFE	Manager, Publications Unit
Nicole PROSPER	Secretary to Council
Dorothy READING	Senior Strategic Consultant
Deb STRINGER	Director, Community Relations and Fundraising
Craig SINCLAIR	Director, Cancer Education Unit
Hillary SMITH	Manager, Human Resources
Garth STEWART	Manager, Informatics & Logistics
Professor Melanie WAKEFIELD	Director, Centre for Behavioural Research in Cancer

M Ruth Redpath *AO*

President

April 2005

Structure of The Cancer Council Victoria



OLUNTARY SUPPORT	1,000 volunteers in 36 groups	300 clerical, shop and mail order volunteers
	37,000 fundraising volunteers	135 cancer support groups
	2,000 scientific referees	Over 80,000 donors
	400 expert honorary advisory	Around 50 Cancer Connect

ANTI-CANCER COUNCIL OF VICTORIA

FINANCIAL STATEMENTS

FOR THE YEAR ENDED 31 DECEMBER 2004

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Printed Thursday 31 March 2005

ANTI-CANCER COUNCIL OF VICTORIA

Operating as THE CANCER COUNCIL VICTORIA

STATEMENT OF FINANCIAL PERFORMANCE

for the year ended 31 December 2004

	Note	2004	2003
		\$000s	\$000s
REVENUE from ordinary activities			
Charitable support		22,280	20,689
External program funding		11,504	9,689
Other income	3	5,085	3,495
Retail operations	4	2,329	2,161
Total revenue from ordinary activities		41,198	36,034
EXPENSES from ordinary activities			
Program Services:			
- Research	6	14,441	11,858
- Cancer prevention and early detection	6	14,250	12,615
Retail operations	4	2,015	1,898
Charitable support		5,995	5,714
Administrative support		1,795	2,922
Total expenses from ordinary activities		38,496	35,007
NET RESULT for the reporting period	5	2,702	1,027
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	123	(11)
Set up external program from core funds	11	-	92
Increase in Dunlop Reserve	12 (b)	420	-
Increase in asset revaluation reserve	12 (e)	-	1,683
TOTAL CHANGES IN EQUITY		3,245	2,729

ANTI-CANCER COUNCIL OF VICTORIA

Operating as THE CANCER COUNCIL VICTORIA

STATEMENT OF FINANCIAL POSITION

as at 31 December 2004

	Note	2004	2003
		\$000s	\$000s
ASSETS			
Current assets			
Cash Assets	14a	11,025	1,901
Investments	7a	1,300	6,790
Receivables		1,780	2,030
Inventories		391	342
Other Assets		110	82
Total current assets		14,606	11,145
Non-current assets			
Investments	7a	6,240	7,233
Property, plant and equipment	8	15,758	16,356
Total non-current assets		21,998	23,589
TOTAL ASSETS		36,604	34,734
LIABILITIES			
Current liabilities			
Payables		1,932	2,315
Administered program funding	9	1,276	2,806
Employee benefits	10	1,425	2,121
Research grants accrued	1.2(j)	2,280	2,303
Total current liabilities		6,913	9,545
Non-current liabilities			
Employee benefits	10	1,557	473
Research grants accrued	1.2(j)	1,899	1,726
Total Non-Current Liabilities		3,456	2,199
TOTAL LIABILITIES		10,369	11,744
NET ASSETS		26,235	22,990
EQUITY			
Accumulated funds	11	8,411	5,096
Reserves	12	17,824	17,894
TOTAL EQUITY		26,235	22,990

ANTI-CANCER COUNCIL OF VICTORIA

Operating as THE CANCER COUNCIL VICTORIA

STATEMENT OF CASH FLOWS

for the year ended 31 December 2004

	Note	2003 \$000s	2002 \$000s
CASH FLOWS FROM OPERATING ACTIVITIES			
CASH FLOW FROM OPERATING ACTIVITIES			
Receipts from charitable support, retail, royalties and fees for service		28,718	25,988
Income for external projects		14,537	14,321
Payments to suppliers and employees		(42,472)	(37,814)
Net refund of Goods and Services Tax		26	-
Interest and trust distributions		806	440
NET CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES	14(b)	1,615	2,935
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds on sale of investment securities		9,389	2,601
Payment for investment securities		(1,052)	(3,977)
Payment for property, plant and equipment		(828)	(3,047)
NET CASH (USED IN) PROVIDED BY INVESTING ACTIVITIES		7,509	(4,423)
NET INCREASE/(DECREASE) IN CASH HELD		9,124	(1,488)
Cash at beginning of the financial period		1,901	3,389
CASH AT THE END OF THE FINANCIAL PERIOD	14(a)	11,025	1,901

ANTI-CANCER COUNCIL OF VICTORIA

Operating as THE CANCER COUNCIL VICTORIA

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 31 December 2004

1 Summary of significant accounting policies

The Financial Report is a general purpose Financial Report prepared in accordance with Australian Accounting Standards, Relevant Urgent Issue Group Consensus Views, other authoritative pronouncements of the AASB, the requirements of the Financial Management Act 1994 and applicable Directions issued there under. The accounting policies adopted in preparing the Financial Report are consistent with those of the previous years, except where otherwise stated.

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.

1.1 Summary of material accounting policies adopted

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 Non-current Assets

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

Subsequent to the initial recognition, non-current physical assets, other than plant and equipment are measured on a fair value basis, being the amount for which an asset could be exchanged between knowledgeable willing parties in arm's length transaction. Plant and equipment is measured at cost.

Assets measured on a fair value basis must be revalued with sufficient regularity to ensure that the carrying amount of each asset is not materially different to its fair value at reporting date.

A net revaluation increment must be credited directly to the asset revaluation reserve except if it reverses a prior revaluation decrement that was expensed. A net revaluation increment that is a reversal of a prior decrement that was expensed is immediately recognised as revenue. A net revaluation decrement must be immediately recognised as an expense except if it reverses a prior revaluation increment standing to the credit of the asset revaluation reserve. A net revaluation decrement that is a reversal of a prior increment standing to the credit of the asset revaluation reserve is debited against the asset revaluation reserve. It is the policy of the Anti-Cancer Council of Victoria to have an independent valuation every three years, with indexation being applied in intervening years.

ANTI-CANCER COUNCIL OF VICTORIA

Operating as THE CANCER COUNCIL VICTORIA

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 31 December 2004

(e) Depreciation

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

CLASS OF FIXED ASSET	DEPRECIATION RATES (2004)	DEPRECIATION RATES (2003)
Building & Improvements		
Buildings		
Freehold improvements	2.5%	2.5%
Plant & Equipment		
Computer hardware	33.3%	33.3%
Computer software > \$5,000	40.0%	40.0%
Furniture and fittings	20.0%	20.0%
Leasehold improvements	20.0%	20.0%
Office equipment	20.0%	20.0%
Research equipment	20.0%	20.0%
Telephone equipment	20.0%	20.0%
Motor vehicles	20.0%	20.0%

(f) 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.

(g) Investments

Investments are initially 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 methodology

In 2004, both current and non-current investments has been valued based on the 'fair value' at 31 December, 2004.

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" in the Statement of Financial Performance.

(h) Inventories

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

(i) Employee Benefits

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

Liabilities for employee benefits for wages, salaries and annual leave expected to be settled within 12 months of the reporting date are recognised in respect of employees' services provided to reporting date, in employee benefits and are measured as the amounts expected to be paid when the liabilities are settled.

(ii) Long Service Leave

The liability for long service leave expected to be settled within 12 months of the reporting date is recognised in the employee benefits and measured in accordance with (i) above.

The liability for long service leave expected to be settled in more than twelve months of the reporting date has been recognised at the present value of the future cash outflows estimated for those entitlements and classified as non-current liabilities.

ANTI-CANCER COUNCIL OF VICTORIA

Operating as THE CANCER COUNCIL VICTORIA

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 31 December 2004

(j) Research Grants

These funds have been set aside to honour future expenditure commitments approved by the Board in relation to specific research grants-in-aid, postdoctoral research fellowships and postgraduate research scholarships for which funding agreements have been signed between the Cancer Council and the research host institutes. These funding agreements extend into 2005, 2006 and 2007.

Liabilities for research grants are recognised at the time of approval of the grants by the Anti-Cancer Council and are measured at the values specified in the grant-in-aid funding agreements at reporting date.

The liability for research grants accrued are categorised as current where the liability is expected to be settled within twelve months of the reporting date or non-current where the liability is expected to be settled in more than twelve months of the reporting date.

(k) 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.

(l) 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.

Any grants unspent at balance date are recorded as a current liability in the Statement of Financial Position. The funds invested in fixed interest and at call facilities in accordance with the grant terms and are included as part of managed funds under Note 7.

(m) 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 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

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 31 December 2004

	2004 \$000s	2003 \$000s
3 Other Income		
Other Income comprises:		
- Investment Income	735	565
- Investment gains	1,383	-
- Royalties and Fees for Service	2,967	2,930
TOTAL OTHER INCOME	5,085	3,495
4 Retail operations		
Retail sales	2,329	2,161
Expenses:		
- Cost of goods sold	(1,039)	(906)
- Retail Expenses	(976)	(992)
- Total Expenses	(2,015)	(1,898)
SURPLUS ON RETAIL OPERATIONS	314	263
5 Operating expenses		
The net result for the reporting period was arrived at after charging:		
- Audit fees	22	18
- Depreciation of property, plant and equipment	1,498	1,349
- Loss on write-down of investments to recoverable amount	-	963
- Written down value of asset sold during the year	70	324
6 Program services		
Research		
Support of basic scientific studies, clinical investigations and programs	5,067	4,188
Victorian Cancer Registry—registers all cancer cases in Victoria and provides statistical analyses	1,682	1,651
Centre for Behavioural Research in Cancer—a centre for research into behavioural aspects of cancer prevention, detection and rehabilitation	2,407	1,899
Cancer Epidemiology Centre—a centre for research into the occurrence, distribution and determinants of disease	3,399	2,572
Health 2000—a study to ascertain the effect of lifestyle factors (especially diet) on the incidence of a range of diseases.	570	509
VicHealth Centre for Tobacco Control—a centre to investigate new ways to reduce tobacco usage	1,316	1,039
TOTAL RESEARCH	14,441	11,858
Cancer Prevention and early detection		
Education—programs to create awareness about prevention, early detection and treatment; Cancer Information and Support Service	2,961	2,695
Quit—public education program to reduce tobacco consumption and prevent the uptake of smoking	4,471	4,193
Aid to patients—in the form of welfare grants, cancer support groups, Cancer Information and Support Service	1,807	1,669
External subscriptions—relates to Victoria's involvement in national and international cancer programs	2,945	1,723
SunSmart—public education program related to skin cancer prevention and early detection	460	762
PapScreen Victoria—the promotion of regular screening for cervical cancer	1,589	1,403
Commercial Programs – providing sun protection aids to the general public	17	170
TOTAL CANCER PREVENTION AND EARLY DETECTION	14,250	12,615

ANTI-CANCER COUNCIL OF VICTORIA

Operating as THE CANCER COUNCIL VICTORIA

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 31 December 2004

	2004	2003
	\$000s	\$000s
7 Investments		
7(a) Current Investments		
Australian Fixed Interest	1,300	6,790
TOTAL CURRENT INVESTMENTS	1,300	6,790
7(a) Non-current Investments		
Australian Equities	5,594	3,467
International Equities	646	2,968
Listed Property	-	798
TOTAL NON-CURRENT INVESTMENTS	6,240	7,233
TOTAL INVESTMENTS	7,540	14,023
7(b) Reconciliation of total available funds		
Cash Invested (refer note 14(a))	9,933	1,487
Total Investments	7,540	14,023
TOTAL AVAILABLE FUNDS	17,473	15,510
<p>During the year, a review was undertaken of the Cancer Council's investment strategy and resulted in the reallocation of a large part of the investment portfolio into cash. The above funds are held in trusts, share and equity funds and are represented by the following liabilities and reserves:</p>		
Restricted-use assets		
Liability - Administered Program Funding (refer note 9)	1,276	2,809
External Grants Reserve (refer note 12(d))	5,900	6,079
Special Funds (refer note 12(a))	3,192	3,513
	10,368	12,401
Unrestricted-use assets		
Balance available to fund Cancer Council operating expenses	7,105	3,109
TOTAL INVESTMENTS	17,473	15,510
8 Property, Plant & Equipment		
Land		
- at cost	1,851	1,851
- revaluation	5,649	5,649
TOTAL LAND	7,500	7,500
Buildings & Improvements:		
- at cost	7,358	7,184
- revaluation	854	854
- accumulated depreciation	(1,271)	(588)
TOTAL BUILDINGS & IMPROVEMENTS	6,941	7,450
Plant & Equipment:		
- at cost	3,224	2,454
- accumulated depreciation	(1,907)	(1,048)
TOTAL PLANT & EQUIPMENT	1,317	1,406
TOTAL PROPERTY, PLANT AND EQUIPMENT	15,758	16,356

(a) The basis of valuation for land and buildings is fair market value.

An independent valuation of land and buildings at Rathdowne, Victoria and Drummond Streets was undertaken on 5 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 valuer was Fitzroys Pty Ltd (ACN 078 941 107), Licensed Estate Agents, Level 29, 367 Collins Street, Melbourne, Victoria, 3000.

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NOTES TO THE FINANCIAL STATEMENTS

for the year ended 31 December 2004

	2004 \$000's	2003 \$000's
(b) Movements in property, plant and equipment for the year		
Land		
OPENING BALANCE	7,500	6,671
Revaluation increments/(decrements)	-	829
CLOSING BALANCE	7,500	7,500
Buildings & Freehold Improvements		
OPENING BALANCE	7,450	5,637
Additions	204	1,595
Revaluation increments/(decrements)	-	854
Depreciation	(683)	(603)
Disposals	(30)	(33)
CLOSING BALANCE	6,941	7,450
Leasehold Improvements		
OPENING BALANCE	54	69
Additions	1	-
Depreciation	(16)	(15)
CLOSING BALANCE	39	54
Plant & Equipment		
OPENING BALANCE	1,352	1,403
Additions	882	1,018
Depreciation	(843)	(778)
Disposals	(113)	(291)
CLOSING BALANCE	1,278	1,352
Total Assets		
OPENING BALANCE	16,356	13,780
Additions	1,087	2,613
Revaluation increments/(decrements)	-	1,683
Depreciation	(1,542)	(1,396)
Disposals	(143)	(324)
CLOSING BALANCE	15,758	16,356
9 Administered program funding		
Victorian Breast Cancer Research Consortium	1,027	2,504
National Cancer Control Initiative	249	302
CLOSING BALANCE	1,276	2,806
10 Employee benefits		
Current:		
- Annual Leave	1,339	1,221
- Long-Service Leave	86	900
CURRENT VALUE OF EMPLOYEE BENEFITS	1,425	2,121
Non-current:		
- Long-Service Leave	1,557	473
NON-CURRENT VALUE OF EMPLOYEE BENEFITS	1,557	473
TOTAL VALUE OF EMPLOYEE BENEFITS	2,982	2,594
NUMBER OF EMPLOYEES	292	299

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NOTES TO THE FINANCIAL STATEMENTS

for the year ended 31 December 2004

	2004 \$'000s	2003 \$'000s
11 Accumulated funds		
Accumulated Funds at Beginning of the Period	5,096	4,155
Surplus for the Year	2,702	1,027
Prior year adjustments		
- adoption of new accounting standard – adjust 2003 annual leave provision	-	(40)
- transfer prior year income from core unit to external unit	-	(22)
- closure of external program – transfer balance to core funds	122	(11)
- set up external program from core funds	-	92
Transfers (to) / from:		
- Special Funds	321	(70)
- External Grants Reserve	170	(35)
ACCUMULATED FUNDS AT END OF THE PERIOD	8,411	5,096

12 Reserves

Special Funds (refer (a) below)	3,192	3,512
Sir Edward Dunlop Fellowship Fund (refer (b) below)	700	280
Victorian Cancer Control Research Institute Fund (refer (c) below)	1,529	1,529
External Grants Reserve (refer (d) below)	5,900	6,070
Asset Revaluation Reserve (refer (e) below)	6,503	6,503
TOTAL RESERVES	17,824	17,894

(a) Special Funds

Opening balance	3,512	3,442
Additional funds received	23	70
Transfers out of special funds	(343)	-
CLOSING BALANCE OF SPECIAL FUNDS	3,192	3,512

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.

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 Fellowship was made in 2000.

Opening balance	280	280
Additional amount provided	420	-
CLOSING BALANCE OF FELLOWSHIP FUND	700	280

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.

(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.

Opening balance	1,529	1,529
Add amount appropriated	-	-
CLOSING BALANCE OF INSTITUTE FUND	1,529	1,529

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NOTES TO THE FINANCIAL STATEMENTS

for the year ended 31 December 2004

	2004 \$'000s	2003 \$'000s
(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, we believe it is appropriate to allocate these funds into a separate reserve.		
Opening balance	6,070	6,035
Add amount appropriated	-	35
Less amounts expended	(170)	-
CLOSING BALANCE OF EXTERNAL GRANTS RESERVE	5,900	6,070
(e) Asset Revaluation Reserve		
Opening balance	6,503	4,820
Revaluation of Land	-	829
Revaluation of Buildings	-	854
Add prior year adjustment	-	-
CLOSING BALANCE OF ASSET REVALUATION RESERVE (refer note (8))	6,503	6,503

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

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	1,092	414
Cash invested (refer note 7(b))	9,933	1,487
CASH AT END	11,025	1,901

Financing Facilities

Financing facilities available at the reporting date were \$100,000 (2003-\$100,000).

Facilities in use at that date \$Nil (2003 - \$Nil)

b) Reconciliation of Net Result for the reporting period to Net Cash provided by Operating Activities

NET RESULT FOR THE REPORTING PERIOD	2,702	1,027
(Loss)/Profit on sale of investments	(1,383)	1,112
Depreciation	1,498	1,396
Changes in net assets and liabilities		
(Increase)/Decrease in receivables	250	(995)
(Increase)/Decrease in inventories	(49)	31
(Increase)/Decrease in prepayments	(28)	172
(Decrease)/Increase in employee benefits	388	256
(Decrease)/Increase in current liabilities	(1,936)	13
(Decrease)/Increase in accrued research grants	173	(77)
NET CASH (USED IN)/PROVIDED BY OPERATING ACTIVITIES	1,615	2,935

ANTI-CANCER COUNCIL OF VICTORIA

Operating as THE CANCER COUNCIL VICTORIA

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 31 December 2004

2004 \$'000s	2003 \$'000s
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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 2004 were

see note 15(i)

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 2004 were:

see note 15(ii)

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 2004 were:

see note 15(iii)

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 persons from the Anti-Cancer Council in connection with the management of the Anti-Cancer Council amounted to \$245,000 (2003 - \$230,000).

(c) Retirement benefits of responsible persons

Retirement benefits paid by the Anti-Cancer Council in connection with the retirement of responsible persons amounted to: Nil (2003 - Nil).

(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

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 31 December 2004

Note 15(i) – Members of the Council

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

Note 15(ii) – Members of the Executive Committee

Prof M C BERNDT	Prof M HAMILTON	Dr A ROBERTS (from May)
Ms S DIMASI	Dr S HART	Ms K L SCHOFIELD (until October)
Prof R M FOX (until March)	Mr P INGHAM	Ms A WATERS (from April)
Prof P FULLER	Mr A S MURDOCH (from August)	Ms P WILLIAMS (until February)
Prof M-J GETHING (until February)	Mr M O'BRYAN	
Mr P J GRIFFIN (Chair)	Dr M R REDPATH AO	

Note 15(iii) – Members of the Finance Committee

Mr E CHAN (until March)	Ms S MILES (from April)	Ms A WATERS
Mr P J GRIFFIN	Ms M PERIL (from April)	
Mr P INGHAM (Chair)	Ms Y THOMSON (from March)	

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Operating as THE CANCER COUNCIL VICTORIA

NOTES TO THE FINANCIAL STATEMENTS

for the year ended 31 December 2004

2004
\$'000s

2003
\$'000s

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:

	No. of employees	No. of employees
100,000–109,999	3	5
110,000–119,999	1	1
120,000–129,999	3	1
130,000–139,999	2	2
140,000–149,999	3	2
150,000–159,999	-	1
160,000–169,999	1	1
170,000–179,999	1	1
180,000–189,999	-	-
230,000–239,999	-	-
240,000–249,999	-	1
	<hr/>	<hr/>
	14	15

The total income received or due and receivable from the Anti-Cancer Council by executive officers listed above whose income exceeded \$100,000 was \$1,866,878 (2003: \$2,061,569). This does not include the amounts listed under 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	87	77
- later than one year but not later than five years	100	32
TOTAL OPERATING LEASES	<hr/> 187	<hr/> 109

(b) Capital Commitments

There were no capital commitments at the reporting date.

18 Audit Fees – Auditor General

The office of the Auditor-General of Victoria audits the Financial Statements of the Anti-Cancer Council of Victoria. Amounts expended for 2004 were based on estimates of \$22,150 (2003 - \$18,030) before applying 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.

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 \$1,483,821 (2003-\$1,516,831). 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.

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NOTES TO THE FINANCIAL STATEMENTS

for the year ended 31 December 2004

2004
\$'000s

2003
\$'000s

20 FINANCIAL INSTRUMENTS

(a) Interest Rate Risk

The Cancer Council's 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 shown in the following table.

(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 redemption 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 Statement of Financial Position and in the notes to and forming part of the accounts.