

**The Cancer Council Victoria**

**REPORT TO THE  
VICTORIAN PARLIAMENT  
FOR 2005**





# REPORT TO THE VICTORIAN PARLIAMENT FOR THE YEAR 2005

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## President's report

The Cancer Council Victoria ('the Cancer Council'), established by the *Cancer Act 1936* (Vic.) as the Anti-Cancer Council of Victoria, is a volunteer-assisted 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 powers of the Cancer Council, as detailed in Section 5 (2) (a)–(e) of the Cancer Act, 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 following objectives form part of the Cancer Council's Strategic Plan.

### **I. Reduce the impact of cancer in the community by:**

- promoting environments and behaviours that facilitate cancer prevention and control
- supporting evidence-based screening to detect cancer early
- promoting the use of evidence-based treatment and care
- improving patients', carers' and long-term survivors' quality of life through information, services and support
- effectively communicating to all Victorians, whatever their culture, language, location or economic situation.

### **II. Maintain a highly capable organisation by:**

- generating appropriate funding
- delivering efficient services to support programs
- continually improving operational efficiency
- sustaining a culture of integrity
- nurturing the people who can do the job.

### **III. Build the knowledge base for cancer control by:**

- supporting basic and applied research, evaluation and monitoring that can advance cancer control
- effectively disseminating existing knowledge about cancer control
- providing foundations for policy and practice by developing highly credible, authoritative position statements, and policy and program proposals.

### **IV. Advocate effectively for cancer control by:**

- positioning the Cancer Council strategically
- improving stakeholder management and communication
- building capacity in organisations external to the Cancer Council that can enhance cancer control throughout Victoria and beyond.

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. It is formally affiliated with the University of Melbourne and is in the process of affiliating with Monash University. It is recognised as an independent medical research institute by the National Health and Medical Research Council (NHMRC).

It should be noted that, 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. In 2005, the Cancer Council briefed the Minister for Health, the Hon. Bronwyn Pike MP, on a number of issues relating to cancer control. On another occasion, the Cancer Council hosted a joint briefing session with the National Heart Foundation and Diabetes Australia for the Minister for Consumer Affairs, the Hon. Marsha Thomson MLC, in regard to the application of the Fundraising Act. These are just two occasions, among others, when the Cancer Council assisted government through direct briefing to Members of the Victorian Parliament.

Although the Cancer Council receives substantial government funds through contracts incorporated in a service agreement with the Department of Human Services (DHS) and reports annually to Parliament, its expenditure is not included in the State Accounts and it functions as a non-government organisation supported by public donations. It currently collects about \$24 million per annum in donations and has about 40,000 persons working on its behalf in various volunteer capacities throughout Victoria.

## **The organisation**

The Cancer Council houses units that carry out epidemiological and behavioural research, 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 450 cancer specialists and health professionals. It also auspices and administers the state-funded Victorian Breast Cancer Research Consortium.

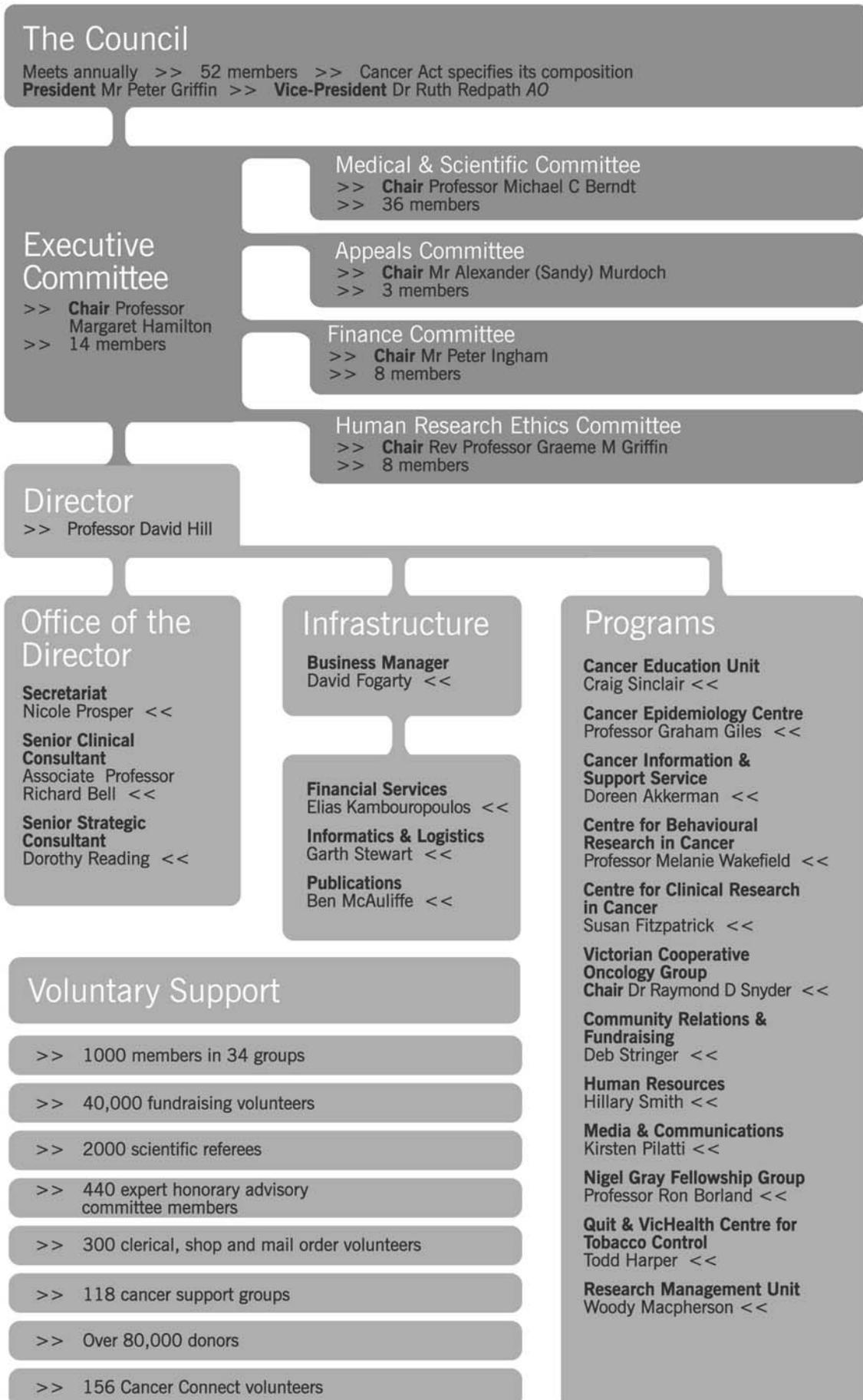
Also housed at and managed by the Cancer Council in 2005 was the National Cancer Control Initiative (NCCI), a partnership between The Cancer Council Australia and the Commonwealth Department of Health and Ageing.

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

The senior officers of the Cancer Council at 31 December 2005 were:

Professor David HILL <i>AM</i>	Director
Doreen AKKERMAN	Director, Cancer Information and Support Service
Assoc Prof Richard BELL	Senior Clinical Consultant
Professor Ron BORLAND	Nigel Gray Fellow
Susan FITZPATRICK	Executive Officer, Centre for Clinical Research in Cancer
David FOGARTY	Business Manager
Zoe FURMAN	Director, Communications
Professor Graham GILES	Director, Cancer Epidemiology Centre
Todd HARPER	Executive Director, Quit – Victorian Smoking and 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 and Logistics
Professor Melanie WAKEFIELD	Director, Centre for Behavioural Research in Cancer

# Organisation structure



## 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 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 **Appeals Advisory Committee** and **Media and Marketing Advisory Committee** are sub-committees, 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*.

### *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](http://www.cancervic.org.au).

### *Published report*

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

# The work of the Cancer Council

## *A strong reputation*

The Cancer Council has been working for Victorians for 70 years through its patient support, education and research programs. It is a high-profile organisation with a solid reputation throughout the State. This was confirmed by the Cancer Issues Population Survey 2005, carried out by the Centre for Behavioural Research in Cancer. It revealed that awareness of the Cancer Council was high (86%), that 93% of respondents had some knowledge of Cancer Council activities, and that the majority believed the Cancer Council was trustworthy and had achieved a great deal, although it needed more support. One-third of respondents were aware of the Cancer Helpline and of the services one could expect if one were to call it. Sixty-four per cent had made a donation to the Cancer Council at some time.

## *An urgent need*

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 5351 men and 4340 women died of cancer in 2002.

In 2003, **as many as 9766 Victorians lost their lives to cancer**, the leading cause of death (28.9% of total) in the state. More Victorians died from cancer (8564 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 and campaigns:

- to improve patients' quality of life
- to change attitudes and behaviour that cause cancer
- to reduce the cost of the disease on our society.

## **Funding biological and clinical research**

In 2005, our Medical and Scientific Committee had a budget of \$4.73 million to fund biomedical research in Victorian hospitals, universities and medical research institutes. It selected individuals for major fellowships, grants-in-aid, postdoctoral fellowships, postgraduate scholarships and studentships. Funding is always keenly sought, in particular for grants-in-aid. In 2005, the national peer review of applications for grants-in-aid commencing in 2006 was successfully administered in partnership with the NHMRC.

During 2005, we funded 29 research projects, 12 postgraduate scholarships, seven postdoctoral fellowships, four major fellowships and 15 vacation studentships. In 2005, 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.

A third Sir Edward Dunlop Clinical Research Fellowship was awarded in late 2005 to Assoc Prof Grant McArthur of the Peter MacCallum Cancer Centre. Named in memory of Sir Edward 'Weary'

Dunlop (1907–1993) to mark his contribution to Australia and, in particular, to the work of the Cancer Council, the fellowship is awarded to medically qualified cancer researchers, and is aimed at supporting future leaders in cancer research.

The inaugural Colebatch Clinical Research Fellowship was awarded in late 2005 to Assoc Prof Kelly Phillips of the Peter MacCallum Cancer Centre. This fellowship was established in memory of Dr John Colebatch (1909–2005). Dr Colebatch is remembered for his contribution to the Cancer Council and his pioneering work in paediatric haematology and clinical trial practice in Australia.

The Tissue Bank Cooperative Management Committee, which was appointed in 2004 to promote coordination of tissue collection for cancer research, was successful in obtaining a \$7 million grant from the Department of Innovation, Industry and Regional Development under the Science Technology and Innovation grant program. The Cancer Council is assisting with the management and implementation of the Victorian Cancer Research Tissue Bank business plan.

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 can be 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 2005, our Cancer Trials Management Scheme awarded grants totalling \$740,000 to 18 cancer treatment centres. These grants helped to appoint cancer research coordinators to assist clinicians in offering patients opportunities to participate in clinical trials. A total of 1459 new patients were enrolled in trials and a further 5740 patients received continued clinical follow-up at the participating treatment centres. It is estimated that the Cancer Trials Management Scheme contributed to 17% of this clinical trial research activity. In addition, our Centre for Clinical Research in Cancer 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 1000 patients.

The VCOG comprises over 450 cancer specialists, healthcare professionals, scientists and consumers. It 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 the VCOG committee, to which the executive committee, 13 specialist advisory committees and three clinical research sub-committees report. The specialist committees and sub-committees represent clinical interests in breast, gastrointestinal, gynaecological, head and neck, haematological, lung, neurological, skin and urological cancers, as well as 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. During 2005, the registry updated its computer systems to handle the majority of its 100,000 annual

notifications electronically and move towards a paper-free facility. Beginnings were also made in regard to the routine collection of staging and treatment details. In the absence of these data, the CEC performs regular management surveys of cancer patients identified and sampled via the registry, and feeds back the information to the clinical community. These have the capacity to change and improve clinical practice.

In addition to the monitoring and surveillance role, the CEC uses this information to identify new research questions and contribute to evaluation of cancer control programs. The Health 2000–2020 program was initiated in 1990, 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 half way through re-examining 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 and an increased investment from the Cancer Council.

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 interchange of electronic data, which are secured using high-level encryption software, are being used by family cancer centres for both family history verification and registration with the Victorian Family Cancer Registry.

### *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. 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, nutrition and physical activity, management of breast cancer, cervical cancer screening, and the needs of cancer patients.

In 2005, the CBRC released the results of the first national survey of adolescent and children's sun protection behaviour, showing that there is still considerable need for improvement in adolescent sun protection behaviour, and that parental role modelling significantly influences children's sun protection. The CBRC also coordinated data collection for the only national survey of around 25,000 secondary school students' use of tobacco, alcohol and illicit substances, for which analysis is now underway. Other important research studies, supported by grants from the NHMRC, the Australian Research Council (ARC), VicHealth and other sources, were also progressed. These included studies examining the effects of anti-smoking advertising on smoking attitudes and behaviour, management practices of clinicians dealing with early breast cancer, trends in tanning portrayal in women's magazines, understanding the effects of junk food marketing to children, testing different methods of communicating information about portion size and energy balance for healthy weight control, and two randomised controlled intervention studies that are testing new methods of delivering supportive care for people with cancer.

## Reducing smoking and examining tobacco regulation

Overall, 16.6% of Victorian adults were regular smokers in 2003. Smoking is highest among 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 the Victorian Smoking and Health Population Survey for 2003, an annual telephone survey of 3000 Victorians.)

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

### *Quit Victoria*

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

In 2005, Quit's communications strategy focused on a wide range of issues, including the benefits of quitting, consumer information and the harmful effects of environmental tobacco smoke. Other issues receiving broad media coverage included the release of the latest Victorian smoking prevalence data, the release of smoking mortality data for every local government area in Victoria, the Australian Competition and Consumer Commission (ACCC) investigation into the use of the terms 'light' and 'mild' on cigarette packaging, the availability of cheap cigarettes via online retailers and the release of lung cancer and mouth cancer incidence and mortality data.

January marked Quit's 20<sup>th</sup> Anniversary. Quit launched a new campaign featuring commercials first aired 20 years ago. These included 'Alf Garnett' (played by the actor Warren Mitchell) and 'Sponge', an advertisement where cigarette tar is wrung from the sponge.

Quit launched a new 'Bubble wrap' television commercial (featuring lungs formed from bubble wrap) and 'Emphysema' radio commercial, which described the breathing difficulties of people with emphysema. The advertisements reminded viewers that people who smoke low-tar cigarettes are just as likely as people who smoke regular cigarettes to develop chronic lung disease. During the 'Bubble wrap' campaign, the Quitline received the highest amount of calls since the launch of the 'Parent's' campaign in 2001. Quit also launched the 'Echo' campaign. This focused on the consequences of using excuses to avoid quitting and aimed at getting smokers to quit now rather than later.

Quit also developed the [www.smokefree.org.au](http://www.smokefree.org.au) website to provide information and advice about second-hand smoke in various settings. This helped to support legislative reforms announced in 2005 in relation to smokefree workplaces and public places.

More than 46 Quit training sessions were delivered to health professionals. The two-day educator training is Quit's most extensive course and has been accredited for professional development points. New resources for health professionals included two DVD-based training manuals on the '5As' (Ask, Advise, Assess, Assist, Ask again).

Fax referral to the Quitline by GPs and other health professionals increased significantly to a weekly average of 20. Referral forms have been tailored for specific groups.

A new partnership was formed with the Victoria Police and tailored educator training run for their health promotion officers. Education was provided in the Northern Territory and Kiribati, and Quit conducted a course as part of the UICC's APCASOT program for participants from India and Korea.

Quit's work in the mental health setting expanded significantly, including projects with St Vincent's Mental Health Unit and Thomas Embling Hospital. The course 'Quitters are Winners' was finalised and is being conducted in Victorian prisons. Initiatives with Corrections Victoria included peer support training and addressing smoking in prisoner orientation and in prisoner release programs.

A pilot tailored smoking cessation program for workers in the La Trobe Valley who smoke and have been exposed to asbestos was well received.

There were approximately 22,000 calls to the Quitline and more than 6000 requests for quit packs via [www.quit.org.au](http://www.quit.org.au). Eighteen *Fresh Start* community courses and 19 workplace courses, 27 short courses, 30 prison courses and 64 workplace seminars were conducted.

Quit's Aboriginal project focused on resources development and health worker training, linking with community organisations. Quit's multicultural service supported festivals and events using bilingual staff. Materials were developed for overseas trained health professionals studying English in preparation for registration in Australia. Greek and Chinese 'Talking Quit Books' were also developed.

Quit helped to develop Department of Education and Training guidelines for tobacco policy and curriculum in Victorian schools including presenting six prevention-training sessions around Victoria. The redeveloped OxyGen website was launched.

### *VicHealth Centre for Tobacco Control*

The VCTC is a national leader and plays an important role internationally in tobacco regulation and health economics.

The unit continues to take a leadership role in the International Tobacco Control Policy Evaluation project. This project, which began in 2002 with four countries, currently has 11 countries involved and more seeking funding to participate. The project not only follows cohorts of smokers to measure the impact of policies, but is increasing its capacity to measure aspects of cigarette design to help identify industry countermoves. In 2005 key outcomes included documenting the high compliance with and high acceptance among smokers of the total ban on indoor smoking in public places (including pubs) in Ireland.

The centre commissioned work analysing the economic impact of tobacco use in Australia. This work included developing a model outlining the health benefits of achieving lower smoking levels, on cardiovascular disease, stroke, lung cancer and chronic lung disease. The model can also outline the cost-effectiveness of campaigns to reduce the prevalence of smoking. Papers published in this period include a description of the hospitalisations and costs related to tobacco use in 2001–2002 and, more specifically, the impact of a reduction in smoking on acute myocardial infarction and stroke hospitalisations and costs in the short-term.

The centre's work on tobacco regulation comprises work on issues that should help to reform current laws, and more fundamental issues relating to tobacco regulation and legislation. In 2005 the VCTC was instrumental in the ACCC investigation into the behaviour of the tobacco industry in marketing 'light' and 'mild' cigarettes, which led to the commission reaching the view that the industry had engaged in misleading and deceptive conduct. The ACCC accepted court-enforceable undertakings from the three major tobacco manufacturers, under which they agreed to stop using the terms 'light' and 'mild' and to contribute a total of \$9 million to a corrective advertising campaign.

The VCTC developed submissions to the Victorian Government on state tobacco reforms, including smokefree workplaces and public places, tobacco advertising, and smokefree youth events, and on a new offence to deal with the destruction of evidence. The Victorian Government legislated on these issues.

In 2005, the VCTC researched ways to regulate Internet advertising and sale of tobacco products, and developed submissions and policy papers. It is leading an international research project, in collaboration with the University of Melbourne's Centre for Media and Communications Law, examining the regulation of cross-border tobacco advertising under the Framework Convention on Tobacco Control. It has also been researching the impact of international trade law on domestic tobacco control regulation.

The VCTC continued to play a leading role in assisting international NGOs in policy development and advocacy work around the Framework Convention on Tobacco Control (FCTC). It assisted the implementation of the FCTC in developing countries in the Western Pacific Region. This included developing a strategy for Australian NGO assistance in the region, providing advice to Pacific Island countries, and a visit by one of VCTC's staff members to China to conduct workshops on regulating tobacco advertising. The VCTC collaborated with The Cancer Council Australia on a submission to the Department of Foreign Affairs and Trade, encouraging the department to include tobacco control on the overseas development agenda.

The VCTC also led Australian NGOs in responding to tobacco industry moves towards introducing 'reduced harm' products.

In 2005, the VCTC was awarded an ARC Linkage Grant, in collaboration with the University of Melbourne, to examine 'Litigation and Liability as Regulation to Reduce Tobacco Related Harm: Making the Polluter Pay for the Harm Tobacco Causes'.

## **Managing statewide cancer prevention and early detection campaigns**

### *SunSmart*

In 2005, SunSmart continued its successes as a nationally and internationally renowned skin cancer prevention program. Building on 2004 research, SunSmart launched several new campaigns to help Victorians choose sun protective behaviours.

SunSmart led an initiative between the Bureau of Meteorology, The Cancer Council Australia and the Australian Radiation and Protection Authority to develop and launch the national SunSmart UV Alert. The alert now features on every daily Australian newspaper weather page. It forecasts the UV levels for that day, enabling Australians to know when sun protection is required.

SunSmart strengthened its partnership with the DHS in educating Victorians about the dangers of solarium use. A new public health resource was launched, targeting young women. The media launch by the Victorian Minister for Health included a young woman sharing her experience of solarium use and skin cancer. A brochure and poster were also disseminated throughout Victoria.

The SunSmart Shade Reference Group was convened to assist SunSmart in its work with local and state governments. Local governments are encouraged to consider shade in their planning policy and infrastructure development. A database of local government shade policy strategies was developed to assess progress.

SunSmart strengthened its significant achievements in primary schools and substantially increased its profile in childcare centres and secondary schools. To date, 82% of all Victorian primary schools and 62% of early childhood centres 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.

Paid and unpaid media communication continued to promote new SunSmart campaigns and sun protection messages. During National Skin Cancer Action Week (November) the SunSmart program coordinated state and national skin cancer awareness events and announcements. This included the compliance phase (3rd year) of the Worksafe UV Protection Blitz campaign targeting

construction workers, the launch of the Local Government Shade Awards program and the launch of the farmers and rural outdoor workers sun protection strategy.

The workplace is a key setting for ultraviolet (UV) radiation education and policy development for employees and employers. The SunSmart Workplace Education Program delivered 94 education services to workplaces across Victoria and increased the number of in-service sessions for health and safety professionals and safety network groups. SunSmart's partnership with Worksafe Victoria has ensured that UV radiation protection and policy are a priority for construction and utilities sector, with Worksafe inspectors advocating for sun protection in the industry.

### *PapScreen Victoria*

In Victoria, the 2003–2004 two-yearly cervical screening rates increased slightly from 63.9% to 64.4%. This was Victoria's first increase in screening rates since 1999, and could be attributed to the increase in screening evident during PapScreen's media campaign in 2004.

Following the success of this campaign, the 'Don't just sit there' campaign was repeated in May and June 2005. The campaign targeted older women and ran on television and radio for six weeks. PapScreen also developed and implemented an eight-week media campaign targeting Arabic, Chinese, Greek and Italian-speaking women. It is hoped that this will result in an even more significant increase in 2004–2005. (Data will be available in May 2006.)

Women from diverse cultures, women with disabilities and Aboriginal women are among priority groups for PapScreen. Activities targeting these groups in 2005 include:

- appointing an Aboriginal Community Project Officer
- cultural awareness training for Cancer Council staff
- presenting to health workers at the Victorian Aboriginal Community Controlled Organisation's camp for Aboriginal maternity health workers
- awarding four grants to rural organisations to implement a cervical screening project targeting women from culturally and linguistically diverse backgrounds
- funding three projects through the Department of Human Service's neighbourhood renewal program
- partnering with Working Women's Health, who conducted 66 Pap test information sessions across 11 industry sites to 278 working women in Italian, Greek, Mandarin, Cantonese, Vietnamese and English
- completing the training resource 'Overcoming the Barriers': a promotion strategy is being implemented.

The PapScreen program was reviewed by external experts. Findings from the review and a stakeholder forum were incorporated into PapScreen's 2006–2008 strategic plan.

In 2005, PapScreen's achievements were recognised by the Victorian DHS, which awarded the Public Health Award for Programs Excellence.

### *Men's Cancer Program*

The Men's Cancer Program educates the community and health professionals about prostate cancer. The team delivers community information seminars, and multicultural and workplace education sessions about prostate and bowel cancer in suburban Melbourne and regional Victoria. Twelve community forums were held in regional Victoria in 2005, reaching 758 men and women. Staff from the Men's Cancer Program also spoke at five men's health and information nights, including one Indigenous men's health night reaching another 341 men and women.

The Men's Cancer Program also worked with health professionals. Six GP workshops, titled 'The Early Detection of Prostate Cancer in General Practice', were delivered across Melbourne and regional Victoria, and a presentation about the workshop was delivered at the RACGP Victorian conference, reaching 249 GPs. Staff also delivered education and information to 107 community health professionals from community health, health promotion and local government.

The Workplace Education Program delivered 37 sessions to workplaces across metropolitan Melbourne and addressed 747 men and women. Three health educators received training updates on prostate and bowel cancer to enable them to deliver the most current and accurate information.

Bilingual educators delivered 31 sessions in Greek, Italian, Polish, Macedonian, Serbian, Croatian and Chinese on prostate problems and prostate cancer. Translation of resources continues with two more information sheets translated into these seven languages.

The Prostate Care Nurse Distance Education Program, a collaboration with La Trobe University, continues. Since June 2001, 160 nurses have undertaken the 13-week program. Nurses who have completed the program are able to come to an annual education day held at the Cancer Council; this was attended by 18 nurses in 2005.

At the end of 2005, the Men's Cancer Program developed a strategic plan for 2006–2007. It is poised to develop and add to its programs and resources, to fulfil its purpose of reducing the mortality and morbidity associated with men's cancers, particularly prostate cancer.

### *Breast cancer programs*

Breast cancer continues to be a major cancer concern, with the focus on communication and education for health professionals. Activities included the delivery of five BreastHealth training days for community health professionals, including one in Horsham. Training was also developed and delivered to practice nurses through the Australian Practice Nurses Association Health Professionals Seminar series.

Breast awareness messages were disseminated to rural health professionals through 'road shows' conducted in Mildura and Morwell in May.

Two evaluation projects informed the future of BreastHealth. The first assessed whether participants of our one-day training program had further needs that we could cater for. The second looked at whether community groups were still motivated to run educational activities about Pink Ribbon Day in the absence of grant funding from the Cancer Council.

A comprehensive review of all BreastHealth resources was conducted and a new sales/distribution point for BreastHealth video sales was established and promoted. A new fact sheet on HRT for women with breast cancer was developed and is now available.

### *Cancer education of multicultural communities*

With 17% of Victorians born in a country where English is not the first language, the Cancer Education Unit is committed to providing education and resources for culturally diverse communities. A multicultural education officer coordinates the unit's programs and encourages activity across the Cancer Council to include a multicultural focus. The Multicultural Working Group promotes organisation-wide action.

Achievements of the multicultural education program in 2005 included:

- completing the Multicultural Education Program Strategic Plan 2005–2007
- the Mildura Multicultural Women's Health Day, held in June in partnership with Sunraysia Ethnic Communities Council, the Jean Hailes Foundation, PapScreen and Sunraysia

Community Health Services: the day attracted 84 participants from various cultural backgrounds, with sessions conducted in Italian, Greek, Turkish and English

- a new partnership with Diabetes Australia (Victoria) to deliver diabetes education sessions in six languages
- the continued success of the Community Language Program, with 305 community education sessions being conducted
- continuation of the Multicultural Media Strategy with activities conducted with units within the Cancer Council.
- completing the full set of cancer information sheet translations in 16 languages available online at <http://www.cancervic.org.au/multilingual>
- an Italian Men's Health Day conducted with COASIT, attracting approximately 60 participants
- project work by four bilingual health educators, expanding program activities beyond the information sessions.

We contracted the services of Cultural and Indigenous Research Centre Australia (CIRCA) to evaluate the Community Language Program, to establish whether information sessions improve participants' knowledge and/or their cancer-related attitudes and behaviours. Results from the study are being used to help set program direction.

### *Bowel cancer screening*

With the Federal Budget announcement that bowel cancer screening will be phased in nationally from mid-2006, the Cancer Council will have an important role in delivering clear, consistent messages about bowel cancer screening to the public and health professionals.

Cancer Education Unit staff have been engaged in bowel cancer screening issues at a state and national level. To bring cancer councils together in delivering consistent messages about bowel cancer screening, The Cancer Council Australia's Public Health Committee established a new sub-committee, the Bowel Cancer Screening Committee, with members from each cancer council. Its Chair is from The Cancer Council Victoria. The Cancer Council Victoria is also represented on the DHS Bowel Screening Advisory Committee.

During 2005, the Cancer Council was invited to submit funding proposals to the DHS and the Department of the Health and Ageing, outlining potential activities to support the national bowel cancer screening program. Funding received from the DHS will allow us to undertake communication and education activities on bowel cancer screening for the general practice sector.

Media activities centred on the prevention of bowel cancer. In June (bowel cancer awareness month), a national prevention campaign was launched with a television and radio community service announcement and media releases.

Community education has remained a focus. Twelve community seminars about bowel and prostate cancer were conducted across regional Victoria, reaching over 700 men and women. Twenty sessions were conducted by bilingual health educators in languages other than English.

### *Obesity prevention*

In 2005, the Cancer Council and Diabetes Australia (Victoria) continued to work for the prevention of childhood overweight and obesity.

We worked with the Australasian Society for the Study of Obesity on developing and promoting the Parent's Jury, an online initiative which enables parents to promote improved environments for their children's healthy eating and physical activity.

During 2005, the Parent's Jury lobbied for confectionary-free checkouts at supermarkets and against misleading television food advertising for children's food and drink. The membership grew significantly to approximately 800 parents.

The Cancer Council also developed and implemented the Kids Go for Your Life program. This DHS-funded initiative aims to reduce the risk of overweight and obesity in children aged 0 to 12 years. It will provide an award and recognition program for primary schools and early years settings, similar in concept to the SunSmart Schools program. A non-incorporated consortium was developed with Diabetes Australia (Victoria) and close alliances were formed with DHS, the Department of Education and Training, VicHealth, Heart Foundation Victoria, Kinect and Deakin University.

### *General Practice Program*

Communication and education for the general practice sector increased dramatically with the establishment of a General Practice Team and development of an 18-month strategic plan.

Considerable headway was made towards the deliverables of the DHS-funded project 'Family Cancer GP Education Program' and two new government-funded projects began:

- bowel cancer education programs for GPs
- strategies to support GPs in the detection of prostate cancer.

The Cancer Council hosted a Cancer Control in General Practice Stakeholder Consultation in June in partnership with the National Cancer Control Initiative. The consultation assessed opportunities and priorities for GP communication, training and resource development. The event attracted 40 participants including GPs and representatives from peak bodies.

Prostate cancer workshops, developed and piloted in 2004 in conjunction with the Australian Prostate Cancer Collaboration, were launched. Five prostate cancer workshops and four family cancer workshops were delivered through Divisions of General Practice in 2005, and expressions of interest were received for workshops in 2006. The General Practice Program worked with the CBRC to evaluate the workshops.

The 'GP reference card' for prostate cancer testing and the 'Supporting patient choice' patient show card were distributed nationally to GPs within the Australian Family Physician, in collaboration with The Cancer Council Australia and the Australian Prostate Cancer Collaboration.

A partnership was established with Divisions of General Practice for the distribution of regular cancer control articles. It generated 102 articles throughout the year.

The Cancer Council continues to play a lead role in national activities through the General Practice Committee, a sub-committee of The Cancer Council Australia's Public Health Committee. We coordinated an organisational response from The Cancer Council Australia to the Royal Australian College of General Practitioners update of the 'Guidelines for Preventive Activities in General Practice'.

Two curriculum development projects began. A curriculum writer was appointed to develop the 'Cancer Control in General Practice' small group learning module and an update of the Family Cancer Workshop was contracted out.

A proposal to develop a 'train-the-trainer' workshop for the GP workshops being offered in NSW was accepted. A contract has been finalised with the Cancer Institute NSW for delivery of the program in 2006.

General Practice Program initiatives were showcased at five national forums.

## **Raising cancer awareness in the community**

We use media to promote the Cancer Council as a trusted source of information in cancer research, education and support. In 2005, a more integrated media approach enabled the Cancer Council to be positioned as a source of strong media stories.

The Cancer Council communications staff have developed strong relationships with leading health, education, marketing and consumer journalists, ensuring that all media outlets see the Cancer Council as a place they can go to receive accurate information.

Our media spokespeople have contributed to many cancer control debates and the organisation has been effective in using the media, and other communication activities, to improve policy and practice throughout the state. As a testament to the impact of our communications role in the Victorian community, Minister for Health, the Hon. Bronwyn Pike, made the following remark during the Hansard debate in Victorian Parliament this year: 'I would like to publicly acknowledge those groups who for many years have worked in this area (tobacco) and who continue to lobby us – that is good, because it is their role – and who continue to give voice to the concerns they have about impact of tobacco on our community. Quit has won so many awards, and it is an organisation that we in Victoria are enormously proud of. It has been instrumental in changing community attitudes towards smoking.'

## **Providing information and support**

### *Cancer Helpline*

In 2005, the Cancer Helpline, run by the Cancer Information and Support Service (CISS), responded to nearly 50,000 contacts, mainly from patients and their relatives, but also from the general public, community organisations, health professionals and cancer volunteers. The most frequently discussed cancer sites were breast, prostate, bowel, cervix, skin, bronchus and lung, ovary and brain.

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.

CISS is part of the Caring Communities Project to improve access to palliative care services.

Apart from playing an important role in training professionals such as Victorian cancer clinicians and breast care nurses and prostate care nurses, CISS has been active in promoting the use of evidence-based cancer treatments by health professionals in other ways. Together with the CBRC, CISS has been investigating the impact of specialists referring their newly diagnosed male colorectal and prostate cancer patients to CISS. The preliminary results of this research show that the contact with the cancer nurse at the Cancer Helpline is most beneficial to these patients in assisting them to cope with their cancer diagnosis and improve their wellbeing.

### *Living Well*

CISS organised two Living Well Forums for people with advanced cancer and their families and friends. Forums also ran from Peter Mac, one in Gippsland and two in Warrnambool. These forums catered for over 100 participants and participants found them very useful.

### *Cancer seminars*

The Director and the CISS team conducted four public seminars in country Victoria, one of which was followed by presentations to GPs. Visits are organised to 15 country centres on a three-year rotation. In 2005, CISS also ensured that it reached the whole of Victoria by distributing the newsletter, *Cancer Network News*, which has a circulation of approximately 2000.

### *Living with Cancer Education Program*

Nineteen of these eight-week programs were run for 250 people with cancer and their significant others. Twenty-five 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. The program also supports parents of newly diagnosed children and carers of people with cancer, by linking them with trained volunteers who have been through the same experience. In 2005, 526 connections were made through Cancer Connect (493 adult patients, 22 carers and 11 parents). Twenty per cent of all connections were made in regional areas.

### *Cancer Support Groups Program*

The Cancer Support Groups Program was discussed during 1991 calls to the helpline from diagnosed cancer patients and their families and friends. There are 115 accredited groups.

### *Further assistance for cancer patients*

In 2005, CISS gave financial assistance to cancer patients totalling \$41,700 and funded \$93,000 in grants issued by cancer treatment centres in Victoria.

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.

### *Training clinicians in communication skills*

In the Victorian Cancer Clinicians Communication Program, cancer clinicians who are trained as facilitators delivered nine workshops. An impressive 67 cancer specialists have attended workshops on 'How to Deliver Bad News to Patients and their Families'.

## **Developing 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. This means identifying where decisions that impact on our programs are made and becoming part of the decision-making. 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.

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

### *Victorian Breast Cancer Research Consortium*

The Victorian Breast Cancer Research Consortium Inc is a State Government initiative that carries out basic scientific research into breast cancer. Commencing in 1997, the State Government has provided \$3 million per annum for 10 years. The consortium's research groups are located at several medical research institutes in Melbourne. It is overseen by an independent board of management and a scientific committee.

### *National Cancer Control Initiative*

The National Cancer Control Initiative (NCCI) was housed in our Rathdowne Street offices from 1997 until its closure in May 2006. The NCCI was a key expert reference body providing advice, identifying initiatives and making recommendations to the Commonwealth Government and other key groups regarding the prevention, detection, treatment and palliation of cancer. The NCCI was a partnership between The Cancer Council Australia and the Commonwealth Department of Health and Ageing. Among its activities in 2005 was involvement in the establishment of strategic objectives for Cancer Australia, the Commonwealth Government's newly created cancer agency.

### *Working with other entities*

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 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 \$0.7 million in 2005, achieving a record result. The strongest area of performance was in bequests income. Australia's Biggest Morning Tea was also a growth area in 2005, as was Relay for Life. There were, however, some significant challenges associated with generating charitable income in 2005. Direct Mail was affected by the tsunami crisis, while Daffodil Day was essentially static. Corporate support was also under budget in 2005. 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 2005 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 over 60% 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.

The table below shows the growth in income and expenditure over the last decade.

<b>Period</b>	<b>Result</b>	<b>Revenue</b>	<b>Expenditure</b>	<b>Total</b>
	Surplus/(Deficit)			Assets
	\$000s	\$000s	\$000s	\$000s
Year ended June 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
Year ended Dec 2005	4,702	45,442	40,740	42,761

Note: Results for 1995–1999 include specific project income not yet expended.

As President of the Cancer Council it is my pleasure to submit my report for the year 2005 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 are among its greatest assets, as are the competence and assiduity of its staff.

**Peter Griffin**  
**President**

**20 April 2006**

# Executive Committee – Report to Council

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

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

The Anti-Cancer Council of Victoria operates under the business name of The Cancer Council Victoria.

## *Membership of the Executive Committee*

The members of the Executive Committee (Board) of the Cancer Council during 2005 were:

**MR PETER J GRIFFIN (Chair until June)**

BCOM (MELB), ASIA

**Professor Margaret HAMILTON (Chair from June)**

BA, DIPSOCSTUDS (MELB), MSW (MICH)

**Professor Michael C BERNDT**

PhD

**Ms Saveria DIMASI**

BA (HONS), LLM

**Professor Peter FULLER**

MBBS, B(Med)Sc, PhD, FRACP

**Dr Stewart A HART**

FRACS, MBBS

**Mr Peter INGHAM**

BCOM (HONS) (MELB), MBA (MELB)

**Ms Avis MACPHEE** (from December)

**Ms Louise MILNE-ROCH** (from February)

RN(Div 1), BA, BBus, PGDE, MAICD, MRCNA, MANZCMHN, AFCHSE

**Mr Alexander (Sandy) MURDOCH**

BECONOMICS, DDA, SIA, ASA

**Mr Michael O'BRYAN**

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

**Dr M Ruth REDPATH AO** (until April)

MBBS, FRCS, FRCR

**Dr Andrew ROBERTS**

MBBS, PhD, FRACP, FRCPA

**Ms Andrea WATERS**

BComm, ACA

## GOVERNANCE

Having been elected President at the Annual Meeting of Council in April, Mr Peter Griffin resigned as Chair at the June Meeting of the Board. Professor Margaret Hamilton was elected Chair and Dr Stewart Hart Deputy Chair.

In 2005, Council's Vice-President Dr Ruth Redpath retired from the Board after 13 years of service but agreed to remain on Council for at least one more year.

In February Ms Louise Milne-Roch joined the Board to fill a casual vacancy in the category of Council appointments. Ms Milne-Roch, who is Chief Executive Officer of the nurses Board of Victoria, comes from a background of management and teaching as well as nursing, and has been associated with the Cancer Council for some years through the Nurses' Campaign.

Ms Avis Macphee was appointed by the Appeals Committee as one of its representatives on the Board. She is a retired medical scientist who has made a major contribution as the Ministerial

appointee to the Scientific Committee of the Victorian Breast Cancer Research Consortium (VBCRC) and as Vice-President of its Board. She is a respected and skilled 'consumer' advocate.

Dr Michael Dally, a radiation oncologist from the William Buckland Centre at the Alfred Hospital, has now also joined the Board. He replaces Dr Ruth Redpath who in 2005 retired from the Board as one of the four Council appointees. Dr Dally has been actively involved with the Cancer Council for some years as a member of Council and of the Victorian Cooperative Oncology Group.

The Board received advice and regular reports from the Finance, Appeals and Medical & Scientific Committees.

The Finance & Appeals Committees have continued to meet jointly during 2005 while remaining as separate committees in accordance with the Cancer Act.

The Board discussed the composition of the Standing Sub-Committee on Research, the sub-committee of the Medical and Scientific Committee responsible for research funding decisions, and considered ways in which optimal rotation and combination of expertise could be achieved.

#### *Human Research Ethics Committee*

The HREC reported to the Board on projects approved and presented the annual certification of compliance with the *National Statement on Ethical Conduct in Research Involving Humans*, issued by the Australian Health Ethics Committee of the National Health and Medical Research Council.

## **MANAGEMENT**

Management delivered six-monthly reports against the strategic objectives and was commended on the goals achieved.

In the last quarter of 2005, the Board considered the forecast surplus of over \$3,000,000 for the year and, on advice from the Finance Committee, approved two unbudgeted research expenses to a total value of \$1,410,000: a second Dunlop Fellowship to the value of \$710,000 in 2005 and an additional sum of \$700,000 to be made available to the Medical and Scientific Committee to fund research grants.

Two other new developments are also worthy of note. The Board endorsed the Director's proposal to broaden the Cancer Council's legal and regulatory research and advocacy work into cancer control areas other than tobacco control. The aim is to expand the Cancer Council's multidisciplinary approach to cancer control, and thus achieve outcomes that are only possible through the combination of legal, regulatory, behavioural, economic and epidemiological expertise and perspectives.

The Board also approved an initiative to provide Faecal Occult Blood Testing for people over 50 who would not yet be offered the test in the new national programs (in which only 55-year-olds and 65-year-olds would be eligible), as a new direction for the Cancer Council. The project will be managed in a manner that complements the existing Commonwealth scheme for screening 55 to 65-year-olds, and the message sent to the public will be consistent with this.

The program activities are usually described in some detail in the President's Report to Parliament, of which Council members will receive a copy in the coming weeks.

### *Awards*

In November the President's Award was presented to four outstanding regional Relay for Life organisers, Messrs Bruce Ward, Campbell Maffett, George Flack and Andrew Purdy.

### *The Cancer Council Australia (TCCA)*

Dr Stewart Hart and Professor David Hill have continued to represent the Cancer Council on the Board of TCCA and had input in the structural review and the new rules of association. At the end of 2005 the decision was made to appoint Professor Ian Olver as Chief Executive Officer to succeed Professor Alan Coates, who is retiring from office in 2006. Professor Olver is currently The Cancer Council SA Professor of Cancer Care at Adelaide University and holds the positions of Clinical Director, Director of Medical Oncology, and Head of the Hanson Clinical Research Centre at the Royal Adelaide Hospital.

### *The Victorian Breast Cancer Research Consortium (VBCRC)*

Upon Dr Ruth Redpath's retirement as President of the VBCRC, a role she had held since the Consortium's inception in 1998, Ms Saveria Dimasi was elected to succeed her. Ms Dimasi is the Director of Legal Services at the University of Melbourne and has been a Board member since 2003.

### *The National Cancer Control Initiative (NCCI)*

In 2005, the NCCI continued its activities while preparing for its closure in May 2006. The Board has acknowledged the significant contribution made by the NCCI staff and wished them well for the future.

The Cancer Council looks forward to working with the newly created Federal body named Cancer Australia.

### *The Victorian Cancer Agency*

Professor Hill has kept the Board informed on the State Government's proposal to create a new cancer agency, and on his input in the consultation process, as a member of the Ministerial Taskforce for Cancer. The Cancer Council welcomes the Government's initiative to increase funding for cancer control and looks forward to working in close collaboration with the new agency.

### *Activity reports*

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

Ms Doreen Akkerman, Director, Cancer Information and Support Service  
Ms Susan Fitzpatrick, Executive Officer, Centre for Clinical Research in Cancer  
Professor Dallas English, Deputy Director, Cancer Epidemiology Centre  
Mr Todd Harper, Executive Director, Quit & VicHealth Centre for Tobacco Control  
Professor Melanie Wakefield, Director, Centre for Behavioural Research in Cancer  
Ms Woody Macpherson, Head, Research Management Unit  
Mr Craig Sinclair, Director, Cancer Education Unit  
Ms Deb Stringer, Director, Community Relations & Fundraising Unit

### **THANKS**

The Board is charged with the responsible use of the resources entrusted to us, and like all Committee members, they act in a voluntary capacity and give generously of their time and

expertise. I would like to thank all the members of the Board for their excellent contribution to the governance and decision-making aspects of the Council in 2005.

Mr Peter Griffin has provided strong and distinguished leadership as Chair of the Board, and I am very pleased that he remains as a member and continues to give the Board the benefit of his experience and expertise. My work as Chair has been made considerably easier and more stimulating by the quality of each member's contribution. We have an excellent spread of experience and knowledge. There are a few matters that arise where we do not have relevant experience of at least one or two members to draw on. All members are willing to develop independent views, generous in sharing their ideas and then work to develop a way forward. If an issue ever arises that we do not have senior experience to cover, there always seems to be a member who has access to networks of advice and experience to assist us. It is a privilege to have an opportunity to work with such a group.

The Board relies on the expert advice of its Committees and I wish to acknowledge the wise and dedicated leadership provided by Mr Peter Ingham, Chair of the Finance Committee, Professor Michael Berndt, Chair of the Medical & Scientific Committee, Mr Sandy Murdoch, Chair of the Appeals Committee, and Ms Andrea Waters, Chair of the Audit & Compliance Sub-Committee.

I would also like to thank Ms Nicole Prosper, Secretary to Council, for her assistance in my new role as Chair of the Board. Her excellent organisational skills have been essential to the smooth running of meetings as well as to the implementation of the decisions we made.

It has been another highly successful year and made relatively straightforward for the Executive by the Council's highly competent and well-qualified staff under the direction of a wise and committed Director, Professor David Hill. I congratulate and thank the Director and staff of the Cancer Council for their excellent work and achievements.

**Professor Margaret Hamilton**  
**Chair**

## Medical & Scientific Committee – Report to Council

*Members: A/Prof D Ashley, Prof M C Berndt (Chair), Prof D Bowtell, Dr R Bury, A/Prof J Camakaris, A/Prof L J Campbell, Prof J Cebon, Prof G Coleman, Dr I D Davis, Dr A (Sam) El-Osta, Prof R M Fox, A/Prof A G Frauman, Prof K P Ghiggino, A/Prof M T Gillespie, Dr P Grant, Mr P J Griffin (until June), Prof M Hamilton (from June), A/Prof M A Henderson, Dr C Hogan, Prof T Kilpatrick, A/Prof M P Mac Manus, Prof C L Masters, A/Prof M McCullough, A/Prof S McKechnie, A/Prof J J McKendrick, Prof D McNaughton, Prof J Mercer, Dr D E Neesham, Prof R W Parish, A/Prof H Schneider, A/Prof M A Schwarz, Prof E R Simpson, Dr A Strickland, Prof N Thomson, Dr J Visvader (from May), Prof R E H Wettenhall, Prof I Winship, Dr M D Wright, Dr A S Zimet*

### STANDING SUB-COMMITTEE ON RESEARCH

*Members: Prof M C Berndt (Chair), A/Prof R Bell, A/Prof D Bowtell, Prof F R Carbone, Prof A R Dunn, Prof R M Fox, A/Prof M P Mac Manus, Prof T J Martin AO, Prof C L Masters, Prof C A Mitchell, Dr A Roberts (from September), Dr J Visvader (from September), Prof R E H Wettenhall, Dr V White, Prof J R Zalcborg*

#### *Why we focus on Cancer Research*

In the Cancer Council Annual Review last year our immediate past President Dr Ruth Redpath gave a succinct summary of our research, as follows:

“It is difficult to put a value on cancer research. It is the basis for the increasing rates of cancer survival, which are now heading into new territory beyond one in two people diagnosed. It is also the basis for behavioural change such as reduced smoking rates that are, in turn and over time, reducing the incidence of lung cancer.

At The Cancer Council Victoria, everything we do and say is based on evidence obtained from research. This ensures the effectiveness of our work. The application of research leads to better treatment, earlier diagnosis and prevention.

Cancer Council research revolves around behavioural and epidemiological studies, and these feed into education programs and support services as well as government policies.

As well as supporting this research, the Cancer Council—through the generosity of Victorians—also supports scientists working in universities, medical research institutes and hospitals.

Our clinical research involves the 16 committees of the Victorian Cooperative Oncology Group, supported by the Cancer Council, which foster and nurture research programs that are designed to ensure the best possible cancer treatment in this State. The unique degree of cooperation between these specialists has played an important role in providing information on new treatment methods as quickly as possible, through clinical trials.”

In 2005 The Cancer Council Victoria spent \$17.76 million on cancer research.

The following table from the 2005 audited accounts gives a summary of our expenditure on the major cancer research programs funded in 2005. The 2004 figures are included for comparison.

<b>Research</b>	<b>\$000s 2004</b>	<b>\$000s 2005</b>
Support of basic scientific studies and programs funded by the Medical and Scientific Committee, clinical investigations and programs	\$5,067	\$6,259
Victorian Cancer Registry—registers all cancer cases in Victoria and provides statistical analyses	\$1,682	\$1,622
Centre for Behavioural Research in Cancer—a centre for research into behavioural aspects of cancer prevention, detection and rehabilitation	\$2,407	\$3,183
Cancer Epidemiology Centre—a centre for research into the occurrence, distribution and determinants of disease	\$3,399	\$3,775
Health 2000—a study to ascertain the effect of lifestyle factors (especially diet) on the incidence of a range of diseases.	\$570	\$1,290
VicHealth Centre for Tobacco Control—a centre to investigate new ways to reduce tobacco usage	\$1,316	\$1,635
<b>Total Research</b>	<b>\$14,441</b>	<b>\$17,764</b>

#### *The Medical and Scientific Committee*

The functions of the Medical and Scientific Committee stem from the *Cancer Act 1958* which states:

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

Membership of the Medical and Scientific Committee is specified by the *Cancer Act 1958* and includes members appointed by Victorian universities, hospitals, medical research institutes and the medical specialist colleges. The members appointed for 2005 are listed in this report.

#### *Research Funded by the Medical and Scientific Committee*

The research funded in Victorian hospitals, universities and medical research institutes is allocated by the Medical and Scientific Committee. We take advice from the Standing Research Sub-Committee, which conducts a rigorous peer review and selection process to identify which applications should receive funding and to ensure that all money donated to us is channelled into the highest quality research.

The Committee has a budget for biomedical research and each year funding is provided to cancer researchers in the following ways, which range across the various stages of a research career.

*Vacation Studentships* are available to undergraduate students enrolled in relevant disciplines at any Victorian university. The student's work must be done as part of a cancer research program being conducted at a university or other research organisation. The summer studentship placements are for a maximum of six weeks during the summer break. In 2005 we awarded 15 studentships.

*Postgraduate Research Scholarships* are awarded to science or medical graduates who are enrolled in postgraduate research studies (a PhD or equivalent). The tenure of the scholarship is usually three years. In late 2005 we offered three scientific and one medical scholarships to commence in 2006 and we are currently supporting a total of fifteen scholarship holders at various stages of their postgraduate studies.

*Postdoctoral Research Fellowships* provide researchers who have recently completed a PhD with support for an additional year of research, based on their thesis work. Two new post-docs commenced in July 2005 and an additional two were awarded in November to commence in January 2006.

*Grants-in-Aid* are offered each year to support research over a period of between one and three years to a maximum of \$70,000 per year.

In general terms, the criteria for award of grants-in-aid are relevance to cancer, excellence, the value of the research and the researcher's capacity to successfully complete the research described in the application.

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

In 2005 we awarded 19 new grants-in-aid to commence in 2006 for periods of 1 – 3 years. In total we are funding 37 grants-in-aid during 2006. Research projects cover a range of cancer types and research disciplines, including bone, bowel, breast, leukaemia, ovarian and prostate cancer, in the fields such as immunology, molecular biology and genetics. A number of the studies we fund are investigations that will benefit all cancers.

*Fellowships* are our most prestigious awards and they provide support to a small number of senior researchers. Our fellowships include the Fraser, Lions, Dunlop, Colebatch and Carden Fellowships. The Fraser Fellowship acknowledges the separate bequests of Harry Lovatt Fraser and Kathleen Fraser and is held by Prof Peter Colman. Professor Colman is working on apoptosis (cell death) and the discovery of drugs to promote the suicide of cancer cells. The Lions Fellowship is made possible via the interest from a capital fund donated by the Victorian Lions Foundation and is held by Dr Bob Anderson who is working on controlling coeliac disease and cancer.

The Carden Fellowship acknowledges George Carden's bequest, made in 1945 and has been held by Emeritus Professor Donald Metcalf for over 50 years. Professor Metcalf's research has led to the development of a major supportive cancer therapy which has so far benefited around five and a half million cancer patients worldwide. He discovered the naturally occurring regulators of bone marrow growth, named Colony Stimulating Factors (CSFs), which guide the division and maturation of white cells, prolonging their shelf life within blood banks and materially strengthening their function in the body. The Cancer Council receives a share of the royalties generated from Professor Metcalf's inventions.

#### *Two five year fellowships awarded*

The Sir Edward Dunlop Clinical Research Fellowship was awarded in late 2005 to A/Prof Grant McArthur of the Peter MacCallum Cancer Centre. Named in memory of Sir Edward 'Weary' Dunlop (1907-1993) to mark his contribution to Australia and, in particular, to the work of The Cancer Council Victoria, the fellowship is awarded to medically qualified cancer researchers, and is aimed at supporting future leaders in cancer research. This is the third such Dunlop Fellowship. Dr McArthur's research is on the development of targeted therapies for cancer

The inaugural Colebatch Clinical Research Fellowship was awarded in late 2005 to A/Prof Kelly Phillips of the Peter MacCallum Cancer Centre for her work on reducing the burden of breast cancer. This fellowship has been established in memory of Dr John Colebatch (1909–2005). Dr Colebatch is remembered for his contribution to the Cancer Council Victoria and his pioneering work in the field of paediatric haematology and clinical trial practice in Australia.

### *Monitoring the Research*

All researchers report their scientific progress annually in writing to the Medical and Scientific Committee, including the details of publications and patent applications arising from our grants. A lay report is also required and they assist us with the reporting of research to our donors and to the general public. In 2005 59 publications were generated from this research and 104 presentations were made (49 national, 55 international) Three patents have been accepted and a further two provisional patents were filed. Researchers also reported receiving the following awards:

Prof David Jans, GE Healthcare Bio-Sciences Award for Innovation in Research (2005)

Dr Stephen Nutt, The Walter & Eliza Hall Institute Burnet Prize (2005)/Pfizer Australia Research Fellowship (2005)

A/Prof Mark J Smyth, Nominee for 2007 Charles Rodolphe Brupbacher Foundation Prize, Switzerland

Prof Don Metcalf, Inaugural Winner Salk Institute Prize for Research Excellence (2005)

Dr Erika Cretney, Commendation, Premier's Award for Medical Research (2005)

Dr Stephen Ting, Premier's Award for Medical Research (2005 co-winner)

## **OTHER ACTIVITIES OF THE MEDICAL AND SCIENTIFIC COMMITTEE AND THE RESEARCH MANAGEMENT UNIT**

### *Tissue Bank Co-ordination*

In 2001, the Medical and Scientific Committee appointed a Tissue Bank Working Group to work on the establishment of an integrated biospecimens resource for cancer research, treatment and prevention; a tissue bank co-operative. Co-op members include Austin Health, Melbourne Health, the Peter MacCallum Cancer Centre and Southern Health.

Building on the progress of this project, and expanding to other hospital sites, The Tissue Bank Cooperative Management Committee, was successful in obtaining a \$7 million grant from the Department of Innovation, Industry and Regional Development (DIIRD) under the Science Technology and Innovation (STI) grant program. The Cancer Council Victoria is assisting with the management and implementation of this initiative now called the Victorian Cancer Research Tissue Bank.

### *The Research Management Unit*

The secretariat and all other administrative functions for the Medical and Scientific Committee are performed by the staff of the Research Management Unit and on behalf of the Committee I would like to thank Woody Macpherson, Felicity Fairbairn and Marian Wilson for their assistance and hard work during 2005.

Since 2000, The Research Management Unit has managed, on behalf of the Cancer Council Australia, the peer review assessment and ranking of all the cancer research grant applications received by the state cancer councils and National Breast Cancer Foundation (NBCF). A partnership with the NHMRC commenced in 2005 with all cancer funding body applications being submitted via the NHMRC process with the Cancer Councils and NBCF continuing to make their own funding decisions. The Cancer Council Victoria is managing the new process by housing the national liaison office on behalf of the Cancer Council Australia.

Other work carried out by Woody's small but skilled team includes policy development and support for the Human Research Ethics Committee, and the Internal Research Quality Assurance Committee as well as the management of the Victorian Breast Cancer Research Consortium Inc.

## **ACKNOWLEDGMENTS**

### ***Medical and Scientific Committee and sub-committees***

I would like to thank the Medical and Scientific Committee for their support and also express our appreciation of the work of the members of the Standing Research Sub-committee and the Dunlop Fellowship Selection Committee. These people have once again given their time and expertise to the research policies of the Cancer Council as well as the arduous selection process for our research grants, the Dunlop and Colebatch Fellowships, postdoctoral fellowships, scholarships and studentships.

### ***Board and Council appointees***

There are two other groups of individuals who deserve special mention: our Council and Board appointees. The four representatives of the Medical and Scientific Committee on Council are: Dr Phillip Campbell - Andrew Love Cancer Centre, Geelong Hospital, Mr Mark Eastman - Shepparton Private Hospital, Professor Peter Fuller - Prince Henry's Institute of Medical Research and Professor Evan Simpson, Prince Henry's Institute of Medical Research. The three Medical and Scientific Committee representatives who join me on the Executive Committee (Board) are: Mr Stewart Hart - Head of Breast Surgery at Monash Medical Centre, Dr Andrew Roberts of the Walter and Eliza Hall Institute and Prof Peter Fuller of the Prince Henry's Institute of Medical Research. Their contribution and commitment to the work of the Cancer Council's governance should once again be acknowledged.

### ***Cancer Council donors and supporters***

In 2005 the Cancer Council spent \$17.76 million on research. This research can be funded because of the generosity of donors from around Victoria who contribute via bequests, donations and participation in fundraising activities such as Relay for Life, Australia's Biggest Morning Tea and Daffodil Day. Additional funding for our internal research programs comes from research funding bodies and government; groups like VicHealth and the National Health and Medical Research Council.

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

**Professor Michael Berndt**  
**Chair**

# Appeals Committee – Report to Council

*Members: Mr P Griffin, Prof M Hamilton, Mr P Ingham, Mr S Murdoch (Chair)*

## APPEALS ADVISORY COMMITTEE

*Mr S Murdoch (Convenor), Mr P Griffin, Mr P Ingham, Mr J Nickson, Mr G Sellars- Jones, Mr A Guy, Ms J Hoskins, Mr P Brass, Mr J Clarke*

## MEDIA & MARKETING ADVISORY COMMITTEE:

*Mr O Ablinger, Mr N Betts, Mr D Hoyle (Convenor), Mr R Johnson, Ms R Lea, Mr P Parker, Mr G Pesutto, MS J Szmajda, MS P Webster, Ms T Whitford, Mr S Yaffe*

### *Chair of the Appeals Committee*

Mr Sandy Murdoch was the Chair of the Appeals Committee in 2005.

### *Appeals Advisory Committee*

A new committee was formed in 2005 to support the work of the Chair of the Appeals Committee. The remit of the Appeals Advisory Committee is to seek support from high net worth individuals and corporations.

### *Media and Marketing Advisory Committee*

Mr David Hoyle, National Radio Sales Manager for Southern Cross Media was Chair of the Media and Marketing Committee. The Media and Marketing Committee continued to support and advise the Cancer Council on advertising and media related matters in 2005, however the Committee ceased to meet during 2005 as a formal committee.

## OVERVIEW

The total gross income from charitable support, community fundraising and retail for 2005 was \$25.3 million against a gross budget of \$23.8 million. The strongest performances in 2005 were in the Donor Program in Bequests, and the Breakthrough program, both of which exceeded budget and in ABMT and Relay For Life.

### *Events*

In 2005 the Events department was re-structured to consist of only national branded events and community focused fundraising events were moved into a separate program. The total income raised in 2005 in Events was \$6.6 million. This was a marked improvement on the previous year where a total of \$6.1 million was raised from the same pool of events.

Relay For Life continued to grow and remained the highest earning event on the calendar; it generated \$3 million, 70% of which came from regional Victoria. Daffodil Day maintained income, generating \$1.78 million in Victoria (in 2004 it generated \$1.65 million). Whilst it is no longer the biggest dollar earner in the portfolio, it is still viewed strategically as the flagship event for the Cancer Council and remains the biggest single-day engagement with the Victorian public.

Australia's Biggest Morning Tea experienced resurgence in support and raised \$1.35 million (an increase from \$1.14m in 2004). Pink Ribbon Day was placed on a maintenance program, with little investment in marketing and resources, and a focus on establishing a new fundraising brand in its place – Girl's Night In. Pink Ribbon Day still returned a healthy income of \$540,000, and

Girl's Night In tapped into a new segment of the market and generated \$100,000 in its first year – a better than expected result.

A vibrant and diverse volunteer base, including increased participation by corporate volunteers, continued to be crucial to the successful implementation of all Events.

#### *Donors and Bequests Program*

The gross income for direct mail was \$2.6 million for 2005, which was \$260,000 down on budget and \$270,000 down on 2004. This trend can be partially explained by the timing of the appeals, which were sent in quick succession at the end of the year, due to an initial delay in Appeal I following the Asian Tsunami which were exacerbated by delays in product testing. The original mailing dates of February, May and October will be reinstated for 2006 to reverse the trend and make budget.

The Breakthrough program exceeded budget by 17% and achieved gross income of \$212,000, and recorded a 97% increase in profits year-on-year. We expect this to be another major growth area for 2006.

In Memoriam under performed by \$191,500 and raised \$738,500, which was 5% down year-on-year. With increased newspaper advertising and a push with promoting the program direct to funeral parlors, this trend is also expected to reverse in 2006.

#### *Bequests Program*

The budget for the Bequests Program was \$7.1 million and actual income from estates in 2005 was \$10.9 million, exceeding budget by \$3 million. This result was the best ever for the Cancer Council and was assisted by two bequests each over \$1million.

#### *Corporate and Trusts Partnerships*

The total gross income in 2005 was \$667,000. Trust income was just over \$276,000 and short of the previous year however, a section of corporate giving, Corporate Special Efforts, was moved out of this program and placed in a new program Corporate and Community Fundraising. The total program income for 2005 fell short of budget. This fall in income can be attributed to a continued failure to secure any major new corporate contributions in 2005. Corporate & Trust fundraising efforts have focused and developed a communication and fundraising plan for a major gift campaign. The efforts of the Appeals Advisory Committee are also expected to contribute to this program over time.

#### *Community and Corporate Fundraising*

Community and Corporate Fundraising (CCF) was created in 2005 to house the community fundraising events: Tour For a Cure, Mazda Raffle, Balls, Nurses' Campaign, Special Efforts, Golf & Bowls and the Volunteer Coordination Office (VCO). The total gross income in 2005 was \$1.6 million.

In 2005, the Volunteer Coordination Office raised \$320,000, a 25% increase on budget. The Think Pink, Bottoms Up and Daffodil Balls raised a total gross income of \$551,000. The Special Efforts program generated \$298,000 gross income. This income stream was significantly lower than 2004 and the poorer than budgeted result may have been influenced by Tsunami impact earlier in the year. The smaller income streams of Golf and Bowls contributed \$70,000.

The Mazda Raffle was moved from ABMT to Community Fundraising in 2005 to enable the raffle to develop as a stand-alone effort. The raffle raised \$162,000 gross income.

*Retail Services Program*

The total income for Retail was \$2.2 million including royalties with a net profit of \$.03million. National royalty income was down by \$47,000 however; there was an increase in mail order of 9% with internet sales increasing by 10% and the Chadstone store by 4%.

**Mr A S Murdoch**  
**Chair**

# Finance Committee – Report to Council

*Members: Mr P J Griffin, Mr P Ingham (Chair), Ms S Miles, Ms M Péril, Ms Y Thomson, Ms A Waters*

## AUDIT AND COMPLIANCE SUB-COMMITTEE

*Members: Mr P J Griffin, Mr P Ingham, Ms S Miles, Ms Y Thomson, Ms A Waters (Chair)*

## INVESTMENT AND PROPERTY SUB-COMMITTEE

*Members: Mr P Griffin, Mr P Ingham (Chair), Mr S Murdoch, Ms M Péril, Ms Y Thomson, Ms A Waters*

The net result for the year was a surplus of \$4.7 million compared with \$2.7 million for the previous year. Whilst significantly above 2004, this result includes unrealised investment gains of \$1.1 million as well as funds received for external programs that have not yet commenced.<sup>1</sup>

### *Income*

Our total charitable support income increased from \$22.3 million to \$23.0 million. However, as in 2004 and in 2003, this was achieved largely through better than budgeted receipts from bequests. Relay and For Life and Australia's Biggest Morning Tea also did well, but several fundraising programs again struggled to make budget, including Direct Mail and Daffodil Day.

Government and contractual grants from other funding bodies for specific projects amounted to \$15.3 million. This compares with \$11.5 million received in 2004. Other income increased from \$5.1 million to \$5.9 million due to additional investment income and unrealised investment gains.

Retail operations maintained the same base in 2005 as it did in 2004.

### *Expenditure*

Total expenditure increased from \$38.5 million to \$41.8 million of which \$17.8 million was applied to research and \$15.9 million to prevention and early detection programs – which represents a total increase in 2005 of \$5.0 million for research and program services.

Charitable support expenditure decreased from \$6.0 million to \$5.4 million with the net fundraising result increasing by \$1.5 million.

Administrative Support expenditure shows a decrease of \$1.2 million compared to 2004. During 2005 a new process was introduced where the cost of accommodation, information technology and some central overhead costs was charged to programs on a benchmarked usage basis rather than by a general allocation. This new process has enabled a better recognition of costs within the programs that actually incur the cost.

### *Cash flow and Outlook for 2006*

At the end of the 2005-year, we had \$1.1 million in cash at bank and \$10.9 million of uncommitted investment funds available to fund the Cancer Council's operating activities.

This part of the Investment pool in 2006 is budgeted to decrease by \$1.1 million after allowing for an additional capital expenditure of \$1.9 million and additional programs approved as part of the Strategic Plan to be implemented in 2006.

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<sup>1</sup> Financial Statements for 2005 and Auditor-General's audit opinion are appended to this report.

Our total cash and investment reserve position significantly increased from \$17.5 million in 2004 to \$23.8 million in 2005.

The Investment pool in 2006 is budgeted to decrease by a further \$3.7 million as contracted and committed programs are completed.

The Cancer Council has, at current valuations, a total of \$13.8 million represented in the balance sheet by land and buildings.

#### *Investments*

UBS Wealth Management assumed responsibility as our Fund Manager from May 2005.

#### *Audit and Compliance Sub-Committee*

The sub-committee under the chairmanship of Andrea Waters has met regularly throughout the year to receive reports relating to accounting risk management and compliance matters. The key matters considered by the committee during the year included:

- Review of the annual financial statements and liaison with the Auditor General in relation to their audit thereon;
- Oversight of action taken in response to the matters raised by the Auditor General in their management letter relating to the financial report for 2004;
- Review of the Internal Audits undertaken by William Buck, namely:
  - Critical Incident Plan
  - IT Security
  - Investments
  - Budget Establishment and Control.and oversight of action taken in response to the matters raised therein;
- Review of regular risk management reports highlighting contracts entered and control issues;
- Review of the implementation of the Australian equivalent of the International Financial Reporting Standards in the Statutory Accounts for the year ended 31 December 2005;
- Review of the implementation of the purchasing and fixed asset projects.

#### *Finance and Appeals Committee*

These Committees met together and this enables productive discussions on income and expenditure issues considered by both committees.

#### *Investment Sub-Committee*

This sub committee reviewed the Investment Policy of the Council and with the strengthening financial position of the Council adopted a changed Investment Policy with a more even weighting of Liquid Securities and Listed Equities.

#### *Finance Committee membership*

There were no changes to the membership of the committees during 2005. Ms Yen Thompson, representing the Victorian Treasurer, resigned from the Finance Committee in March 2006 and has been replaced by Mr. Peter Fuhrmann.

**Mr P Ingham**  
**Chair**

**ANTI-CANCER COUNCIL VICTORIA**  
**FINANCIAL REPORT**  
**FOR THE YEAR ENDED 31 DECEMBER 2005**

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**Operating as THE CANCER COUNCIL VICTORIA**  
**INCOME STATEMENT**  
**FOR THE YEAR ENDED 31 DECEMBER 2005**

	Note	2005 \$'000s	2004 \$'000s
<b>Revenue from continuing operations</b>			
Charitable support		22,990	22,280
External program funding		15,272	11,504
Other income	3	5,899	5,085
Retail operations	4	1,281	1,290
		<b>45,442</b>	<b>40,159</b>
<b>Expenses from continuing operations</b>			
Program services:			
- Research	6	17,764	14,441
- Cancer prevention and early detection	6	15,949	14,250
Retail operations	4	1,028	976
Charitable support		5,423	5,995
Administrative support		576	1,795
		<b>40,740</b>	<b>37,457</b>
<b>Net operating result for the year</b>	5	<b>4,702</b>	<b>2,702</b>

**Operating as THE CANCER COUNCIL VICTORIA**  
**BALANCE SHEET AS AT 31 DECEMBER 2005**

	Note	2005 \$'000s	2004 \$'000s
<b>ASSETS</b>			
<b>Current Assets</b>			
Cash and cash equivalents	7	1,921	11,025
Receivables		1,828	1,780
Inventories		386	391
Other financial assets	8.1	15,807	1,300
Other assets		97	110
<b>Total Current Assets</b>		<b>20,039</b>	<b>14,606</b>
<b>Non-Current Assets</b>			
Other financial assets	8.2	7,241	6,240
Property, plant and equipment	9	15,481	15,758
<b>Total Non-Current Assets</b>		<b>22,722</b>	<b>21,998</b>
<b>TOTAL ASSETS</b>		<b>42,761</b>	<b>36,604</b>
<b>LIABILITIES</b>			
<b>Current Liabilities</b>			
Payables		1,620	1,932
Administered program funding	10	949	1,276
Employee benefits	11.1	1,625	1,425
Research grants accrued		3,085	2,280
<b>Total Current Liabilities</b>		<b>7,279</b>	<b>6,913</b>
<b>Non-Current Liabilities</b>			
Employee benefits	11.2	1,801	1,557
Research grants accrued		3,444	1,899
<b>Total Non-Current Liabilities</b>		<b>5,245</b>	<b>3,456</b>
<b>TOTAL LIABILITIES</b>		<b>12,524</b>	<b>10,369</b>
<b>NET ASSETS</b>		<b>30,237</b>	<b>26,235</b>
<b>EQUITY</b>			
Reserves	12.1	20,008	17,824
Accumulated surplus/(deficit)	12.2	10,229	8,411
<b>TOTAL EQUITY</b>		<b>30,237</b>	<b>26,235</b>

**Operating as THE CANCER COUNCIL VICTORIA**  
**STATEMENT OF CHANGES IN EQUITY**  
**FOR THE YEAR ENDED 31 DECEMBER 2005**

	Note	2005 \$'000s	2004 \$'000s
<b>Total equity at the beginning of the financial year</b>		26,235	22,990
Increase/(Decrease) in Dunlop Reserve	12.1.2	(700)	420
Closure of external program - transfer balance to core funds	12.2	-	123
Net income recognised in equity		<u>(700)</u>	<u>543</u>
Net operating result for the year		4,702	2,702
<b>Total equity at the end of the financial year</b>		<b><u>30,237</u></b>	<b><u>26,235</u></b>

**Operating as THE CANCER COUNCIL VICTORIA**  
**CASH FLOW STATEMENT**  
**FOR THE YEAR ENDED 31 DECEMBER 2005**

	Note	2005 \$'000s	2004 \$'000s
<b>Cash Flows from operating activities</b>			
<b>Receipts</b>			
Charitable support, retail and royalties		23,633	25,628
User fees and charges		5,505	3,090
Funding for external projects		18,509	14,537
Interest and trust distributions		929	806
Goods and Services Tax recovered		378	26
<b>Payments</b>			
Payments to suppliers and employees		(41,290)	(42,472)
Goods and Services Tax paid		(575)	-
<b>Net cash provided by / (used in) operating activities</b>	<b>14</b>	<b>7,089</b>	<b>1,615</b>
<b>Cash Flows from Investing Activities</b>			
Purchases of property, plant and equipment		(1,141)	(828)
Purchases of investments		(35,826)	(1,052)
Proceeds from investments		20,774	9,389
<b>Net Cash provided by / (used in) Investing Activities</b>		<b>(16,193)</b>	<b>7,509</b>
<b>Net increase / (decrease) in cash held</b>		<b>(9,104)</b>	<b>9,124</b>
Cash and cash equivalents at the beginning of the financial year		11,025	1,901
<b>Cash and cash equivalents at the end of the financial year</b>	<b>7</b>	<b>1,921</b>	<b>11,025</b>

# **Operating as THE CANCER COUNCIL VICTORIA**

## **NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2005**

### **Note 1 - SIGNIFICANT ACCOUNTING POLICIES**

The Anti-Cancer Council ("Council") is a not for profit charity incorporated in Victoria under the Cancer Act 1958.

The financial report for the year ended 31 December 2005 covers the Anti-Cancer Council of Victoria as an individual entity.

#### **(a) Statement of compliance**

The Financial Report is a general purpose financial report prepared in accordance with Australian equivalents to International Financial Reporting Standards (A-IFRS), other authoritative pronouncements of the Australian Accounting Standards Board (AASB), Urgent Issues Group (UIG) and AASB Interpretations, the Financial Management Act 1994 and applicable Financial Reporting Directions issued under that legislation.

The financial report consists of the financial statements of the Council. The accounting policies adopted in preparing the financial report have been consistently applied, unless otherwise stated.

The financial report of the Council comply with the requirements of Australian equivalents to International Financial Reporting Standards (A-IFRS).

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

#### **(b) Basis of preparation**

##### *First time Adoption of Australian Equivalents to International Financial Reporting Standards*

The Council has prepared financial statements in accordance with the Australian equivalents to International Financial Reporting Standards (A-IFRS) from 1 January 2005.

In accordance with the requirements of AASB 1: First -time Adoption of Australian Equivalents to International Financial Reporting Standards, adjustments to the Council's accounts resulting from the introduction of A-IFRS have been applied retrospectively to 2004 comparative figures excluding cases where optional exemptions available under AASB 1 have been adopted. These accounts are the first financial statements of the council to be prepared in accordance with Australian equivalents to IFRS.

The accounting policies set out below have been consistently applied to all years presented. The Council has however elected to adopt the exemptions available under AASB 1 relating to AASB 132: Financial Instruments: Disclosure and Presentation, and AASB 139: Financial Instruments: Recognition and Measurement. Refer Note 21 for further details.

Reconciliations and descriptions of the effect of the transition from previous Australian Generally Accepted Accounting Principles (A-GAAP) to A-IFRS have been included in Note 21 to this report.

##### *Reporting basis and conventions*

The financial report has been prepared on an accruals basis and is based on historical costs modified by the revaluation of selected classes of non-current assets and financial assets and financial liabilities for which the fair value basis of accounting has been applied.

##### *Critical accounting estimates and judgments*

The preparation of the financial statements in conformity with A-IFRS requires the use of certain critical accounting estimates. It also requires management to exercise its judgment in the process of applying the Council's accounting policies.

**Operating as THE CANCER COUNCIL VICTORIA**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 DECEMBER 2005**

The Council assesses impairment at each reporting date by evaluating conditions specific to the Council that may lead to the impairment of assets. Where an impairment trigger exist, the recoverable amount of the asset is determined. Value-in-use calculations performed in assessing recoverable amounts incorporate a number of key estimates.

*Key judgments - Allowance for doubtful debts*

*Included in accounts receivable at 31 December 2005 are amounts which have been outstanding beyond the normal trading terms. The likelihood of the recovery of these amounts has been assessed and an estimated allowance made for non recovery of particular amounts outstanding.*

**(c) Property plant and equipment**

**(i) Owned assets**

Items of property, plant and equipment are stated at cost as deemed cost less accumulated depreciation (see below) and impairment losses (see accounting policy i).

Certain items of property, plant and equipment that had been revalued to fair value on or prior to 1 January 2004, the date of transition to Australian Accounting Standards - AIFRS, are measured on the basis of deemed cost, being the revalued amount at the date of that revaluation.

Where parts of an item of property, plant and equipment have different useful lives, they are accounted for as separate items of property, plant and equipment.

**(ii) Subsequent costs**

The Council recognizes in the carrying amount of an item of property, plant and equipment the cost of replacing part of such an item when that cost is incurred if it is probable that the future economic benefits embodied with the item will flow to the Council and the cost of the item can be measured reliably. All other costs are recognised in the income statement as an expense as incurred.

**(iii) Depreciation**

Depreciation is charged to the income statement on a straight-line basis over the estimated useful lives of each part of an item of property, plant and equipment. Land is not depreciated. The estimated useful lives in the current and comparative periods are as follows:

CLASS OF ASSET	DEPRECIATION RATES	
	2005	2004
<b>Building &amp; Improvements</b>		
Buildings	2.5%	2.5%
Freehold improvements	20.0%	20.0%
<b>Plant &amp; Equipment</b>		
Computer hardware	33.3%	33.3%
Computer software > \$5,000	20.0%	40.0%
Furniture and fittings	20.0%	20.0%
Leasehold improvements	20.0%	20.0%
Office equipment	20.0%	20.0%
Telephone equipment	20.0%	20.0%
Motor vehicles	20.0%	20.0%

The residual value, if not insignificant, is reassessed annually.

**Operating as THE CANCER COUNCIL VICTORIA**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 DECEMBER 2005**

**(d) Intangible assets**

**Research and development**

Expenditure on research activities, undertaken with the prospect of gaining new scientific or technical knowledge and understanding, is recognised in the income statement as an expense as incurred.

Expenditure on development activities, whereby research findings are applied to a plan or design for the production of new or substantially improve products and processes, is capitalised if the product or process is commercially feasible and the Council has sufficient resources to complete the development. The expenditure capitalised includes the cost of materials, direct labour and an appropriate proportion of overheads. Other development expenditure is recognised in the income statement as an expense as incurred. Capitalised development expenditure is stated at cost less accumulated amortisation and impairment losses (see accounting policy i).

No expenditure on development activities is capitalised in the Council's income statements.

**(e) Investments**

**Investments in debt and equity securities**

Financial instruments held for trading are classified as current assets and are stated at fair value, with any resultant gain or loss recognised in the income statement.

Where the council has the positive intent and ability to hold fixed interest bills to maturity, they are stated at amortised cost less impairment losses (see accounting policy i).

Other financial instruments held by the Council are classified as being available-for-sale and are stated at fair value, with any resultant gain or loss being recognised directly in equity, except for impairment losses and, in the case of monetary items such a debt securities, foreign exchange gains and losses. When these investments are derecognised, the cumulative gain or loss previously recognised directly in equity is recognised in profit or loss.

Where these investments are interest-bearing, interest calculated using the effective interest method is recognised in the profit or loss.

The fair value of financial instruments classified as held for trading and available-for-sale is their quoted bid price at the balance sheet date.

Financial instruments classified as held for trading or available-for-sale investments are recognised / derecognised by the Council on the date it commits to purchase / sell the investments. Securities held-to-maturity are recognised / derecognised on the day they are transferred to / by the Council.

**(f) Trade and other receivables**

Trade and other receivables are stated at their cost less impairment losses (see accounting policy i).

**(g) Inventories**

Inventories are stated at the lower of cost and net realisable value. Net realisable value is the estimated selling price in the ordinary course of business, less the estimated costs of completion and selling expenses.

The cost of inventories is based on the first-in first-out principle and includes expenditure incurred in acquiring the inventories and bringing them to their existing location and condition.

**Operating as THE CANCER COUNCIL VICTORIA**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 31 DECEMBER 2005**

**(h) Cash and cash equivalents**

Cash and cash equivalents comprise cash balances and call deposits. Bank overdrafts that are repayable on demand and form an integral part of the Council's cash management are included as a component of cash and cash equivalents for the purpose of the statement of cash flows.

**(i) Impairment**

The carrying amounts of the Council's assets, other than inventories (see accounting policy l) are reviewed at each balance sheet date to determine whether there is any indication of impairment. If any such indication exists, the asset's recoverable amount is estimated (see accounting policy i (i)).

An impairment loss is recognised whenever the carrying amount of an asset or its cash-generating unit exceeds its recoverable amount. Impairment losses are recognised in the income statement, unless an asset has previously been revalued, in which case the impairment loss is recognised as a reversal to the extent of that previous revaluation with any excess recognised through profit or loss.

Impairment losses recognised in respect of cash-generating units are allocated first to reduce the carrying amount of any goodwill allocated to cash-generating units (group of units) and then, to reduce the carrying amount of the other assets in the unit (group of units) on a pro rata basis.

When a decline in the fair value of an available-for-sale financial asset has been recognised directly in equity and there is objective evidence that the asset is impaired, the cumulative loss that had been recognised directly in equity is recognised in profit or loss even though the financial asset has not been derecognised. The amount of the cumulative loss that is recognised in profit or loss is the difference between the acquisition cost and current fair value, less any impairment loss on that financial asset previously recognised in profit or loss.

**(i) Calculation of recoverable amount**

The recoverable amount of the Council's investments in held-to-maturity securities and receivables carried at amortised cost is calculated as the present value of estimated future cash flows, discounted at the original effective interest rate (i.e., the effective interest rate computed at initial recognition of these financial assets). Receivables with a short duration are not discounted.

The recoverable amount of other assets is the greater of their net selling price and value in use. In assessing value in use, the estimated future cash flows are discounted to their present value using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the asset. For an asset that does not generate largely independent cash inflows, the recoverable amount is determined for the cash-generating unit to which the asset belongs.

**(ii) Reversals of impairment**

An impairment loss in respect of a held-to-maturity security or receivable carried at amortised cost is reversed if the subsequent increase in recoverable amount can be related objectively to an event occurring after the impairment loss was recognised.

An impairment loss in respect of an investment in an equity instrument classified as available for sale is not reversed through profit or loss. If the fair value of a debt instrument classified as available-for-sale increases and the increase can be objectively related to an event occurring after the impairment loss was recognised in profit or loss the impairment loss shall be reversed, with the amount of the reversal recognised in profit or loss.

In respect of other assets, an impairment loss is reversed if there has been a change in the estimates used to determine the recoverable amount.

An impairment loss is reversed only to the extent that the asset's carrying amount does not exceed the carrying amount that would have been determined, net of depreciation or amortisation, if no impairment loss had been recognised.

**Operating as THE CANCER COUNCIL VICTORIA**  
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**(j) Share capital**

The Anti-Cancer Council is a not for profit charity incorporated in Victoria under the Cancer Act 1958. As such there is no share capital recorded in the financial statements.

The Council does not pay any dividends.

**(k) Interest-bearing borrowings**

Interest-bearing borrowings are recognised initially at fair value less attributable transaction costs. Subsequent to initial recognition, interest-bearing borrowings are stated at amortised cost with any difference between cost and redemption value being recognised in the income statement over the period of the borrowings on an effective interest basis.

**(l) Employee benefits**

**(i) Accumulated contribution plans**

Obligations for contributions to accumulated contribution plans are recognised as an expense in the income statement as incurred.

**(ii) Long service leave benefits**

The Council's net obligation in respect of long service leave benefits, is the amount of future benefit that employees have earned in return for their service in the current and prior periods. The obligation is calculated using the projected unit credit method and is discounted to its present value. The discount rate is the yield at the balance sheet date on government bonds that have maturity dates approximating to the terms of the consolidated entity's obligations.

**(m) Provisions**

A provision is recognised in the balance sheet when the Council has a present legal or constructive obligation as a result of a past event, and it is probable that an outflow of economic benefits will be required to settle the obligation. If the effect is material, provisions are determined by discounting the expected future cash flows at a pre-tax rate that reflects current market assessments of the time value of money and, where appropriate, the risks specific to the liability.

**(n) Trade and other payables.**

Trade and other payables are stated at cost.

**(o) Revenue**

**(i) Goods sold and services rendered**

Revenue from the sale of goods is recognised in the income statement when the significant risks and rewards of ownership have been transferred to the buyer. Revenue from services rendered is recognised in the income statement in proportion to the stage of completion of the transaction at the balance sheet date. The stage of completion is assessed by reference to surveys of work performed. No revenue is recognised if there are significant uncertainties regarding recovery of the consideration due, the costs incurred or to be incurred cannot be measured reliably, there is a risk of return of goods or there is continuing management involvement with the goods.

**(ii) Rental income**

Rental income from investment property is recognised in the income statement on a straight-line basis over the term of the lease.

**Operating as THE CANCER COUNCIL VICTORIA**  
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**(iii) Dividends**

Dividend income is recognised in the income statement on the date the Council's right to receive payments is established which in the case of quoted securities is the date received. The interest expense component of finance lease payments is recognised in the income statement using the effective interest rate method.

**(iv) Government grants**

An unconditional government grant is recognised in the income statement as operating income when the grant becomes receivable.

**(p) Expenses**

**(i) Operating lease payments**

Payments made under operating leases are recognised in the income statement on a straight-line basis over the term of the lease.

**(ii) Net financing costs**

Net financing costs comprise interest payable on borrowings calculated using the effective interest rate method.

Interest income is recognised in the income statement as it accrues, using the effective interest method.

**(q) Segment reporting**

A segment is a distinguishable component of the Council that is engaged in providing services (business segment), which is subject to risks and rewards that are different from other segments.

**(r) Goods and services tax**

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the taxation authority. In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of the expense.

Receivables and payables are stated with the amount of GST included. The net amount of GST recoverable from, or payable to, the ATO is included as a current asset or liability in the statement of financial position.

Cash flows are included in the statement of cash flows on a gross basis. The GST components of cash flows arising from investing and financing activities, which are recoverable from, or payable to, the ATO are classified as operating cash flows.

**Note 2 - INCOME TAX**

The Council is a not-for-profit charitable organisation and is exempt from Income tax under the Income Tax Assessment Act 1997. The council is also exempt from other government levies such as payroll tax. Donations of \$2 or more made to the Council are income tax deductible to donors.

**Operating as THE CANCER COUNCIL VICTORIA**  
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	2005 \$'000s	2004 \$'000s
<b>Note 3 - OTHER INCOME</b>		
Other Income comprises:		
- Investment income	924	735
- Investment gains	1,145	1,383
- Royalties and fees for service	3,830	2,967
<b>TOTAL OTHER INCOME</b>	<b>5,899</b>	<b>5,085</b>

**Note 4 - RETAIL OPERATIONS**

Retail sales	2,336	2,329
less Cost of goods sold	(1,055)	(1,039)
Gross Profit	1,281	1,290
less Retail expenses	(1,028)	(976)
<b>SURPLUS ON RETAIL OPERATIONS</b>	<b>253</b>	<b>314</b>

**Note 5 - OPERATING EXPENSES**

The net result for the reporting period was arrived at after charging:		
- Audit fees	25	22
- Depreciation of property, plant and equipment	1,413	1,498
- Written down value of asset sold during the year	13	70

**Note 6 - PROGRAM SERVICES**

**Research**

Support of basic scientific studies, clinical investigations and programs	6,259	5,067
Victorian Cancer Registry - registers all cancer cases in Victoria and provides statistical analysis	1,622	1,682
Centre for Behavioural Research in Cancer - a centre for research into behavioural aspects of cancer prevention, detection and rehabilitation	3,183	2,407
Cancer Epidemiology Centre - a centre for research into the occurrence, distribution and determinants of disease	3,775	3,399
Health 2000 - a study to ascertain the effect of lifestyle factors (especially diet) on the incidence of a range of diseases.	1,290	570
VicHealth Centre for Tobacco Control - a centre to investigate new ways to reduce tobacco usage	1,635	1,316
<b>TOTAL RESEARCH</b>	<b>17,764</b>	<b>14,441</b>

**Cancer Prevention and early detection**

Education - programs to create awareness about prevention, early detection and treatment; Cancer Information and Support Service	3,349	2,961
Quit - public education program to reduce tobacco consumption and prevent the uptake of smoking	5,320	4,471
Aid to patients - in the form of welfare grants, cancer support groups, Cancer Information and Support Service	2,021	1,807
External subscriptions - relates to Victoria's involvement in national and international cancer programs	3,284	2,945
SunSmart - public education program related to skin cancer prevention and early detection	584	460
PapScreen Victoria - the promotion of regular screening for cervical cancer	1,391	1,589
Commercial Programs - providing sun protection aids to the general public	-	17
<b>TOTAL CANCER PREVENTION AND EARLY DETECTION</b>	<b>15,949</b>	<b>14,250</b>

**Operating as THE CANCER COUNCIL VICTORIA**  
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**2005**                      **2004**  
**\$'000s**                      **\$'000s**

**Note 7 - CASH AND CASH EQUIVALENTS**

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 AND CASH EQUIVALENTS AT END OF PERIOD	2005	2004
	\$'000s	\$'000s
Cash on hand and at bank	1,180	1,092
Cash Invested (refer note 8.3)	741	9,933
<b>TOTAL CASH AND CASH EQUIVALENTS AT END</b>	<b>1,921</b>	<b>11,025</b>

**Financing Facilities**

Financing facilities available at the reporting date were \$100,000 (2004 - \$100,000). Facilities in use at that date were \$Nil (2004 - \$Nil).

**Note 8 - OTHER FINANCIAL ASSETS**

**8.1 Current Investments**

Australian Bank Bills & Promissory Notes	11,947	-
Australian Fixed Interest	3,860	1,300
<b>TOTAL CURRENT INVESTMENTS</b>	<b>15,807</b>	<b>1,300</b>

**8.2 Non-current Investments**

Australian Equities	7,241	-
Investment in Managed Funds	-	6,240
<b>TOTAL NON-CURRENT INVESTMENTS</b>	<b>7,241</b>	<b>6,240</b>

<b>TOTAL INVESTMENTS</b>	<b>23,048</b>	<b>7,540</b>
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**8.3 Reconciliation of total available funds**

Cash Invested (refer note 7)	741	9,933
Total Investments	23,048	7,540
<b>TOTAL AVAILABLE FUNDS</b>	<b>23,789</b>	<b>17,473</b>

Subsequent to a review of the Cancer Council's investment strategy in 2004, all investments are now managed by UBS Wealth Management.

The above funds are directly held in cash, bank bills, fixed interest and equities and are represented by the following liabilities and reserves:

<b>Restricted-use assets</b>		
Liability - Administered Program Funding (refer note 10)	949	1,276
External Grants Reserve (refer note 12.1.4)	8,757	5,900
Special Funds (refer note 12.1.1)	3,219	3,192
	12,925	10,368
<b>Unrestricted-use assets</b>		
Balance available to fund Cancer Council operating expenses	10,864	7,105
<b>TOTAL AVAILABLE FUNDS</b>	<b>23,789</b>	<b>17,473</b>

**8.4 Other Financial Assets**

Trading	7,241	-
Available for sale	3,860	1,300
Held to maturity	11,947	6,240
	23,048	7,540
Less non-current portion	7,241	6,240
<b>CURRENT PORTION</b>	<b>15,807</b>	<b>1,300</b>

**Operating as THE CANCER COUNCIL VICTORIA**  
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	2005 \$'000s	2004 \$'000s
<b>Current</b>		
<b>Available for sale financial assets</b>		
Cash management trust	741	9,933
Fixed interest trust	-	1,300
Australian Fixed Interest	3,860	-
<b>TOTAL AVAILABLE FOR SALE ASSETS</b>	<b>4,601</b>	<b>11,233</b>
<b>Held to maturity</b>		
Fixed interest bearing bills and term deposits	11,947	-
<b>TOTAL HELD TO MATURITY ASSETS</b>	<b>11,947</b>	<b>-</b>
<b>TOTAL CURRENT OTHER FINANCIAL ASSETS</b>	<b>16,548</b>	<b>11,233</b>
<b>Non-current</b>		
<b>Trading and available for sale financial assets</b>		
Available for Sale	-	6,240
Trading	7,241	-
<b>TOTAL AVAILABLE FOR SALE ASSETS</b>	<b>7,241</b>	<b>6,240</b>
<b>TOTAL NON-CURRENT OTHER FINANCIAL ASSETS</b>	<b>7,241</b>	<b>6,240</b>

**Note 9 - PROPERTY, PLANT & EQUIPMENT**

<b>Land</b>		
- at cost	1,851	1,851
- revaluation	5,649	5,649
<b>TOTAL LAND</b>	<b>7,500</b>	<b>7,500</b>
<b>Buildings &amp; Improvements:</b>		
- at cost	7,409	7,358
- revaluation	854	854
- accumulated depreciation	(1,986)	(1,271)
<b>TOTAL BUILDINGS &amp; IMPROVEMENTS</b>	<b>6,277</b>	<b>6,941</b>
<b>Plant &amp; Equipment:</b>		
- at cost	4,695	3,224
- accumulated depreciation	(2,991)	(1,907)
<b>TOTAL PLANT &amp; EQUIPMENT</b>	<b>1,704</b>	<b>1,317</b>
<b>TOTAL PROPERTY, PLANT AND EQUIPMENT</b>	<b>15,481</b>	<b>15,758</b>

**9.1 The basis of valuation for land and buildings is fair market value.**

An independent valuation of land and buildings at Rathdowne, Victoria and Drummond Street was undertaken on 5th 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.

**9.2 Movements in property, plant and equipment for the year**

<b>Land</b>		
Carrying amount at 1 January	7,500	7,500
Revaluation increments/(decrements)	-	-
<b>CARRYING AMOUNT AT 31 DECEMBER</b>	<b>7,500</b>	<b>7,500</b>

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	2005 \$'000s	2004 \$'000s
<b>Buildings &amp; Freehold Improvements</b>		
Carrying amount at 1 January	6,941	7,450
Additions	50	204
Revaluation increments/(decrements)	-	-
Depreciation	(714)	(683)
Disposals	-	(30)
<b>CARRYING AMOUNT AT 31 DECEMBER</b>	<b>6,277</b>	<b>6,941</b>
<b>Leasehold Improvements</b>		
Carrying amount at 1 January	39	54
Additions	-	1
Depreciation	(16)	(16)
<b>CARRYING AMOUNT AT 31 DECEMBER</b>	<b>23</b>	<b>39</b>
<b>Plant &amp; Equipment</b>		
Carrying amount at 1 January	1,278	1,352
Additions	1,101	882
Depreciation	(685)	(843)
Disposals	(13)	(113)
<b>CARRYING AMOUNT AT 31 DECEMBER</b>	<b>1,681</b>	<b>1,278</b>
<b>Total Assets</b>		
Carrying amount at 1 January	15,758	16,356
Additions	1,151	1,087
Revaluation increments/(decrements)	-	-
Depreciation	(1,415)	(1,542)
Disposals	(13)	(143)
<b>CARRYING AMOUNT AT 31 DECEMBER</b>	<b>15,481</b>	<b>15,758</b>

**Note 10 - ADMINISTERED PROGRAM FUNDING**

Victorian Breast Cancer Research Consortium	845	1,027
National Cancer Control Initiative	104	249
<b>CARRYING AMOUNT</b>	<b>949</b>	<b>1,276</b>

**Note 11 - EMPLOYEE BENEFITS**

**11.1 Current:**

- Annual Leave	1,539	1,339
- Long-Service Leave	86	86
<b>CURRENT VALUE OF EMPLOYEE BENEFITS</b>	<b>1,625</b>	<b>1,425</b>

**11.2 Non-current:**

- Long-Service Leave	1,801	1,557
<b>NON-CURRENT VALUE OF EMPLOYEE BENEFITS</b>	<b>1,801</b>	<b>1,557</b>

<b>TOTAL VALUE OF EMPLOYEE BENEFITS</b>	<b>3,426</b>	<b>2,982</b>
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<b>NUMBER OF EMPLOYEES</b>	<b>325</b>	<b>292</b>
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The number of employees provided is based on payroll data at the end of the reporting period and is adjusted to reflect the Full Time Equivalent of all part-time and casual staff.

**Operating as THE CANCER COUNCIL VICTORIA**  
**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS**  
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**2005**                      **2004**  
**\$'000s**                      **\$'000s**

**Note 12 - EQUITY AND MOVEMENTS IN EQUITY**

**12.1 Composition of Reserves**

Special Funds (refer 12.1.1 below)	3,219	3,192
Sir Edward Dunlop Fellowship Fund (refer 12.1.2 below)	-	700
Victorian Cancer Control Research Institute Fund (refer 12.1.3 below)	1,529	1,529
External Grants Reserve (refer 12.1.4 below)	8,757	5,900
Asset Revaluation Reserve (refer 12.1.5 below)	6,503	6,503
Fair Value Reserve (refer 12.1.6 below)	-	-
	<b>20,008</b>	<b>17,824</b>

**12.1.1 Special Funds**

Balance at 1 January	3,192	3,512
Additional funds received	76	23
Transfers out of special funds	(49)	(343)
<b>BALANCE AT 31 DECEMBER</b>	<b>3,219</b>	<b>3,192</b>

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

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

Other funds are required to be invested in perpetuity.

**12.1.2 Sir Edward Dunlop Fellowship Fund**

Balance at 1 January	700	280
Additional amount provided	-	420
Less increase / (decrease) in reserve	(700)	-
<b>Balance at 31 December</b>	<b>-</b>	<b>700</b>

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. An additional amount of funds were provided by the Anti-Cancer Council in 2004 and a third fellowship was awarded in 2005.

The initial amount of the Fellowship was recognised in the accounts in accordance with accounting policy in the year in which it was awarded.

**12.1.3 Victorian Cancer Control Research Institute Fund**

Balance at 1 January	1,529	1,529
Add amount appropriated	-	-
<b>Balance at 31 December</b>	<b>1,529</b>	<b>1,529</b>

In April 1997, the Anti-Cancer Council launched a one-off building appeal to fund the purchase of a new building to house its research teams.

**12.1.4 External Grants Reserve**

Balance at 1 January	5,900	6,070
Add amount appropriated	2,857	-
Less amounts expended	-	(170)
<b>Balance at 31 December</b>	<b>8,757</b>	<b>5,900</b>

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.

**Operating as THE CANCER COUNCIL VICTORIA**  
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	2005 \$'000s	2004 \$'000s
<b>12.1.5 Asset Revaluation Reserve</b>		
Balance at 1 January	6,503	6,503
<b>Balance at 31 December</b>	<b>6,503</b>	<b>6,503</b>
<b>12.1.6 Fair Value Reserve</b>		
Balance at 1 January	-	-
<b>Balance at 31 December</b>	<b>-</b>	<b>-</b>
<b>12.2 Accumulated surplus / (deficit)</b>		
Balance at 1 January	8,411	5,096
Net operating result for the year	4,702	2,702
Closure of external program - transfer balance to core funds	-	122
Transfers (to) / from:		
- Special Funds	(27)	321
- External Grants Reserve	(2,857)	170
<b>BALANCE AT 31 DECEMBER</b>	<b>10,229</b>	<b>8,411</b>
<b>12.3 Total Equity</b>		
Total Reserves (note 12.1)	20,008	17,824
Accumulated Surplus / (Deficit) (note 12.2)	10,229	8,411
<b>BALANCE AT 31 DECEMBER</b>	<b>30,237</b>	<b>26,235</b>

## Note 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.

## Note 14 - CASH FLOW INFORMATION

### Reconciliation of operating result to net cash provided by / (used in) operating activities

<b>Net operating result for the year</b>	4,702	2,702
Depreciation	1,413	1,498
(Loss)/Profit on sale of investments	(1,151)	(1,383)
Changes in operating assets and liabilities		
(Increase)/Decrease in receivables	(48)	250
(Increase)/Decrease in inventories	5	(49)
(Increase)/Decrease in prepayments	13	(28)
(Decrease)/Increase in employee benefits	444	388
(Decrease)/Increase in current liabilities	(639)	(1,936)
(Decrease)/Increase in accrued research grants	2,350	173
<b>NET CASH PROVIDED BY / (USED IN) OPERATING ACTIVITIES</b>	<b>7,089</b>	<b>1,615</b>

## Note 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.

**Operating as THE CANCER COUNCIL VICTORIA**  
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FOR THE YEAR ENDED 31 DECEMBER 2005

2005  
\$'000s

2004  
\$'000s

**15.1 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 2005 were:

**see note 15.1.1**

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 2005 were:

**see note 15.1.2**

Subject to the general control of the Anti-Cancer 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 2005 were:

**see note 15.1.3**

**15.2 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 \$265,000 (2004 \$250,000).

**15.3 Retirement benefits of responsible persons**

Retirement benefits paid by the Anti-Cancer Council in connection with the retirement of responsible persons amounted to Nil (2004: Nil).

**15.4 Other Related Party Transactions**

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

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

### **NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2005**

#### **Note 15.1.1 - MEMBERS OF THE COUNCIL**

Mr R R ALLEN  
Assoc Prof D ASHLEY  
Mr C A BENNETT (from June)  
Prof M C BERNDT  
Prof H G BURGER AO  
Ms J CAIRNS  
Dr P CAMPBELL  
Prof J CEBON  
Mr J M CLARKE  
Prof S CORY AC  
Dr M J DALLY  
Prof G DAVIES  
Mr M C EASTMAN  
Ms P FAULKNER  
Prof R M FOX

Prof P J FULLER  
Assoc Prof M T GILLESPIE  
Mr P J GRIFFIN  
Dr M C HAIKERWAL  
Prof M HAMILTON (from June)  
Dr C D HOGAN  
Mrs E HUGHES  
Mr P INGHAM  
Assoc Prof B JACKSON (until June)  
Assoc Prof T W JOBLING  
Mr P R B KITCHEN  
Mrs Y KLEMPFNER AO  
Prof R G LARKINS AO  
Ms T A LAWLER  
Assoc Prof B E LOVELAND

Prof F A O MENDELSON AO  
Dr P L R MITCHELL  
Mr A MURDOCH (from March)  
Prof M J OSBORNE  
The Hon B PIKE  
Mr T C S PROBERT  
Prof M A QUINN  
Dr M R REDPATH AO  
Prof E R SIMPSON  
Mr J SO  
Prof R J S THOMAS  
Prof S WALKER  
Ms A J M WILLIAMS  
Dr A S ZIMET

#### **Note 15.1.2 - MEMBERS OF THE EXECUTIVE COMMITTEE**

Prof M C BERNDT  
Ms S DIMASI  
Prof P J FULLER  
Mr P J GRIFFIN (Chair until May)  
Dr S A HART

Prof M HAMILTON (Chair from June)  
Mr P INGHAM  
Ms A MACPHEE (from December)  
Ms L MILNE-ROCH  
Mr A MURDOCH

Mr M O'BRYAN  
Dr M R REDPATH AO (until April)  
Dr A ROBERTS  
Ms A WATERS

#### **Note 15.1.3 - MEMBERS OF THE FINANCE COMMITTEE**

Mr P J GRIFFIN  
Prof M HAMILTON (from June)  
Mr P INGHAM (Chair)

Ms S MILES  
Ms M PERIL  
Ms Y THOMSON

Ms A WATERS

**Operating as THE CANCER COUNCIL VICTORIA**  
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**FOR THE YEAR ENDED 31 DECEMBER 2005**

**2005**                      **2004**  
**\$'000s**                      **\$'000s**

**Note 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 numbers of executive officers, other than Ministers and Accountable Officers, and their total remuneration during the reporting period are shown in the first two columns in the table below in their relevant income bands. The base remuneration of executive officers is shown in the third and fourth columns. Base remuneration is exclusive of bonus payments, long-service leave payments, redundancy payments and retirement benefits.

Several factors have affected total remuneration payable to executives over the year. A number of executives received bonus payments during the year.

The executives had their leave loading removed from their contracts and were paid leave loading on outstanding annual leave balances.

	<b>TOTAL REMUNERATION</b>		<b>BASE REMUNERATION</b>	
	<b>2005</b>	<b>2004</b>	<b>2005</b>	<b>2004</b>
	<b>No.</b>	<b>No.</b>	<b>No.</b>	<b>No.</b>
\$100,000 - 109,999	1	3	1	3
\$110,000 - 119,999	3	1	3	1
\$120,000 - 129,999	1	3	1	3
\$130,000 - 139,999	4	2	4	3
\$140,000 - 149,999	3	3	3	2
\$150,000 - 159,999	1	0	1	0
\$160,000 - 169,999	2	1	2	1
\$170,000 - 179,999	0	1	0	1
\$180,000 - 189,000	0	0	1	0
\$190,000 - 199,999	1	0	0	0
<b>Total numbers</b>	<b>16</b>	<b>14</b>	<b>16</b>	<b>14</b>
<b>Total remuneration</b>	<b>\$2,238,480</b>	<b>\$1,866,878</b>	<b>\$2,196,086</b>	<b>\$1,852,088</b>

The total income received or due and receivable from the Anti-Cancer Council by executive officers listed above whose income exceeded \$100,000 was \$2,238,480 (2004: \$1,866,878). This does not include the amounts listed under Note 15(2).

**Note 17 - COMMITMENTS**

**17.1 Operating lease commitments**

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

- one year or less	59	87
- one to five years	43	100
<b>TOTAL OPERATING LEASES</b>	<b>102</b>	<b>187</b>

**17.2 Capital Commitments**

There were no capital commitments at the reporting date.

**Note 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 expensed for 2005 were based on estimates of \$24,600 (2004: \$22,150) before applying GST.

**Operating as THE CANCER COUNCIL VICTORIA**  
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2005

2005  
\$'000s

2004  
\$'000s

**Note 19 - SUPERANNUATION**

The Anti-Cancer Council contributes to superannuation funds nominated by employees in accordance with the new Choice of Super Legislation.

The statutory amount of 9% is contributed for all eligible employees.

The total contribution paid to the Funds by the Anti-Cancer Council of Victoria was \$1,518,721 (2004 - \$1,483,821). 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. All the funds are accumulation funds.

As at the reporting date there were no outstanding contributions payable to the superannuation funds and there were no loans to the Council from any fund.

**Note 20 - FINANCIAL INSTRUMENTS**

**20.1 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.

**20.2 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.

## Operating as THE CANCER COUNCIL VICTORIA

### NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2005

#### 20.3 - FINANCIAL INSTRUMENTS

##### Financial Assets

	Weighted average effective interest rate		Floating interest rate		Non-interest bearing		Fixed interest within 1 year		Maturing 1 to 5 years	
	(%)		(\$)		(\$)		(\$)		(\$)	
	2005	2004	2005	2004	2005	2004	2005	2004	2005	2004
Cash on Hand and at Bank	3.5	3.5	1,180	1,092	-	-	-	-	-	-
Other Financial Assets - Current	3.9	3.8	741	9,933	-	-	15,807	1,300	-	-
Other Financial Assets - Non-current	-	-	-	-	7,241	6,240	-	-	-	-
Receivables	-	-	-	-	1,828	1,780	-	-	-	-
<b>TOTAL FINANCIAL ASSETS</b>			<b>1,921</b>	<b>11,025</b>	<b>9,069</b>	<b>8,020</b>	<b>15,807</b>	<b>1,300</b>	-	-

##### Financial Liabilities

	Weighted average effective interest rate		Floating interest rate	
	(%)		(\$)	
	2005	2004	2005	2004
Payables	-	-	1,620	1,932
Administered Program Funding	-	-	949	1,276
Research Grants Accrued	-	-	6,529	4,179
<b>TOTAL FINANCIAL LIABILITIES</b>	-	-	<b>9,098</b>	<b>7,387</b>

# **Operating as THE CANCER COUNCIL VICTORIA**

## **NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2005**

### **20.4 - TERMS, CONDITIONS AND ACCOUNTING POLICIES**

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

<b>Recognised Financial Instruments</b>	<b>Notes</b>	<b>Accounting Policies</b>	<b>Terms and Conditions</b>
<b>FINANCIAL ASSETS</b>			
• Cash and cash equivalents - cash at bank and on hand	7	Cash at bank is carried at the nominal amount.	Cash is invested as funds permit at varying interest rates between 3.5% and 4.5%
• Receivables - Debtors		Trade debtors are carried at their amortised cost less any allowance for doubtful debts. An allowance for doubtful debts was not deemed to be required at the reporting date.	Credit sales are on 14 day terms.
• Receivables - Other debtors		Other debtors are carried at their amortised cost	Credit is allowed for a 30 day term.
• Other Financial Assets: Trading	8	Investments held for trading are stated at fair value, with any resultant gain or loss recognised in the Income Statement.	Invested in listed Australian Equities
• Other Financial Assets: Held to maturity	8	Investments held to maturity are stated at amortised cost using the effective interest rate method.	Invested in 30 day bank bills and promissory notes.
• Other Financial Assets: Assets available for sale	8	Available for sale financial assets are reflected at fair value. Any gains and losses arising from changes in fair value are recognised directly in equity.	Bought and sold by investment broker according to market expectations.
<b>FINANCIAL LIABILITIES</b>			
• Payables Creditors and Accruals		Liabilities are recognised for amounts to be paid in the future for goods and services received, whether or not invoiced to the council	Trade liabilities are settled as required

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

**NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS  
FOR THE YEAR ENDED 31 DECEMBER 2005**

**Note 21 - EXPLANATION OF TRANSITION TO AUSTRALIAN EQUIVALENTS TO IFRS**

The Council has reported under Australian Generally accepted Accounting Principles (AGAAP) for the year ended 31 December 2004 and previous periods.

In preparing these accounts for the first time under the AIFRS rules it has been necessary to review the comparative figures for the Income Statement for the year ended 31 December 2004 and the amounts shown in the Balance Sheet at 31 December 2003 for the impact of the new AIFRS rules.

There were no material differences in the amounts already reported in the Income Statement for the year ended 31 December 2004 or for the Balance sheet as at 31 December 2003 due to the implementation of AIFRS.

# Operating as THE CANCER COUNCIL VICTORIA

## DECLARATION BY CHAIR OF EXECUTIVE COMMITTEE DIRECTOR AND CHIEF FINANCE AND ACCOUNTING OFFICER

We certify that the attached financial report for the Anti-Cancer Council has been prepared in accordance with Standing Direction 4.2 of the Financial Management Act 1994, applicable Financial Reporting Directions issued under that legislation, Australian Accounting Standards and other mandatory professional reporting requirements.

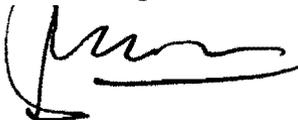
We further state that, in our opinion, the information set out in the income statement, balance sheet, statement of changes in equity, cash flow statement and notes to and forming part of the financial report, presents fairly the financial transactions during the year ended 31 December 2005 and financial position of the Council as at 31 December 2005.

At the date of signing this financial report, we are not aware of any circumstance that would render any particulars included in the financial report to be misleading or inaccurate. There are reasonable grounds to believe that the Council will be able to pay its debts as and when they became due and payable.

The Chair of the Executive Committee of the Council and the Director sign this declaration as delegates of, and in accordance with a resolution of, the Executive Committee of the Anti-Cancer Council



/Chair Of Executive Committee



Director



Chief Finance & Accounting Officer

20<sup>th</sup> April 2006

Date

Melbourne  
Place



AUDITOR GENERAL  
VICTORIA

**INDEPENDENT AUDIT REPORT**

**Anti-Cancer Council of Victoria**

**To the Members of the Parliament of Victoria and Members of the Council**

**Matters Relating to the Electronic Presentation of the Audited Financial Report**

This audit report for the financial year ended 31 December 2005 relates to the financial report of Anti-Cancer Council of Victoria included on its web site. The Members of the Anti-Cancer Council of Victoria are responsible for the integrity of the web site. I have not been engaged to report on the integrity of the web site. The audit report refers only to the statements named below. An opinion is not provided on any other information which may have been hyperlinked to or from these statements. If users of this report are concerned with the inherent risks arising from electronic data communications they are advised to refer to the hard copy of the audited financial report to confirm the information included in the audited financial report presented on this web site.

**Scope**

*The Financial Report*

The accompanying financial report for the year ended 31 December 2005 of Anti-Cancer Council of Victoria consists of the income statement, balance sheet, statement of changes in equity, cash flow statement, notes to and forming part of the financial report, and the supporting declaration.

*Members' Responsibility*

The Members of the Anti-Cancer Council of Victoria are responsible for:

- the preparation and presentation of the financial report and the information it contains, including accounting policies and accounting estimates
- the maintenance of adequate accounting records and internal controls that are designed to record its transactions and affairs, and prevent and detect fraud and errors.

*Audit Approach*

As required by the *Audit Act 1994*, an independent audit has been carried out in order to express an opinion on the financial report. The audit has been conducted in accordance with Australian Auditing Standards to provide reasonable assurance as to whether the financial report is free of material misstatement.

The audit procedures included:

- examining information on a test basis to provide evidence supporting the amounts and disclosures in the financial report
- assessing the appropriateness of the accounting policies and disclosures used, and the reasonableness of significant accounting estimates made by the members
- obtaining written confirmation regarding the material representations made in conjunction with the audit
- reviewing the overall presentation of information in the financial report.



AUDITOR GENERAL  
VICTORIA

**Independent Audit Report (continued)**

These procedures have been undertaken to form an opinion as to whether the financial report is presented in all material respects fairly in accordance with Accounting Standards and other mandatory professional reporting requirements in Australia, and the financial reporting requirements of the *Financial Management Act 1994*, so as to present a view which is consistent with my understanding of the Council's financial position, and its financial performance and cash flows.

The audit opinion expressed in this report has been formed on the above basis.

**Independence**

The Auditor-General's independence is established by the *Constitution Act 1975*. The Auditor-General is not subject to direction by any person about the way in which his powers are to be exercised. The Auditor-General and his staff and delegates comply with all applicable independence requirements of the Australian accounting profession.

**Qualification**

Charitable support is derived by the Council from a range of sources and some of the donations are received in cash. As is common for charitable organisations, it is impracticable to establish control over the collection of all cash donations prior to entry into its financial records. Accordingly, as the evidence available to audit regarding income from cash sources was limited, audit procedures had to be restricted to the amounts recorded in the financial records. I am therefore unable to express an opinion on whether cash donations obtained by the Council are complete.

**Qualified Audit Opinion**

In my opinion, except for the effect on the financial report, if any, of the matter referred to above, the financial report presents fairly in accordance with applicable Accounting Standards and other mandatory professional reporting requirements in Australia, and the financial reporting requirements of the *Financial Management Act 1994*, the financial position of Anti-Cancer Council of Victoria as at 31 December 2005 and its financial performance and cash flows for the year then ended.

MELBOURNE  
20 April 2006

  
JW CAMERON  
Auditor-General

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(operating as The Cancer Council Victoria)

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