



Anti-Cancer Council of Victoria

REPORT TO THE VICTORIAN PARLIAMENT FOR THE YEAR 2006

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Financial Report for the year ended 31 December 2006

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 goals 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 efficiency and effectiveness
- 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 the knowledge we have 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 has consistently demonstrated leadership and a notable influence on the cancer agenda in Victoria and beyond. It engages in a number of collaborative activities with other high-profile cancer medical and scientific bodies and is recognised for its expert input in the State, national and international forums on cancer.

The Cancer Council is an independent and respected voice in cancer control and its expert advice is sought regularly. In 2006, the Cancer Council briefed the Minister for Health on a number of issues relating to cancer control, and in the lead-up to the state elections, it presented a cancer manifesto to every major political party. It also worked with the Department of Human Services, Consumer Affairs Victoria, the Victorian Health Services Commissioner and the Australian Competition and Consumer Commission to ensure that Victorians received only proven and effective cancer advice and treatment.

Although the Cancer Council receives substantial government funds through contracts incorporated in a service agreement with the Department of Human Services 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. Its charitable income is over \$20 million per annum. Close to 40,000 people work on its behalf in various volunteer capacities throughout Victoria.

The organisation

The Cancer Council houses units that carry out epidemiological and behavioural research, the Tobacco Control Unit, 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.

The Cancer Council auspices and funds the administrative, educational and clinical research activities of the Victorian Cooperative Oncology Group, a network of 20 cancer advisory and trials 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 the Cancer Council are the Melbourne node of Cancer Australia, the Victorian Cancer Agency, and the Victorian Cancer Biobank.

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

Senior officers of the Cancer Council

The senior officers of the Cancer Council at 31 December 2006 were:

Professor David HILL <i>AM</i>	Director
Doreen AKKERMAN <i>AM</i>	Director, Cancer Information and Support Service
Associate Professor 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
Professor Graham GILES	Director, Cancer Epidemiology Centre
Todd HARPER	Executive Director, Quit – Victorian Smoking and Health Program
Woody MACPHERSON	Head, Research Management Unit
Sue MADDEN	Manager, Financial Services
Ben McAULIFFE	Manager, Publications Unit
Nicole PROSPER	Secretary to Council
Dorothy READING	Senior Strategic Consultant
Tanya ROBBINS	Acting Manager, Human Resources
Deb STRINGER	Director, Community Relations and Fundraising
Craig SINCLAIR	Director, Cancer Education Unit
Garth STEWART	Manager, Informatics and Logistics
Jane SULLIVAN	Director, Communications
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. Accountability mechanisms include 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 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 appointees from 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.

Published report

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

The work of the Cancer Council

70 years of service to Victorians

In 2006 the Cancer Council celebrated 70 years of service to Victorians through its patient support, education and research programs. During that time the cure rate for cancer patients in Victoria has improved from less than 25% to more than 60%. This is in no small part due to the role played by the Cancer Council in clinical trial support, promotion of cancer screening methods, and support of basic cancer research. To this must be added the beneficial impact of our cancer prevention programs relating to sun behaviour and smoking.

Cancer prevalence

By the age of 75, **more than one in three men and almost one in four women in Victoria will develop a cancer** other than non-melanocytic skin cancer. Statistics released in November 2006 by the Cancer Council's Victorian Cancer Registry show that in 2004, a total of 13,019 men and 10,791 women presented with new cancers, and 5283 men and 4266 women died of cancer in 2004.

In 2004, **as many as 9613 Victorians lost their lives to cancer**, the leading cause of death (29.6% of total) in the state. More Victorians died from cancer than from the totality of coronary diseases, which accounted for 23.9% of deaths.

The encouraging news is that **cancer death rates for men and women continue to decrease** at an annual rate of about 1.2% and 0.9% respectively. New statistics released in April 2007 by the Cancer Council show that overall cancer survival in Victoria has increased from 48% in 1990 to 61% in 2004 and from 58% to 61% in the last five years. The full report, compiled by the Cancer Epidemiology Centre, and titled *Cancer Survival Victoria 2007*, can be accessed through the Cancer Council website.

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 burden of the disease on our society.

Funding biological and clinical research

The Cancer Council supports cancer researchers working in Victorian universities, hospitals and medical research institutes. This support ranges across all of the stages in the career of a cancer researcher. A competitive application process is conducted for each category to ensure that the highest standard of cancer research is funded.

In 2006, our Medical and Scientific Committee had a budget of \$4.86 million to fund biomedical research, selecting individuals for grants-in-aid, venture grants, postdoctoral fellowships, postgraduate scholarships and studentships. Funding is always keenly sought, in particular for grants-in-aid. In 2006, the national peer review of applications for grants-in-aid commencing in 2007 was once again successfully administered in partnership with the National Health and Medical Research Council.

During 2006, we funded 37 research projects, 15 postgraduate scholarships, seven postdoctoral fellowships, five major fellowships and 15 vacation studentships. Among these were 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 new funding initiative in 2006 was our Venture Grants Scheme, which is designed to support research that pushes the conventional boundaries. Addressing a lack of resources and funding to

investigate highly imaginative research ideas in Australia, the Venture Grants Scheme aims to provide leading researchers with the financial backing to undertake their cutting edge projects. Applicants were required to present a case to be funded for a maximum amount of \$500,000 per annum for one to five years, and to demonstrate that the grant would significantly advance their research program and could yield important new knowledge in their field. The Cancer Council has provided initial funding for the first milestones of the five successful projects (a total of \$758,250) and is seeking a further \$5.3 million from generous, philanthropic individuals who understand our vision for innovative, adventurous research.

The Cancer Council is the lead agency for a \$7 million grant from the Department of Innovation, Industry and Regional Development under the Science Technology and Innovation infrastructure grant program. This grant will enable greater coordination and increased collection and coordination of tissue collection for cancer research. A consortium agreement covering governance, management and operation of the Victorian Cancer Research Tissue Bank was signed in June by the five participating organisations: Austin Health, Melbourne Health, Peter MacCallum Cancer Centre, Southern Health and The Cancer Council Victoria. The Consortium Committee (Board equivalent) met regularly through the second half of 2006 and an Executive Officer commenced in November. The first round of grants has been allocated to the four hospital sites for tissue collection, staff and equipment, plus funding for an additional pathology registrar to assist with tissue banking and to conduct molecular pathology cancer research. In early 2007 the Consortium Committee agreed to a name change and the initiative is now called the Victoria Cancer Biobank.

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. The Cancer Council believes the majority of cancer 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 2006, our Cancer Trials Management Scheme awarded grants totalling \$750,000 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 1659 new patients were enrolled in trials and a further 6148 patients received continued clinical follow-up at the participating treatment centres. It is estimated that the Cancer Trials Management Scheme contributed to 15% of this clinical trial research activity. In addition, our Centre for Clinical Research in Cancer provided central management coordination for patient recruitment to an international breast cancer trial and an Australasian prostate cancer trial, and coordinated follow-up data for 19 international, national and Victorian trials involving over 1000 patients.

The VCOG, established in 1976, 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, 14 specialist advisory committees and four clinical research Sub-committee s report. The specialist committees and Sub-committee s represent clinical interests in breast, gastrointestinal, gynaecological, head and neck, haematological, lung, neurological, sarcoma, 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 2006 the Victorian Cancer Registry Internet Portal (VCRIP) was implemented to enable secure electronic cancer reporting to the Victorian Cancer Registry. VCRIP utilises industry standard Secure Socket Layer encryption and requires user name and password validation. New and existing notifiers to the Victorian Cancer Registry are able to upload electronic cancer registration files or complete individual cancer registration forms online. An additional 88 hospitals commenced electronic reporting via VCRIP. VCRIP is also being utilised for the clinical cancer data collection trials.

During 2006, pilot projects have been developed to augment the Victorian Cancer Registry data set to include prognostic indicators, stage, treatment and recurrence information for all cancers diagnosed in Victoria. A clinical cancer data capture trial commenced at the Royal Women's Hospital in June 2006. In addition, plans have been formulated to implement a similar trial at the Barwon Regional Integrated Cancer Service (RICS). Data capture from the Barwon RICS is expected to commence in July 2007. Achievements to date include the development and implementation of industry standard file formats for data transfer along with the development and implementation of business process rules, including quality assurance to evaluate VCR capacity requirements to incorporate additional clinical data elements into the Victorian Cancer Registry dataset.

In 2006 a major analysis of cancer survival in Victoria was undertaken. The study population for the report was all Victorians diagnosed with cancer from 1982 to 2004 for whom survival was estimated by year of diagnosis, age group and sex for all cancer and 34 major types of cancer. For cancers where this was thought to be of interest, analysis by tumour morphology and sub-site of tumour was also carried out. For the first time, survival was described by region of residence – by residence in Melbourne metropolitan area or the rest of Victoria for all cancers and by Integrated Cancer Services Regions for the leading sites of new cancer. The results of this analysis are presented in *Cancer Survival Victoria 2007*, which was launched on 20 April 2007.

The CEC conducted clinical management surveys in 2006 of renal and pancreatic cancer. Cancer patients were identified and sampled via the registry. Results of these surveys have been submitted to scientific journals for publication. These initiatives have the capacity to change and improve clinical practice. The findings from a survey of clinical management of glioma in Victoria in 1998–2000 were published in three journal articles. A survey of the management of invasive bladder cancer was also published.

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 clients a more accurate personal risk assessment based on their family history. 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.

In addition to its monitoring and surveillance role, the CEC uses this information to identify new research questions and contribute to the evaluation of cancer control programs. The Health 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. We have also examined the role of alcohol consumption in the risk of breast, bowel and prostate cancer; in relation to breast cancer, the adverse affect was ameliorated by high intake of dietary folate. The CEC has almost completed re-examining the original participants in Health 2020. The information being obtained will ensure that the study remains useful for at least another decade. Continuing follow-up is possible because of increased investment from the Cancer Council. The CEC has also been awarded an enabling grant from the National Health and Medical Research Council to increase access to the Health 2020 data by researchers interested in health outcomes other than cancer.

The CEC's prostate cancer research program was also very active during 2006 especially in regard to genetic research. The highlight was the collaboration with colleagues at Cambridge University (UK) to combine our collection of Australian prostate cancer families with UK prostate cancer families in the search for the genetic basis of prostate cancer. The collaboration was awarded over \$5 million to complete a genome wide scan on the DNA from over 4000 men with prostate cancer. Half of these were Australian.

During 2006 the CEC published over 100 peer-reviewed scientific journal articles.

CENTRE FOR BEHAVIOURAL RESEARCH IN CANCER

By conducting in-house behavioural research, the Cancer Council helps to build the knowledge base on behavioural factors in cancer control. Through its education program and 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 and environmental change programs that can influence cancer-related behaviour and increase people's ability to cope with the disease. CBRC investigates and publishes 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 2006, national and state specific results were released from a CBRC-coordinated national survey of around 25,000 Australian secondary school students. The survey was the eighth in a series of surveys that have been conducted triennially since 1984. Using a core set of questions that have remained constant since the survey commenced, the study aims to determine current prevalence of the use of cigarettes, alcohol and illicit substances among secondary students and examine trends in the use of these substances. The 2005 survey found the most significant decline in student smoking rates since the study started, with smoking now at its lowest levels since 1984. This decrease was seen for both the Victorian-specific data and for the national data. For example, the Victorian data showed that in 2005, 8% of 12- to 15-year-old girls smoked in the week before the survey, compared with 13% in 2002, 17% in 1999 and 20% in 1996. A similar decrease was seen for 12- to 15-year-old boys where the proportions smoking in the week before the survey decreased from 18% in 1996 to 8% in 2005. Among older students (16- and 17-year-olds) the proportion smoking in the week before the survey for males decreased from 26% in 2002 to 18% in 2005 and for girls from 30% in 2002 to 20% in 2005. Unfortunately, at both the state and national level, the results regarding use of alcohol were not as encouraging as those for smoking. In 2005, 54% of 16- and 17-year-old students in Victoria had consumed alcohol in the week before the survey, which was the same level seen in 2002 (55%). In addition there was no change in the proportion of male students who consumed alcohol in the week before the survey at levels that risk short term harm (2002: 43% and 2005: 44%).

In addition, researchers from CBRC are examining the association between different aspects of the media and smoking among adolescents and adults. This work is looking at a number of issues,

including whether placing Quit TV advertisements in different types of television programs influences people's attention and behavioural responses to the ad, including whether they call the Quitline or not. Other work in this area is looking at how smoking-related issues are covered in newspapers and trends over time. One major piece of research that was released in 2006 was a paper reporting on the effects of televised tobacco company-funded tobacco prevention advertising on adolescents' smoking. This work was conducted with researchers from the US and used national American data. The study showed that higher levels of tobacco company sponsored advertising were associated with higher levels of smoking among adolescents. This finding suggests that the smoking prevention advertisements designed and paid for by tobacco companies failed at preventing adolescents from smoking and may have acted as an encouragement to smoke.

Other important research studies, supported by grants from the National Health and Medical Research Council, the Australian Research Council, VicHealth and other sources, were also progressed. These included studies examining the association between socio-economic status (SES) and smoking and mortality. Research utilising data from the Health 2000 study conducted by the Cancer Epidemiology Centre found that men with a low level of education had a mortality rate 36% higher than the most highly educated men and that around 36% of this excess was due to smoking. This study shows the importance of addressing the smoking behaviour of people from low SES groups and determining methods to encourage them to quit smoking. Work published in 2006 investigated whether smokers from low SES groups were less likely to quit smoking than those from high SES groups. This work showed that lower SES was associated with greater levels of nicotine dependence, lower self-efficacy beliefs about quitting successfully and not intending to quit smoking. These findings suggest that lower SES smokers may need more intensive support to both make a quit attempt and succeed in their quit attempts. Given the lower incomes of this group, subsidised services may be needed. CBRC's body of work around the relationship between SES and smoking helped to inform the NSW five-year strategy 'Lifting the Burden: Tobacco Control and Social Equity Strategy, July 2006 to June 2011'.

During 2006 several researchers in CBRC continued work on projects examining trends in sun protection behaviours of Victorians. A major achievement of 2006 was the preparation of a paper reporting on the association between the amount of SunSmart TV advertising and trends in weekend sunburn incidence, sun protection attitudes and behaviours between 1987–1988 and 2001–2002. This work found that greater levels of exposure to SunSmart advertising was associated with increased sun protection behaviours such as wearing hats and using sunscreen. Another study examined trends in people's use of sunglasses while outdoors on summer weekends over the period 1992 to 2002. This work found that 36% of people outdoors wore sunglasses and this increased only slightly over the study years. Results suggest that sunglass use should be encouraged among the general population and especially golfers, teenagers and people living in lower SES areas. In addition a study examined solarium operators' compliance with voluntary industry guidelines on barring people with very fair skin and adolescents aged 16 without written consent from parents. The study found that compliance was low, with around half (52%) of the centres providing access to young adolescents without parental consent, and with 90% allowing access to people with poor tanning ability. The findings from this study were used to advocate for regulation of the industry, which has now been agreed.

The research and evaluation team within CBRC that supports PapScreen Victoria conducted several studies around the introduction of the human papilloma virus (HPV) vaccine. During 2006 a series of focus groups was conducted with women aged 20 to 70 to gain an understanding of Victorian women's awareness and knowledge about HPV and the impact this might have on their future screening behaviours. The major finding was that Victorian women had low awareness and knowledge about HPV, were concerned about the prevalence of HPV and its link to cervical cancer, and looked to organisations like the Cancer Council to guide them on appropriate screening behaviour. The development of a range of communication materials, including press releases, pamphlets for women and information on the PapScreen website, has been guided by the findings of

these focus groups. In addition, interviews with key medical stakeholders were conducted to inform the development of an HPV resource card for GPs and other cervical screening service providers. This card aimed to inform providers on the appropriate use of the HPV DNA test in screening for cervical abnormalities, and included a section on how to communicate with women about HPV testing that was based on the focus group work conducted.

During 2006 CBRC researchers continued to analyse data collected as part of the Cancer Issues Population Survey. This survey of a random sample of Victorian adults collected information regarding perceptions of risk factors for cancer, knowledge about cancer and cancer-related behaviours. Work undertaken in 2006 showed that the majority of Victorians believed they could take steps to reduce their risk of cancer, with the steps most commonly mentioned being changing diet, stopping smoking and increasing exercise. However, significant gaps in knowledge were evident, with many Victorians not recognising the importance of the obesity–cancer link. This information will help to inform future education programs designed to increase the Victorian population’s knowledge of the risk factors associated with cancer.

During 2006, CBRC staff had 37 peer-reviewed papers published, 20 accepted for publication and 32 submitted for review. They also published 16 reports for external release and produced 24 reports for internal evaluations. Staff presented findings at local and overseas conferences with 27 presentations made at local conferences and 25 presentations made at international conferences.

The team continued to be active collaborators with researchers from academic and health-based institutions in Victoria and other states in Australia and with researchers from the US. CBRC is building a strong collaboration with researchers from Deakin University’s School of Exercise and Nutrition Sciences in order to increase our capacity to undertake research related to physical activity, obesity and cancer: an emerging area of importance.

Reducing smoking and examining tobacco regulation

TOBACCO CONTROL UNIT

Prevalence and consumption data are taken from the Victorian Smoking and Health Population Survey commissioned annually. There has been an overall reduction in smoking prevalence since 1983. In recent years this downward trend has continued, with a significant reduction in male smoking prevalence, from 24.5% in 1998 to 20% in 2005. However, smoking rates among women tended to decline at a slower rate over this period, with a decline from 18.2% in 1998 to 16.9% in 2005.

In 2005, smoking prevalence was highest among the youngest age group, 18–29 years, at 25.8%, followed by 21.0% in those aged 30–49 years, and 11.4% in those 50 years and older. The reported daily consumption of manufactured cigarettes has declined consistently since 1983. This downward trend has continued in recent years with the average number of cigarettes consumed per day down from 16.2 cigarettes in 1998 to a low of 14.1 cigarettes in 2005. The percentage of regular smokers who smoke 25 or more cigarettes per day has also significantly declined over recent years, down from 26.0% in 1998 to 17.1% in 2005.

The percentage of Victorian secondary school students smoking in 2005 was the lowest it has been since the Australian survey of secondary school students, conducted every three years and coordinated by the CBRC, began in 1984. In 2005, 8% of Victorian students aged 12–15 years and around 19% of students aged 16–17 years had smoked in the seven days before the survey. For males and females aged 12–15, the prevalence of current smoking in 2005 was lower than the prevalence estimates found in all other survey years. Among males and females aged 16–17 years, the percentage of current smokers in 2005 was significantly lower than the percentages found in all previous survey years.

Smoking around children and visitor smoking in the home

In 2005, 48.3% of smokers reported they do not smoke at all in the presence of children. In 2005, more than three-quarters of respondents reported that they discourage visitors from smoking, and this figure has increased significantly over recent years, from 57% in 1998 to 79% in 2005.

Public opinion: Smokefree policies in public places

During the last few years the Victorian Government has introduced a range of legislative reforms related to exposure to second-hand smoke in public places. In 2005 more than three-quarters of Victorian adults approved of total smoking bans in bars and nightclubs, and almost 90% of Victorians approved of smoking bans in gambling venues. In 2005, approximately half of all smokers approved of total smoking bans in bars and nightclubs, and more than two-thirds of smokers approved of smoking bans in gambling venues.

Established in 1984, Quit is a joint initiative of the Cancer Council, the Department of Human Services, the National Heart Foundation (Victorian Division) and VicHealth. Quit's overall goal is to reduce the harmful effects of tobacco use, particularly cancer, heart disease and respiratory disorders. The VicHealth Centre for Tobacco Control (VCTC) was established in 2000. Its primary focus has been in health economics and law and regulation. VCTC is funded by the Cancer Council and VicHealth. From 1 January 2004, Quit and VCTC were incorporated into a single structure, the Tobacco Control Unit (TCU). Both VCTC and Quit have retained their independent branding.

2006 key initiatives

Substantial media comment from the TCU included the release of state and national youth smoking data, the revelation that the tobacco industry had been sponsoring bars and clubs to create outdoor smoking areas, plain packaging on cigarettes, and the emergence of novelty and 'kiddie' cigarette packs on the Australian market aimed at undermining new health warnings and appealing to a more youthful audience.

VCTC-commissioned research revealed that smoking was responsible for almost 300,000 hospitalisations in Australia between 2001 and 2002, resulting in nearly 1.5 million hospital bed days and costing almost \$700 million.

VCTC continued as an international leader in policy development and advocacy in relation to the Framework Convention on Tobacco Control, an international treaty to which Australia is a party. This included TCU's Law and Regulation Director accepting the position of chair of the Framework Convention Alliance's policy committee – the alliance is an international NGO working towards the effective implementation of the treaty – and participation in a WHO expert group established to prepare a template for a possible protocol on the regulation of cross-border tobacco advertising, promotion and sponsorship. The TCU played an important role in the framework convention's implementation in the Western Pacific region, with staff members participating in workshops in Vietnam, Thailand, China and Kiribati. The TCU also played a leading role within Australia in relation to the convention.

VCTC has played a leading role nationally on legal issues relating to tobacco industry legal liability. VCTC's legal work was critical to the Australian Competition and Consumer Commission's decision to take legal action in 2006 against British America Tobacco in respect of its 'split packs', which did not appear to comply with Commonwealth requirements on warning labels. Legal analysis and advocacy by VCTC in the aftermath of the *McCabe v British American Tobacco* case, which revealed the destruction of documents by British American Tobacco, was instrumental in the passage of two pieces of legislation by the Victorian Parliament – the *Crimes (Document Destruction) Act* and the *Evidence (Document Unavailability) Act* – and investigations into the behaviour of British American Tobacco. In late 2006, the Victorian Attorney-General referred certain matters relating to the conduct of the defence in the McCabe case to the Victorian Director of Public Prosecutions.

The Victorian Parliament passed the *Charter of Human Rights and Responsibilities Act*. The Act adopted recommendations made by VCTC about the need to ensure that provisions covering freedom of expression cannot be used by the tobacco industry to challenge government regulation.

As part of Quit's social marketing strategy the National Health Warnings campaign was launched in May. The launch of the campaign simultaneously in six states and territories was coordinated by Quit and campaign partners and received widespread national coverage on television, radio and in the press. Evaluation revealed that 89% of people recalled the advertisement depicting amputation and 84% recalled the advertisement showing the ravages of mouth cancer.

In 2006 Quit redeveloped its website www.quit.org.au to focus on cessation support and continued to promote and develop its Quitline service and courses. Thirteen new Quitline counsellors were trained. There were almost 29,000 calls to the Quitline with more than 20,000 asking for a Quit pack. Forty per cent of callers asked to speak to a counsellor and nearly 8000 callbacks were made. Health professionals made more than 2500 fax referrals to the Quitline and approximately 450 people called for assistance to help other friends and family. Almost 3000 requests for Quit packs were made via www.quit.org.au. Twenty-six *Fresh Start* community courses, 19 workplace courses, 21 short courses, 28 prison courses and 65 workplace seminars were conducted.

Quit led a working group of the National Quit Group to progress the development of National Quitline Minimum Standards during 2006. Quit recognises that it is extremely important that all callers to the Quitline or those fax-referred by health professionals receive a consistent, evidence-based service.

Quit's health professional training program has expanded considerably. Partnerships and collaboration with Victorian Quit Educators have strengthened. Nine two-day educator training sessions were held for 99 new educators. The educator network has extended nationally and Quit educator training and the *Fresh Start* course are now conducted in Western Australia, the Northern Territory, Tasmania, Queensland, Australian Capital Territory and parts of New South Wales in addition to Victoria. Quit's yearly educator in-services offer professional development/accreditation and in 2006 more than 140 educators attended over the two days.

More than 60 Quit training sessions were delivered to health professionals from a wide range of settings including general practice, maternity and child care, cardiac, diabetes, mental health, physiotherapy, alcohol and drug, respiratory, pharmacy, dental, optometrists, Aboriginal services and schools. Fax referral to the Quitline is an important element of training, enabling health professionals to integrate cessation assistance into routine care within time constraints.

Quit's work in the mental health setting and the prison setting continued to expand including the rollout of the 'Quitters are Winners' prisons course and educator training for the prison setting. Partnerships were formed or continued with St Vincent's Mental Health Unit, Maroondah Hospital – Adolescent Psychiatric Inpatient Unit, Thomas Embling Hospital Victorian Institute of Forensic Mental Health and La Trobe Valley Regional Hospital – Psychiatric Unit. The Mental Health Pack was reviewed and updated. These resources are requested from hospitals, community health centres, mental health units, clinics and universities. The La Trobe Valley project for smokers who have been exposed to asbestos was completed with a tailored program and additional educators trained to conduct the program in the region.

Quit's Aboriginal project focused on health worker cessation training, linking with community organisations. Training was conducted at Horsham, Portland, Robinvale, Swan Hill and Mildura. Health Workers also enrolled in Educator Training, so they can run *Fresh Start* courses in their own community. Quit also worked with VACCHO on the Aboriginal Health Worker training course (cardio-vascular). Quit's multicultural service supported events using bilingual staff and continued to work with overseas trained health professionals studying English in preparation for registration in Australia. Quit's multicultural Quit Books were redeveloped with new images and text.

National Youth Tobacco Free Day (NYTFD) and The Critics' Choice were key prevention initiatives. In 2006 Quit distributed 3000 NYTFD information packs to Victorian schools and other relevant community organisations. A national Teacher Resource for Critics' Choice was developed that gave it greater consistency as a national tobacco prevention initiative. Quit worked closely with the City of Casey in the development of tobacco guidelines for youth workers and used a grant initiative for Department of Human Services' regional offices to organise nine one-day smoking intervention seminars for secondary school nurses.

Managing statewide cancer prevention and early detection campaigns

SUNSMART

In 2006 SunSmart developed a new strategic plan, including a new vision and direction for the next three years. This new direction stemmed from recommendations made during SunSmart's three-yearly review with its key funding agency, the Victorian Health Promotion Foundation. The review period has afforded SunSmart the opportunity to focus on stakeholder relationships, generate new partnerships and directions and continue to uphold its reputation as a highly successful national and international skin cancer prevention program.

Several program initiatives were launched. SunSmart published the results of an audit of Victorian councils, which determined the amount of strategic documentation councils had in supporting skin cancer prevention in each municipality. SunSmart used these results to encourage local government, as part of their role in providing safe healthy environments, to incorporate skin cancer prevention program strategies. To assist councils, SunSmart developed and disseminated a series of policy resources to all Victorian councils.

A skin cancer prevention and early detection campaign targeting farmers and other rural outdoor workers was launched during National Skin Cancer Action Week. *'Protect your farm's most important asset. You'*, is an initiative that is driven by the results of two research studies with farmers and outdoor workers, in Gippsland and in the Wimmera.

As well as establishing a range of new partnerships within the education and clinical practice settings, SunSmart continued to collaborate with external agencies such as the Bureau of Meteorology in promoting the SunSmart UV Alert in a variety of media, and the Department of Human Services, in advocating for regulation of the solarium industry.

SunSmart continued to expand membership of the schools and early childhood program. Long-standing members were encouraged to review their policies to ensure their policy and practices follow Cancer Council recommendations. Eighty-four per cent of Victorian primary schools participate in the SunSmart Schools Program. There are 1722 SunSmart early childhood services across Victoria, which equates to 65% of early childhood centres, 65% of pre-schools and 51% of family day care schemes.

SunSmart also established an advisory committee and focus groups to help steer future direction and work within the secondary school setting.

As sun exposure remains a major hazard for all Australians who work outdoors, SunSmart continued to drive education and policy development strategies to encourage behaviour and structural change in the workplace setting. SunSmart's partnership with Worksafe Victoria has expanded to include new divisions of manufacturing, logistics and agriculture industry programs.

PAPSCREEN VICTORIA

In Victoria, the 2004/05 two-yearly cervical screening rate increased from 64.4% to 65%. Following the increase in 2003/04, this is Victoria's first consecutive increase in screening rates since 1999, and may be attributed to the increase in screening evident during PapScreen's media campaigns in 2004 and 2005.

In 2006, *Don't just sit there* mass media campaigns were conducted in the Grampians and Western Metropolitan DHS regions – the two regions with significantly lower screening rates. The four-week campaign was held in October and November and included print, radio and television (Grampians only). Preliminary results indicate in the Grampians region there was an increase of 22% in the average number of tests carried out each working day compared with the three-month period before the campaign.

The introduction of new National Health and Medical Research Council management guidelines in July 2006 kept PapScreen busy educating service providers and updating resources. PapScreen delivered 18 workshops across the state to inform health professionals of changes to the guidelines. Over 340 health professionals attended the workshops.

Women from diverse cultures, women with disabilities and Aboriginal women are among priority groups for the PapScreen program.

In October 2006, PapScreen's Indigenous program had a significant boost, increasing their staff capacity from .05 EFT to 1.0 EFT. This will increase the program's capacity in 2007 to better meet the needs of Indigenous women.

MEN'S CANCER PROGRAM

The Men's Cancer Program team delivers community information seminars, health professional education, and multicultural and workplace education sessions about prostate and bowel cancer in suburban Melbourne and regional Victoria.

Nine community forums were held in regional Victoria in 2006, reaching 439 men and women. Local media exposure was achieved with each event. The Workplace Education Program delivered 25 sessions at workplaces across metropolitan Melbourne. Bilingual educators delivered 13 education sessions about prostate problems and prostate cancer in languages other than English. Information on prostate problems was translated into 11 languages and is available on our website.

The Men's Cancer Program also worked with health professionals. Eight GP workshops, titled 'The Early Detection of Prostate Cancer in General Practice', were delivered across Melbourne and regional Victoria. Staff delivered education and information to 78 community health workers through health professional seminars conducted across Victoria.

The Prostate Care Nurse Distance Education Program, a collaboration with La Trobe University, continued. Curriculum was updated and 13 nurses received scholarships for their involvement in the 13-week program.

BREAST CANCER PROGRAMS

The BreastHealth Program continued its focus on communication and education for health professionals. Activities included the delivery of five BreastHealth training days for community health professionals, including sessions in Broadford and one in Shepparton where information was tailored to practice nurses to assist them in educating patients in the general practice setting.

A special Women's Cancer Up-date Seminar was conducted in partnership with PapScreen Victoria, attracting 70 health professionals.

The Workplace Education Program was expanded to include an information session about breast and cervical cancer. Eighteen sessions were conducted.

Media activity promoted Breast Awareness messages through Girls Night In activities and in response to Belinda Emmett's death from breast cancer.

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. Activities include education for multicultural community groups, multicultural media activity and the development of culturally appropriate resources across all programs (see later in this report).

BOWEL CANCER SCREENING

The National Bowel Cancer Screening Program was launched in Qld in November 2006. As it is rolled out through the states and territories 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. The Cancer Council Australia's Bowel Cancer Screening Committee (chaired by a Victorian) worked to ensure Cancer Council Helplines nationally were prepared for the start of the screening program. A National Bowel Cancer Screening Forum was held in Melbourne on 20 November on behalf of The Cancer Council Australia. The event was funded by the Department of Health and Ageing and attracted over 120 participants. The keynote speaker was internationally recognised Dr Roland Valori (UK), who presented on improving colonoscopy services.

To complement the National Bowel Cancer Screening Program while its implementation is limited to people aged 55 and 65 years, the Cancer Council developed a Bowel Cancer Early Detection Program that will see its helpline become an access point for faecal occult blood tests (FOBTs). A contract was signed with Enterix Australia for supply of FOBTs, resources were finalised and the program received the support of The Cancer Council Victoria's Human Ethics Committee.

OBESITY PREVENTION

In 2006, the Cancer Council, together with Diabetes Australia (Victoria), continued to collaborate around the prevention of childhood overweight and obesity. We continued to work with the Australasian Society for the Study of Obesity on developing and promoting the Parents Jury, an online initiative which enables parents to promote improved environments for their children's healthy eating and physical activity.

During 2006, the Parents Jury continued to lobby for confectionary-free checkouts at supermarkets and against misleading television food advertising for children's food and drink. The membership grew significantly to approximately 1800 parents Australia-wide.

A non-incorporated consortium, the Obesity Policy Coalition, was developed with Deakin University, Diabetes Australia – Victoria and with support from VicHealth. In 2006 the Coalition prepared a number of submissions in relation to food marketing including commenting on the draft Australian Association of National Advertisers *Food and Beverage Marketing Communications Code*, a submission to the review of the Television Code of the Australian Subscription Television and Radio Association, and a complaint to the Australian Competition and Consumer Commission in relation to the marketing of Uncle Tobys roll ups.

In 2006 Kids – 'Go for your life' commenced activity with the development of an award and recognition program for Victorian primary schools and early childhood settings, such as child care, kindergartens and family day care. The development of this awards program was assisted by involvement from both early childhood and primary school working groups, which represented many state organisations and agencies involved in the care, health and education of children. This awards program was piloted in one local government area with positive results, showing a 25% uptake of the program within the first four weeks. The program was subsequently promoted across

12 supported local government areas, funded by Kids – ‘Go for your life’. Currently 9% of Victorian primary schools and services are members of the program.

A local communities reference group was convened to assist in the development and direction of the work with local governments. Twelve local governments were funded to support Kids – ‘Go for your life’ activities within their municipalities, with each employing a local coordinator to facilitate work on the ground. Coordinators’ work promotes the Awards Program, supports coordinated efforts for healthy eating and physical activity and influences policy of local governments to create supportive environments for children.

Kids – ‘Go for your life’ worked with the Royal Children’s Hospital and Murdoch Childrens Research Institute to review a range of tip sheets for parents and hold a state forum for health professionals relating to healthy eating and physical activity for children. Over 130 health professionals attended this session.

GENERAL PRACTICE PROGRAM

The General Practice Program expanded to a staff of three working on three Department of Human Services funded projects (bowel screening, prostate cancer testing and family cancers), as well as on programs and projects to support the work of other Cancer Council units with general practice.

The General Practice Program conducted 20 GP Workshops through Divisions of General Practice. The review of the family cancer curriculum was completed and a workshop handbook was produced to assist divisions to host workshops. A series of ‘train-the-trainer’ workshops were conducted for the NSW Institute to assist them in offering the Prostate Cancer Workshop in NSW.

Regular information dissemination to the sector continued with the coordinated distribution of newsletter articles on a wide range of cancer issues. A total of 130 articles were published in division and other stakeholder newsletters in 2006.

A major project for the program was the development, piloting and evaluation of the Small Group Learning Resource ‘Cancer Control in General Practice’. Plans are underway for extensive promotion in 2007.

The Cancer Council continued to play a key role in national activities through the General Practice Committee, a Sub-committee of TCCA’s Public Health Committee. Three new patient fact sheets are available for GPs to download using Medical Director Clinical Software, or directly from TCCA website.

Raising cancer awareness in the community

COMMUNICATIONS STRATEGY

In 2006, the communications staff, along with all Program Heads, developed a detailed five-year Communications Strategy, underpinned by a year-to-year plan. The aim was to ensure program-specific communication was consistent with organisational policies, which will maximise the impact of overall ‘corporate’ communications.

The communications strategy will support the four key Cancer Council strategies, to reduce the impact of cancer in the community, create a highly capable organisation, build the knowledge base for cancer control and advocate effectively for cancer control.

BRAND MANAGEMENT

Brand management strategy and style guidelines were developed for the Cancer Council, with implementation by all internal and external stakeholders. The Cancer Council’s Corporate Marketing Manager worked in conjunction with a branding expert (who worked free of charge) and a brand working group at a state level, to establish representation from relevant units.

Work is now being undertaken on a national level to provide consistent branding Australia wide. National brand and style guidelines should be produced and available by 2008.

MEDIA

Victorian media coverage generated through the communications department resulted in increased awareness of cancer: 4199 media items relating to The Cancer Council Victoria were published in print, radio and television across metropolitan and regional areas.

A world-first study, led by Professor Melanie Wakefield, found smoking prevention advertisements sponsored by tobacco companies targeted at parents do not work and may encourage teenagers to take up smoking. The study examined *youth exposure to tobacco company television advertising campaigns and how that exposure influenced smoking-related beliefs and behaviour*. Gaining worldwide media coverage, Professor Wakefield's findings showed that the advertising was acting as a marketing smokescreen to promote tobacco to youth.

MULTICULTURAL COMMUNICATIONS

The Cancer Council ensured cancer information and support services were accessible for all, regardless of a person's culture, language, location or economic situation. Several methods were used in order to reach culturally and linguistically diverse communities:

- Prostate problems information was translated into 10 languages.
- The Multicultural Cancer Information Line received 417 calls.
- Community Service Announcements on sun protection were developed in five languages and will be distributed in 2007.

Radio community service announcements (CSA) were launched to promote the multilingual information line. The announcements were recorded in Arabic, Cantonese, Greek, Italian, Mandarin, Polish, Russian, Spanish and Vietnamese. They will be distributed in 2007.

Aboriginal health was also a priority in 2006. Two new brochures and posters were developed for Aboriginal women in order to highlight the importance of cervical screening. The Cancer Council provided funds for four Aboriginal Health Services to implement cervical screening projects as well as funding for six Aboriginal Health Services to implement women's health activities during Koori Maternity Week.

PAPSCREEN

A new PapScreen website was developed and launched in 2006 with increased usability a priority. The website was reviewed to account for, where possible, the reading abilities and accessibility needs of women with low literacy and women with a disability.

SUNSMART

Following a pilot in 2005, the SunSmart program implemented a comprehensive radio and print campaign targeting farmers with the SunSmart message. A farmer who had experienced skin cancer—'Les Colman'—became the face and voice of SunSmart's skin cancer prevention and early detection advice. The campaign was supported with a PR strategy and continues to get support from stakeholders to promote its messages. The Department of Premier and Cabinet also approved a supporting CSA print and radio program, which helped extend the media buy undertaken by the SunSmart Program. The campaign is being evaluated in 2007.

BOWEL CANCER CAMPAIGN

Media activities about bowel cancer centred on prevention and the reporting of bowel symptoms. The radio and TV campaign, 'Avoid the cure', was re-launched in June 2006. Eleven radio stations

and one metropolitan television station played the CSA. The print CSA 'Don't rush the flush' received 60 placements in 30 regional papers.

OBESITY PREVENTION CAMPAIGN

The Cancer Council Victoria's Obesity Prevention Campaign is to be launched in May 2007. The campaign aims to increase awareness among the Victorian population of the link between certain cancers and obesity. The Cancer Council Victoria wants to encourage Victorians to identify whether they are at an increased risk of cancer due to their waist measurements.

Health 2020, a cohort study involving 41,500 Victorians, funded by the Cancer Council, conducted the research on which the Obesity Prevention Campaign is based.

MEN'S HEALTH

The Men's Cancer Program delivered nine community forums in regional Victoria in 2006, reaching 439 men and women. Local media exposure was achieved at each event.

BREASTHEALTH

The BreastHealth Program promoted Breast Awareness messages through Girls Night In activities and in response to Belinda Emmett's death from breast cancer.

GENERAL PRACTICE PROGRAM

The General Practice Program's regular information dissemination to the sector continued, with the coordinated distribution of newsletter articles on a wide range of cancer issues. A total of 130 articles were published in division and other stakeholder newsletters in 2006.

REGIONAL SEMINARS

In 2006, the Cancer Council travelled to five different locations around Victoria with the purpose of educating locals about research, treatment and prevention in cancer. Locations visited were Horsham, Seymour, Moe, Colac and Frankston.

Presentations were made by Professor David Hill, Director of the Cancer Council Victoria; Ms Doreen Akkerman, Director of the Cancer Information and Support Service; and Ms Deb Stringer, Director of Community Relations & Fundraising.

THE CANCER COUNCIL VICTORIA WEBSITE

The Cancer Council's current website is under review. Focus testing was undertaken and completed with tenders to be finalised. The new website, aimed to be released in June 2007, will improve functionality and update the design.

PROVIDING INFORMATION AND SUPPORT

2006 has been a year of progress for the Cancer Information and Support Service (CISS); we reached more than 50,500 contacts with the community.

CISS plays an important role in training health professionals such as Victorian cancer clinicians, breast care nurses and prostate care nurses. CISS has also been active in promoting the use of evidence-based cancer treatments by health professionals and continues to be a part of the Caring Communities Project to improve access to palliative care services.

Together with the Centre for Behavioural Research in Cancer, CISS has been investigating the impact of specialists referring their newly diagnosed male colorectal and prostate cancer patients to our service. Preliminary results research shows that contact with the cancer nurse from the Cancer

Council Helpline helps patients better cope with their cancer diagnosis and improves their wellbeing.

CANCER COUNCIL HELPLINE

The Cancer Council Helpline responded to more than 31,000 contacts in 2006. The majority of these contacts were patients and their relatives, however we also had many enquiries 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. We extended hours of operation to Monday–Friday 8:30am–8pm.

The Multilingual Cancer Information Line is an extension of the Cancer Council Helpline and enables culturally and linguistically diverse callers to speak to a cancer nurse in their own language through an interpreter. We have access to interpreters in more than 80 languages. More than 400 calls were received during 2006, with Cantonese, Greek and Vietnamese the most frequently languages accessed.

CANCER CONNECT

This telephone support program enables newly diagnosed cancer patients, carers and parents to speak to a trained volunteer who has been through a similar experience. The Cancer Connect volunteer role is vital to CISS; apart from information about their cancer type and treatment, cancer survivors tell us that their other greatest need is to talk to someone who has been through a similar cancer journey.

In 2006, 654 connections were made through Cancer Connect (589 adult patients, 59 carers and six parents). We also recruited and trained 26 new Cancer Connect volunteers and developed a new arm of the program, training volunteers to support people with a genetic family history of cancer.

CANCER SUPPORT GROUPS PROGRAM

The Cancer Support Groups Program currently has 131 groups affiliated with the Cancer Council. Almost 1500 referrals were made to these groups from the Cancer Council Helpline.

LIVING WELL FORUMS

Living Well Forums are a critical support service for people with advanced cancer. They provide much needed information and support to people with any type of advanced cancer, and their carers, family and friends. CISS runs these forums at no cost. Eight Living Well Forums were held throughout 2006 at The Cancer Council Victoria, Peter MacCallum Cancer Centre, The Alfred, Austin Health, Mercy and Western Day Hospice. Forums were also held in Gippsland and Bendigo. One hundred and seventy-five people participated and evaluations were extremely positive with all participants indicating that they found the forums beneficial.

LIVING WITH CANCER EDUCATION PROGRAM

The Living With Cancer Education Program provides people affected by cancer with information and the opportunity to develop skills to enhance quality of life. Programs are typically run over four to eight weeks however a new one-day program was piloted in six organisations in 2006. Two hundred people took part in 29 programs across Victoria in 2006. Forty-three new facilitators from 14 hospitals and community organisations were also trained and the program was offered in Vietnamese, Cantonese and Greek.

TRAINING CLINICIANS IN COMMUNICATION SKILLS

In the Victorian Cancer Clinicians Communication Program, cancer clinicians are trained as facilitators to deliver workshops on a number of themes. Eight workshops on ‘How to Deliver Bad

News to Patients and Their Families' were run and four on 'Discussing Sexuality with Cancer Patients Their Family/Friends'. Nineteen new facilitators were trained during the year.

FURTHER ASSISTANCE FOR CANCER PATIENTS

In 2006, CISS gave financial assistance to cancer patients totalling \$283,000 consisting of \$107,500 from the callers to the Cancer Council Helpline and funded \$175,500 in grants issued by cancer treatment centres in Victoria.

CISS also runs other programs and workshops including:

Holiday Break Program for people affected with cancer: 85 people enjoyed 30 holidays through this program in 2006.

Look Good, Feel Better: assists cancer patients with self-esteem and beauty techniques to restore their appearance and self-image.

CANCER SEMINARS AND REGIONAL AREAS

The Director and the CISS team conducted five public seminars in country Victoria. Visits are organised to 15 country centres on a three-year rotation. In 2006, CISS also ensured that it reached the whole of Victoria by distributing the Cancer Information and Support Service Newsletter, which has a circulation of approximately 2000.

Twenty-one per cent of all Cancer Connect matches were made with patients living in regional areas.

Thirty-two per cent of the financial assistance grants were to patients living in regional areas.

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. For more information, please see the Executive Committee report to Council later in this report.

Funding the programs

Gross income for charitable support decreased by approximately \$1 million in 2006, due primarily to a \$3 million drop in bequests. Excluding bequests however, income increased by 13% across fundraising programs. The final result was \$23.6 million of gross charitable income and retail sales.

The strongest areas of performance were in:

- Direct Mail, which grew by 23%.
- Girls Night In, a new event in its second year of operation, which grew by over 400%.
- Overall, the Community Fundraising program grew by 42% despite the closure of the Tour For A Cure program. The Community Fundraising result included the Cancer Council raffle, which also had a good result, growing by nearly 70% upon 2005 result
- Pink Ribbon Day continued to experience some growth, while Australia's Biggest Morning Tea, Relay for Life and Daffodil Day maintained position.

Bequest income for 2006 was 26% below budget and the lowest bequests result since 2001. The Corporate and Trusts income was also below budget for the year.

The strongest performers continue to be our community participation programs, which rely heavily on our volunteer fundraisers. In addition, a range of innovations was undertaken in the direct mail program, to increase returns from current supporters.

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

Period	Result	Revenue	Expenditure	Total
	Surplus/(Deficit)			Assets
	\$000s	\$000s	\$000s	\$000s
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	43,548	38,846	42,761
Year ended Dec 2006	972	45,480	44,508	51,899

As President of the Cancer Council it is my pleasure to submit my report for the year 2006 to the Victorian Parliament. It gives an overview of the achievements of an organisation which continues to be a leader in the fight against cancer.

The Cancer Council relies on the support of thousands of Victorians; it is very fortunate to have dedicated and highly qualified committee members who generously donate their time and expertise to its work. The generosity and loyalty of its army of supporters, volunteers and donors are among its greatest assets, as are the talent and diligence of its staff.

Peter Griffin
President

26 April 2007

Executive Committee: report to Council

The Anti-Cancer Council of Victoria was established by an act of Parliament in 1936. The 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. It meets six times a year.

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

MEMBERSHIP OF THE EXECUTIVE COMMITTEE

The members of the Executive Committee (Board) of the Cancer Council during 2006 were:

Professor Michael C BERNDT (until November) PhD

Dr Michael DALLY MBChB, BSc, FRANZCR

Ms Saveria DIMASI BA (Econ) (Hons), LLM (Melb)

Professor Peter FULLER MBBS, BMedSc (Hons), PhD, FRACP

Mr Peter J GRIFFIN BCom (Melb), ASIA

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

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

Ms Avis MACPHEE AAIMS

Ms Louise MILNE-ROCH RN (Div 1), BA, BBus, PGDE, MAICD, MRCNA, MANZCMHN, AFCHSE

Mr Alexander (Sandy) MURDOCH BEcon, DDA, SIA, ASA

Mr Michael O'BRYAN LLB (Hons), BSc (Melb)

Associate Professor Andrew ROBERTS MBBS, FRACP, FRCPA, PhD

Ms Andrea WATERS BComm, ACA

Governance

In March Professor David de Kretser AC replaced Mr John Landy AC MBE as Governor of Victoria, and agreed to be Patron of the Cancer Council. Professor de Kretser's appointment was especially welcome in view of his prestigious record in medical research. The Board endorsed the continuation of the practice, begun in 1964, of having the Governor of Victoria as Patron-in-Chief.

The outgoing Governor, Mr Landy, agreed to continue his patronage of Relay for Life.

In November Professor Michael Berndt retired from the Chair of the Medical and Scientific Committee, and hence from the Board, of which he was an ex officio member. Since the new Chair of the Medical and Scientific Committee, Associate Professor Andrew Roberts, was already a Board member, there is now a Board vacancy for one of the four appointees of the Medical and Scientific Committee.

In the course of the year the Board received advice and regular reports from the Finance, Appeals and Medical and Scientific Committees.

The Finance and Appeals Committees have continued to meet jointly during 2006 while, in accordance with the *Cancer Act*, remaining as separate committees.

In keeping with current corporate practice the Board adopted a resolution to create and maintain a register of declared interests for Board members.

Human Research Ethics Committee

The Human Research Ethics Committee 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.

Anniversaries

The Cancer Council celebrated its 70th anniversary with a function at Parliament House, attended by the Premier Steve Bracks and a number of members of the Victorian Parliament.

The Victorian Cooperative Oncology Group celebrated its 30th anniversary with a function at the Melbourne Museum in November.

Management

The Cancer Council's Director, Professor David Hill AM, became President Elect of the Union Internationale Contre le Cancer (UICC) at its August General Assembly. The Cancer Council Board strongly supported his decision to accept selection for this appointment, which involves two years as President Elect, two as President and two as Immediate Past President. The Board is pleased that Professor Hill will continue in his current role with the Cancer Council and is keen to support him to fulfil his new international role.

Professor Dallas English resigned from his full-time position as Deputy Director of the Cancer Epidemiology Centre to take up a position as Professor of Epidemiology and Biostatistics at the University of Melbourne. It is pleasing to note that he continues to work part-time in the Cancer Epidemiology Centre of the Cancer Council.

Ms Jane Sullivan succeeded Ms Zoë Furman as Communications Director when Ms Furman opted to take up a part-time position as SunSmart Media and Communications Officer in the Cancer Education Unit.

Ms Sue Madden was appointed to replace Mr Elias Kambouropoulos after the latter left his position as Finance Manager.

Ms Hillary Smith resigned as Human Resources Manager in November and Ms Tanya Robbins became Acting Manager.

Mr Todd Harper completed his eighth and final year as Executive Director of the Tobacco Control Unit (Quit and VicHealth Centre for Tobacco Control) to take up the prestigious and high-profile role of Chief Executive Officer of Victorian Health Promotion Foundation (VicHealth) in early 2007. The Board wishes him well in this new and challenging position, with confidence in his capacity to further develop his knowledge, skill and influence for the betterment of Victorians' health. He is farewelled with some pride since he has developed under the mentorship of Professor Hill and others here at the Cancer Council.

DIRECTOR'S REPORTS

The Director continued to provide regular reports to the Board on internal matters as well as external events pertinent to the Cancer Council's operations. He also delivered his six-monthly reports against the strategic objectives. The Board has reviewed his performance and is impressed with the achievements of the Cancer Council under his leadership.

Mr David Fogarty, Business Manager, to whom all infrastructure units report, has also provided regular reports to the Board, via the Finance Committee, on the business management of the organisation.

VENTURE GRANTS SCHEME

Given the high quality of the proposals for funding by the Venture Grants Committee, the Board approved funding of each of the five projects up to the first milestone, to a total value of \$5.3 million. (For further details see the Medical & Scientific Committee Chairman's report.)

UNITS' ACTIVITY REPORTS

The Board received written and/or verbal 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

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.

GENERAL STAFF

The Board approved the adoption of a five-year Collective Agreement following work by and negotiations within the Joint Consultative Committee of the Cancer Council. As part of this agreement, salary levels will in future be determined by individual performance and externally benchmarked movements in the employment market.

Collaborative activities

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 contribute to national policy, the main issues for the year being the appointment of Professor Ian Olver following the retirement of Professor Alan Coates as Chief Executive Officer, corporate branding and synergies among state Cancer Councils.

THE VICTORIAN BREAST CANCER RESEARCH CONSORTIUM (VBCRC)

The VBCRC has continued to operate under the Cancer Council's administration. The Director of the Cancer Council and five Board members, including Ms Saveria Dimasi in the chair, are *ex-officio* members of the VBCRC Board of Management. Payment of the original \$30 million funding for the VBCRC will conclude in September 2007. A submission was made to the Minister for Health in 2005 requesting a further 10 years' funding. The VBCRC has been advised that it will receive an extension of funding to June 2008, and that funding beyond that date will be considered in the context of the Victorian Cancer Agency recently created by the State Government.

COLLABORATIVE RESEARCH CENTRE FOR CANCER THERAPEUTICS (CRC-CT)

The Board approved the Cancer Council's participation in a bid for the CRC-CT to fulfil a perceived gap in the translational research capability for cancer therapeutic drugs. The bid was successful and the Cancer Council pledged to contribute 1.6% of the total funds.

THE VICTORIAN CANCER BIOBANK

The Victorian Cancer Research Tissue Bank, now renamed the Victorian Cancer Biobank, began its operations late in the year. The project began with the allocation of seeding money by the Medical and Scientific Committee several years ago. Later the Consortium, consisting of the Cancer Council, Austin Health, Melbourne Health, PMCC and Southern Health, successfully applied for a grant from the Department of Innovation, Industry and Regional Development and was awarded \$7.1million. The Cancer Council is the lead agency for the grant. The Consortium Committee has now appointed an Executive Officer, who is based at the Cancer Council.

GOVERNMENT POLICY ADVICE

The Cancer Council presented a cancer manifesto to all major political parties prior to the state elections and has continued to offer cancer advice to the Minister for Health as required.

The Cancer Council worked with the Department of Human Services, Consumer Affairs Victoria, Victorian Health Services Commissioner, and Australian Competition and Consumer Commission to explore how unproven therapy operators might be regulated, recognising that they do not fall within existing regulatory schemes, and to examine whether action might be taken under existing law relating to harmful conduct against some of the worst practitioners.

THE NATIONAL CANCER CONTROL INITIATIVE (NCCI)

The NCCI was decommissioned by the Commonwealth Department of Health and Ageing when its contract expired in May.

CANCER AUSTRALIA

In the lead-up to the closure of the NCCI the Director briefed the Board on the development of its successor, Cancer Australia. The purpose of the new national cancer agency is to guide improvements and coordination in research and prevention, provide support to consumers and health professionals and make recommendations to the government about cancer policy and priorities. It is a key component of the Commonwealth Government's Strengthening Cancer Care initiative, established to fund cancer research, strengthen palliative care services and improve support for carers and cancer professionals. It is based in Canberra with a node in Sydney and one in Melbourne. Two aspects of Cancer Australia's program that will operate out of the Melbourne node, housed at the Cancer Council, are the research management and consumer participation functions.

THE VICTORIAN CANCER AGENCY (VCA)

The Director kept the Board informed of his input in the creation of the VCA and supported his proposal for the Cancer Council to facilitate the rapid establishment and efficient operations of the agency and to engender ongoing community and professional support for its activities. The VCA has now begun its operations (March 2007), its stated purpose being 'to coordinate and improve the rapid translation of cancer research into improved clinical care', and its staff of five is based at the Cancer Council offices in Rathdowne Street.

AWARD

In November the President's Award was presented to the Rev Professor Graeme Griffin after 20 years of chairing the Human Research Ethics Committee.

REPORT TO PARLIAMENT

The program activities are usually described in some detail in the President's Report to Parliament, which will be published on the Cancer Council website, www.cancervic.org.au.

Acknowledgments

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 2006. 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

The Board continues to have a diverse membership with strong medical, scientific, clinical, legal, business, financial and other experience. It is also pleasing to have members with personal experience of cancer, who can provide a perspective that is vital to our understanding of our mission. We have a group of strong community-minded, senior, experienced and dedicated citizens who are well placed to provide support, advice, appropriate challenge and debate while retaining a commitment to the human endeavour of the Council.

Once again the Board has been supported by and dependent 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, who has worked with the Business Manager, Mr David Fogarty, to maintain a watching brief over our finances and initiated a clear means of regular reporting to the Board in addition to detailed reports to this committee; Mr Sandy Murdoch, Chair of the Appeals Committee, who has provided leadership in developing the exciting new opportunity under the Venture Grants initiative; and Ms Andrea Waters, Chair of the Audit and Compliance Subcommittee, whose diligence and clarity are especially appreciated. I especially note the long-term and significant leadership that has been provided by Professor Michael Berndt, who retired as Chair of the Medical and Scientific Committee, and hence the Board, during this year. His contribution has assisted many researchers to develop their work and careers and he has led the development of linkages with the National health and Medical Research Council research assessment process that have both strengthened and streamlined the Cancer Council's research selection procedures. I welcome Associate Professor Andrew Roberts to this position now and look forward to furthering the development and support of the Cancer Council's research commitment into the future.

I would also like to thank Ms Nicole Prosper, Secretary to Council, for her assistance. Her quiet competence is notable and valued and her keen eye for detail and follow through especially appreciated.

Yet again, this has been a year of keeping one eye to the broader environment, adoption of a supportive stance to other cancer initiatives, including the Victorian Cancer Agency, and ongoing effort in delivering services to people with cancer, carers and communities throughout Victoria. This has been the achievement of the high calibre staff under the direction of an internationally recognised 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 AO
Chair

Medical and Scientific Committee: report to Council

MEDICAL AND SCIENTIFIC COMMITTEE MEMBERS

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

STANDING SUB-COMMITTEE ON RESEARCH MEMBERS

Professor M C Berndt (Chair until November), Associate Professor R Bell, Professor D Bowtell, Professor F R Carbone, Professor A R Dunn, Professor R M (Dick) Fox, Associate Professor M P Mac Manus, Professor T J (Jack) Martin *AO*, Professor C L Masters, Professor C A Mitchell, Associate Professor A Roberts (Chair from November), Dr J Visvader, Professor R E H (Dick) Wettenhall, Dr V White, Professor J R Zalberg

The importance of cancer research

The application of new knowledge generated by cancer research leads to better treatment, earlier diagnosis and prevention of cancer, benefiting cancer patients both now and in the future.

Cancer research is the basis for the increasing rates of survival – 60% of Victorians now survive a cancer diagnosis.

In 2006 The Cancer Council Victoria spent \$19.8 million on cancer research.

The following table from the 2006 audited accounts gives a summary of our expenditure on the major cancer research programs funded in 2006. The 2005 figures are included for comparison.

Research	\$000s 2006	\$000s 2005
Support of basic scientific studies and programs funded by the Medical and Scientific Committee, clinical investigations and programs	\$8,644	\$6,259
Victorian Cancer Registry—registers all cancer cases in Victoria and provides statistical analyses	\$1,904	\$1,622
Centre for Behavioural Research in Cancer—a centre for research into behavioural aspects of cancer prevention, detection and rehabilitation	\$2,987	\$3,183
Cancer Epidemiology Centre—a centre for research into the occurrence, distribution and determinants of disease	\$3,857	\$3,775
Health 2020—a study to ascertain the effect of lifestyle factors (especially diet) on the incidence of a range of diseases.	\$567	\$1,290
VicHealth Centre for Tobacco Control—a centre to investigate new ways to reduce tobacco usage	\$1,867	\$1,635
Total Research	\$19,826	\$17,764

Medical and Scientific Committee role

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 2006 are listed earlier 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 Subcommittee, 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 studentship placements are for a maximum of six weeks during the summer vacation, and they receive \$250 per week. Twenty-five studentships were awarded for the 2006/07 period.

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 2006 we offered one medical and three scientific scholarships to commence in 2007 and we are currently supporting a total of 15 scholarship holders at various stages of their postgraduate studies. The stipend for science scholarships is \$20,000 per annum and medical scholars receive a stipend of \$25,000 per annum.

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 2006 and an additional two were awarded in November to commence in January 2007.

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 2006 we supported 37 separate research projects via this scheme.

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. 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.

In 2006 the budget approved for grants-in-aid was \$2.49 million, however in August, the Board approved the allocation of additional funds for research project grants-in-aid. This was made possible due to some significant bequests being received. Therefore in November 2006 we were able to allocate \$3.2 million to 24 new grants-in-aid to commence in 2007.

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 Professor 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 **Dunlop Fellowship** was established by a special appeal in honour of our long-term patron and supporter, the late Sir Edward ('Weary') Dunlop. This fellowship (the third of our Dunlop Fellowships) is held by Dr Grant McArthur of the Peter MacCallum Cancer Centre. Dr McArthur's research is on the development of targeted therapies for cancer.

The inaugural **Colebatch Clinical Research Fellowship** is held by Dr Kelly-Anne Phillips of the Peter MacCallum Cancer Centre, who is working on reducing the burden of breast cancer. 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 the field of paediatric haematology and clinical trial practice in Australia.

The **Carden Fellowship** acknowledges George Carden's bequest, made in 1945, which has been held by Emeritus Professor Don 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.

A funding initiative

In 2006 we introduced a new research grant scheme: our Venture Grants Scheme. It is designed to support research that pushes the conventional boundaries. Addressing a lack of resources and funding to investigate highly imaginative research ideas in Australia, the Venture Grants Scheme aims to provide leading researchers with the financial backing to undertake their cutting edge

projects. Applicants were required to present a case to be funded for a maximum amount of \$500,000 per annum for one to five years, and to demonstrate that the grant would significantly advance their research program and could yield important new knowledge in their field. The Cancer Council has provided initial funding for the first milestones of the five successful projects (a total of \$758,250) and is seeking a further \$5.3 million from generous, philanthropic individuals who understand our vision for innovative, adventurous research. This scheme was launched on 14 March 2007 and it has received some very positive media coverage.

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 2006, 75 publications were generated from this research and 92 presentations were made (59 national, 33 international). One provisional patent application was filed in 2006 and another research team is in the process of negotiating a licensing agreement.

RESEARCHERS ALSO REPORTED RECEIVING THE FOLLOWING AWARDS:

Carden Fellowship: Professor Emeritus Don Metcalf, Lifetime Achievement Award, Monash University (2006)

Grants-in-Aid: Professor Gail Risbridger, Society for Endocrinology Asia & Oceania Medal (2006); Professor Mark Smyth, 2007 Charles Rodolphe Brupbacher Foundation Prize for Oncology (Switzerland)

Postdoctoral Fellowships: Dr Andrew Deans, Cancer Research UK Postdoctoral Fellowship (commencing October 2006); Mr Nicholas Huntington, High Commendation for the Victorian Premier's Award for Medical Research (2006); Ms Carolyn McNees, CJ Martin Postdoctoral Training Fellowship (commencing 2007)

Policy and governance reviews

FUNDING STRATEGY FOR BIOMEDICAL RESEARCH

During 2006, at the request of the Director, the committee discussed our biomedical research funding strategy and agreed that the current funding programs (as described above) should be continued. It was also agreed that if additional funding could be generated for cancer research, then some initiatives should be introduced such as early career clinical fellowships and an additional Dunlop Fellowship commencing in 2009. In addition to this the Committee agreed that it would be beneficial to increase the current maximum grant-in-aid amount of \$70,000 per annum to \$100,000 per annum, this has been implemented for grants commencing in 2008.

COMMITTEE MEMBERSHIP: TERM OF OFFICE

At the June meeting of the Medical and Scientific Committee it was agreed that a maximum term of office should be instituted. This maximum was set at three consecutive three-year terms, with eligibility to be re-appointed after a three-year break. In order to ensure a staggered turnover of members, it was also agreed that the university and specialist medical college representatives should be rotated off the committee for the 2007–2010 term and the medical research institute and hospital appointees be rotated off for the 2010–2013 term.

This led to the retirement of the following long standing members, whose contributions to the work of the Cancer Council I would like to gratefully acknowledge: Professor Jim Camakaris and Professor Ken Ghiggino who have been the University of Melbourne, Faculty of Science representatives since 1998, Professor Colin Masters, who has been the University of Melbourne, Faculty of Medicine representative since 1990, Professor Roger Parish, La Trobe University

representative since 1995, Professor Dick Wettenhall, University of Melbourne, Faculty of Medicine representative since 1991 and Dr Allan Zimet, the Australian Medical Association (Vic branch) representative since 1998.

A particularly special thanks is owed to Professor Dick Fox who first joined the Committee in 1987, and was its Chair from 1999–2001.

Under the same policy, several of the longstanding members of the Standing Research Sub-committee retired, including Professor Jack Martin (member since 1991 and Medical and Scientific Committee Chair between 1991 and 1998), Professor Colin Masters (member since 1992), Professor Dick Fox (member since 1990) and Professor John Zalcborg (member since 1996).

Separate to this rollover of members, at the June meeting of the Medical and Scientific Committee, Professor Michael Berndt informed the committee of his intention to stand down as Chair of the committee, with his last meeting being in November 2006. At this meeting I formally thanked Professor Berndt for his excellent contribution to the work of the Cancer Council, as Chair of the Medical and Scientific Committee from 2001–2006, as a member of the Medical and Scientific Committee (1995–2006) and the Standing Sub-committee on Research from (1996–2006) and as the Medical and Scientific Committee appointee to the Board (1998–2006). During his time Michael has presided over many changes to our research funding policies and practices, from a time when grant applications involved the Expression of Interest stage and applicant interviews through to the current more streamlined system in partnership with the National Health and Medical Research Council. His expert advice and wise counsel provided to the Directors of the Cancer Council and Woody Macpherson as Head, Research Management Unit have also been greatly appreciated.

Other activities

TISSUE BANKING FOR RESEARCH: THE VICTORIAN CANCER BIOBANK

The Cancer Council is the lead agency for a \$7 million grant from the Department of Innovation, Industry and Regional Development under the Science Technology and Innovation infrastructure grant program. This grant will enable greater coordination and increased collection and coordination of tissue collection for cancer research. A consortium agreement covering governance, management and operation of the Victorian Cancer Research Tissue Bank was signed in June by the five participating organisations: Austin Health, Melbourne Health, Peter MacCallum Cancer Centre, Southern Health and The Cancer Council Victoria. The Consortium Committee (Board equivalent) met regularly through the second half of 2006 and an Executive Officer commenced in November. The first round of grants has been allocated to the four hospital sites for tissue collection, staff and equipment, plus funding for an additional pathology registrar to assist with tissue banking and to conduct molecular pathology cancer research. In early 2007 the Consortium Committee agreed to a name change and the initiative is now called the Victoria Cancer Biobank.

The Medical and Scientific Committee initiated the coordination of tissue banking for research back in 2001, and it is pleasing to see such positive progress.

NATIONAL COORDINATION OF RESEARCH GRANT APPLICATION ASSESSMENT

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 state cancer councils and the National Breast Cancer Foundation. A partnership with the National Health and Medical Research Council commenced in 2005 with all cancer funding body applications being submitted via the National Health and Medical Research Council process, and the Cancer Councils and National Breast Cancer Foundation 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 (see below) 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

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, Josie Italia, Marian Wilson and Philippa Thomson for their tremendous assistance and hard work during 2006.

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 Venture Grants Committee. These people have generously given their time and expertise to the research policies of the Cancer Council as well as the arduous selection process for our research grants, 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) have been: Professor Michael Berndt – Monash University, Mr Stewart Hart – Head of Breast Surgery at Monash Medical Centre, and Professor Peter Fuller of the Prince Henry's Institute of Medical Research. Their contribution and commitment to the work of the Cancer Council's governance on these major Committees should once again be acknowledged.

CANCER COUNCIL DONORS AND SUPPORTERS

In 2006 the Cancer Council spent \$19.8 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, Girls Night In 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.

Associate Professor Andrew Roberts
Chair

Appeals Committee: report to Council

APPEALS COMMITTEE MEMBERS

Professor M Hamilton AO, Mr S Murdoch (Chair), Ms A Macphee

APPEALS ADVISORY COMMITTEE MEMBERS

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 MEMBERS

Mr S Atkinson, Mr M Healy, Mr D Hoyle (Convenor), Ms R Lea, Mr G Pesutto

CHAIR OF THE APPEALS COMMITTEE

Mr Sandy Murdoch was the Chair of the Appeals Committee in 2006.

APPEALS ADVISORY COMMITTEE

Mr Sandy Murdoch continued to chair the Appeals Advisory Committee Sub-committee in 2006. The Appeals Advisory Committee is a committee of senior business people whose aim is to generate donations from high net worth individuals in the Victorian community.

MEDIA AND MARKETING ADVISORY COMMITTEE

The Media and Marketing Advisory Committee remained in recess in 2006, however a small group of members continued to run an industry Ball, the Bottoms Up Ball, convened by Mr David Hoyle of 3AW.

Overview

Total gross charitable and retail income for 2006 was \$23.6 million, a 7% drop against 2005 result and 11% against budget. The downturn was almost entirely due to a significantly lower bequest result, the lowest result in five years. Charitable and retail income, excluding bequests, grew by 13% from 2005, an increase of approximately \$2 million.

EVENTS

Total Events income grew by nearly 8% in 2006, although it did not meet budget due to some under performance in Relay For Life and Daffodil Day. Relay for life income trends indicate that there is a plateau in this event, which did not grow in 2006. However re-investment in the program in 2007 is expected to reverse this trend over the next three years. Daffodil Day has not grown to any significant degree for the last few years but continues to be one of the highest profile and successful merchandising events across Australia. Marginal growth was achieved in Australia's Biggest Morning Tea and Pink Ribbon Day grew by nearly 30% but Girls Night In was the strongest event; Girls Night In increased on its first year result by over 400% and against budget by over 100%.

Volunteers and volunteer fundraisers continue to underpin the strengths of these programs.

DONOR PROGRAM

A range of innovations was undertaken in the direct mail program to increase returns from current supporters, these innovations resulted in growth of 23% in the direct mail program, up from \$2.8 million in 2005 to \$3.7 million in 2006. In addition, 'In memoriam' income grew for the first time in several years, growing by 21% against 2005 result.

BEQUESTS PROGRAM

2006 saw a significant downturn in bequests income, a drop of 26% against budget and the lowest result since 2001. Bequests income is extremely variable from year to year and much less predictable than most other income sources.

TRUSTS AND FOUNDATIONS

Some corporate income is now reported in Community and Corporate fundraising. However trusts and philanthropic income from the corporate sector did not grow in 2006.

COMMUNITY AND CORPORATE FUNDRAISING

This program has a number of volunteer-initiated activities and niche events for specific markets and includes balls, special efforts, Volunteer Units, golf and bowls programs and a statewide raffle. It previously included a trial charity challenge program Tour For A Cure, which, due to under-performance, was closed in 2006. The raffle grew by 70% and golf and bowls by 150%. The program achieved a result of \$2.3million in 2006, a 42% increase on 2005 result and was on budget for the year.

RETAIL SERVICES PROGRAM

Chadstone store was closed in March 2006, resulting in a gross income drop of 22%. Carlton store revenue increased by 30% in 2006. Total turnover for the year was \$1.8million.

The Retail Program assumed management of two commercial licence agreements for the SunSmart trademark in 2006. Income from this stream was just under \$470k for the year.

Mr A S Murdoch
Chair

Finance Committee: report to Council

FINANCE COMMITTEE MEMBERS

Mr P R Fuhrmann (from April), Mr P J Griffin, Mr P Ingham (Chair), Ms S Miles, Ms M Péril, Ms Y Thomson (until April), Ms A Waters

AUDIT AND COMPLIANCE SUB-COMMITTEE MEMBERS

Mr P R Fuhrmann (from April), Mr P J Griffin, Mr P Ingham, Ms S Miles, Ms Y Thomson (until April), Ms A Waters (Chair)

INVESTMENT AND PROPERTY SUB-COMMITTEE MEMBERS

Mr P R Fuhrmann (from April), Mr P Griffin, Mr P Ingham (Chair), Mr S Murdoch, Ms M Péril, Ms Y Thomson (until April), Ms A Waters

The net result for the year was a surplus of \$0.97 million compared with \$4.7 million for the previous year. Whilst significantly below 2005, this result includes unrealised investment gains of \$0.87 million as well as expenditure against funds received for external programs. The treatment of the unrealised investment gains is unchanged from previous years. We are currently in discussion with the Auditor General on this subject, based on the interpretation of the A-IFRS accounting standard. Should the alternative interpretation be adopted, these unrealised gains would be reversed from the income statement and taken straight to reserves.

Income

Our total charitable support income decreased from \$23.0 million to \$21.7 million. This was largely due to a drop in receipts from bequests. The Direct Mail program along with Australia's Biggest Morning Tea achieved budget. Relay for Life was impacted by the postponement of some events due to the Commonwealth Games early in the year and did not quite make budget. The continued growth of Girls Night In mostly offset this shortfall.

Government and contractual grants from other funding bodies for specific projects amounted to \$14.5 million. This compares with \$13.4 million received in 2005. Other income increased from \$5.9 million to \$8.2 million due to additional investment income and unrealised investment gains.

Retail operations declined marginally due to the closure of the Chadstone store in February 2006.

Expenditure

Total expenditure increased from \$38.8 million to \$44.5 million, of which \$19.8 million was applied to research and \$17.2 million to prevention and early detection programs: which represents a total increase in 2006 of \$5.3 million for research and program services.

Charitable support expenditure increased from \$5.4 million to \$5.9 million to provide investment in future growth initiatives.

Administrative support expenditure shows a decrease of \$0.2 million compared to 2005. During 2005 a new process was introduced where the cost of accommodation, information technology and some central overhead costs were 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 and has continued into 2006.

Cash flow and outlook for 2007

At the end of the 2006 year, we had \$0.3 million in cash at bank and \$9.7 million of uncommitted investment funds available to fund the Cancer Council's operating activities.

This part of the Investment pool in 2007 is budgeted to decrease by \$1.9 million after allowing for an additional capital expenditure of \$1.4 million and additional programs approved as part of the Strategic Plan to be implemented in 2006.

Our total cash and investment reserve position significantly increased from \$23.8 million in 2005 to \$29.7million in 2006.

The Cancer Council has, at current valuations, a total of \$17.7 million represented in the balance sheet by land and buildings.

Investments

UBS Wealth Management continued responsibility as our Fund Manager throughout 2006.

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 2005
- Review of the Internal Audits undertaken by William Buck, namely:
 - Contract Management
 - IT Security
 - Report Against Audit Plan
 - Special Review of Journals
- Oversight of action taken in response to the matters raised therein
- Review of regular risk management reports highlighting contracts entered and control issues.

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

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