

# Annual Report 2010-11



**Reducing the impact and incidence of cancer  
in the ACT for over 40 years**



# Working in the Australian Capital Territory to reduce the incidence and impact of cancer



## Cancer Council ACT

The Cancer Council ACT (the Council) is a non government, not-for-profit community organisation that aims to promote a healthier community by reducing the incidence and impact of cancer in the ACT region. The Council depends largely on the generosity of the ACT and surrounding community providing donations and supporting fundraising initiatives.

## Memberships

The Cancer Council ACT, together with other member organisations in each state and territory, is a member of Cancer Council Australia. Through this membership the Council is a member of the Asian and Pacific Federation of Organisations for Cancer Research and Control; the International Non-Governmental Coalition Against Tobacco; and the International Union For Health Promotion and Education. The Cancer Council ACT is also a member of the Union for International Cancer Control, (UICC).

## WHAT WE DO

### Cancer Research Funding

We provide annual funding for cancer related research projects in the ACT, commission our own research and contribute to other parties' research

### Cancer Council Helpline 13 11 20

Provides free and confidential information and support on all aspects of cancer

### Cancer Information

Free cancer publications, a lending library and a website [www.actcancer.org](http://www.actcancer.org)

### Cancer Support

Along with the Cancer Council Helpline, emotional and practical support is provided through a support group and Cancer Council Connect, a telephone peer support service

## Education Programs and Forums

Educational programs and regular forums are held on a range of topics for people with cancer, their families and friends

## Wig Service

Sells a range of affordable wigs and other headwear

## SunSmart Information

We work to raise awareness of skin cancer and promote positive sun protection behaviour through the National SunSmart Schools and SunSmart Early Childhood Programs and the Workplace Program

## Tobacco Control Program

Quit smoking information and a range of Quit Courses are provided with an aim to reduce the impact of tobacco smoking and prevent its uptake by people in the ACT

## Live it Up!

Together with youth organisations we work to assist young people in the ACT make healthier choices

## Cancer Council ACT Shop

Stocks a range of quality, affordable and fashionable sun protection products

## Fundraising to continue our work

68% of the Cancer Council ACT's total gross revenue in 2010–11 was raised through donations, bequests and community events including the well-known Daffodil Day, Australia's Biggest Morning Tea and Relay For Life

# Contents

## ABOUT THIS ANNUAL REPORT

This annual report provides details of the Cancer Council ACT activities, initiatives and achievements for the financial year ended 30 June 2011.

Approximately 250 copies of this comprehensive report are printed and provided to key stakeholders within Australia including other state and territory cancer organisations, government, council members, and other interested parties. The report is also available on the website [www.actcancer.org](http://www.actcancer.org).

The report is the major publication produced by the Cancer Council ACT each year. It is used to provide readers with information about the Council's performance during the year and indicate direction for the coming year.

The Cancer Council ACT aims to make this report an accurate, informative and easy to read document. Your feedback and suggestions for improvement are welcome. If you have any comments, please contact the Cancer Council ACT.

## Acknowledgments

The Cancer Council ACT would like to acknowledge Ms Hilary Wardhaugh for the photos of staff and Directors, and thank her for her much appreciated generosity.

## Patron of the Cancer Council ACT

His Excellency Mr Michael Bryce AM AE

## Honorary Life Members

Mrs R. Grantham

Mrs Heather Wain

Professor Malcolm Whyte

Professor John Williams

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## VISION

**The wellbeing of the broader Canberra community is enhanced as a result of health promotion actions which have reduced the incidence and impact of cancer.**

## STRATEGIES

### Strategy 1

Use the most appropriate evidence-based activities and tools to ensure the Cancer Council ACT realises its vision.

### Strategy 2

Maintain a portfolio of fundraising activities which engages those who share our vision by matching their capacity and motivation to donate.

### Strategy 3

Build and maintain a range of skills in the Cancer Council ACT's workforce which will enable it to deliver high quality services to its clients and customers.

## OUTCOMES TO BE ACHIEVED

### Target Outcome 1: A reduction in the incidence of cancer

#### Dimension 1a

For people in the ACT, generally, to be aware of the need to use cancer prevention strategies and be motivated to take responsibility for changing their behaviour.

#### Dimension 1b

For people in the ACT to be supported to practise healthy behaviours by appropriate legislation and public policy.

#### Dimension 1c

For related service providers such as schools, early childhood centres, youth centres etc to understand and encourage and support healthy behaviours.

#### Dimension 1d

For employers, and community infrastructure authorities to understand and support cancer preventing behaviours.

#### Dimension 1e

For health practitioners to use evidence-based practices in supporting individuals to achieve healthy behaviours.

#### Dimension 1f

For quality research into reducing the incidence of cancer to be supported.

### Target Outcome 2: Reducing The Impact of Cancer

#### Dimension 2a

For people in the ACT affected by a cancer diagnosis to have the negative impact of cancer minimised.

#### Dimension 2b

For people in the ACT to experience a reduction in the impact of cancer through prudent early detection and the provision of appropriate services following diagnosis.

#### Dimension 2c

For cancer patients and their families to have sufficient information and skill to reduce anxiety and have a satisfactory level of control during their cancer experience.

#### Dimension 2d

For cancer patients and their families, to have the negative impact of cancer minimised by legislation and public policy.

#### Dimension 2e

For cancer patients to have ready access to high quality, coordinated medical and ancillary cancer services.

#### Dimension 2f

For cancer patients and their families to have ready access to appropriate community support services.

#### Dimension 2g

For health practitioners to use evidence-based information as the basis for their treatment of cancer patients.

#### Dimension 2h

For quality research into reducing the impact of cancer to be supported.

# Report from President and Chief Executive Officer 2010–11

## Dear Members and other stakeholders

### We are very pleased to provide you with the Cancer Council ACT's 35th Annual Report.

Looking back at last year's Report it is clear that some issues reported last year continue to be unresolved and are still on the Board's agenda.

## Services/Programs

Cancer Council ACT's concerns about obtaining a reliable stream of external funding for our SunSmart program is still at centre stage. As foreshadowed last year, the evaluation of the program from 2007 to 2010 was carried out by the University of Canberra. The outcome was very favourable and ACT Health (ACT Health Directorate from 1 July 2011) has funded the program for one more year in which we will be specifically targeting secondary school students. The Council has also prepared a budget submission to have the program become funded under a longer term ongoing agreement.

The Live It Up program involving innovative strategies to improve health in vulnerable youth through education around tobacco, nutrition and physical activity ended this year. This was a four-year program which evolved from the recommendations of the ACT Youth Smoking Prevention project which the Council began in 2003. It has been a significant eight-year journey for Cancer Council ACT and our clients.

In order to achieve more effectiveness in working with people with cancer and their families and friends we have begun running time-limited support groups with participants being those who have completed a Living With Cancer Education Program or other course with us. This seems to be working well. In addition, the Council is providing a facilitator for The Canberra Hospital's Lung Cancer Support Group. The increase in the use of the internet means that there are many more options for support and information than there were even a few years ago. The Council offers a number of on-line options.

Further support for those with cancer and their families came with the welcome news that ACT Health has bought a house in the suburb of Duffy to provide accommodation for out of town patients attending The Canberra Hospital. This will not meet all the need, but is a great start.

## New Opportunities/Ideas

Cancer Council ACT is very excited about the new Cancer Centre scheduled to open at The Canberra Hospital in 2013. The Council will have new, specially designed accommodation at the Centre for our Wig Service and a role in providing information.

It was a great privilege for both of us to be able to attend the Union of International Cancer Control Conference in Shenzhen, southern China in August. There were some very enlightening presentations, and being part of cancer control in a global context provides valuable perspective.

## Cancer Control Legislation

The Commonwealth government is to be congratulated on its courage and persistence in pushing on with implementation of the Plain Packaging Bill for cigarettes. Similarly, Cancer Council ACT was pleased that Cancer Council advocacy efforts to reinstate the National Bowel Screening Strategy were successful.

As foreshadowed in last year's report, new ACT laws came into effect from beginning of 2011 to ensure that persons under the age of 18 are not permitted to use solariums.

In December al fresco dining at drinking places, at restaurants, cafes, pubs, taverns and licensed club surrounds became smokefree.

## Community Support For Cancer Council ACT Fundraising

The Council has now been running a successful face to face fundraising strategy since February 2011. This strategy is running in absolutely textbook style to date and is predicted to be making a profit by 30 June 2013. This strategy has been very successful for Cancer Council NSW. The Board has embraced this strategy to ensure that the Council has a secure future so it can continue to prosper having the stability of a number of income producing strategies. These additional funds will allow us some independence in the future to determine research possibilities, support activities and reduce our reliance of government funding.

There were significant changes made to our community fundraising calendar this year. Both the British High Commission and the Canadian High Commission made decisions not to hold their regular fundraising events.



*Ms Christine Brill,  
President*



*Ms Joan Bartlett,  
Chief Executive Officer*

Since 2001 the British High Commission had held a Ball in November for Cancer Council ACT (9 Balls in total) and since 1991 the Canadian High Commission had held a Fun Run (20 Runs in total). We would like to take the opportunity here to thank both missions for their superb support for the Council over all those years. They created some wonderful memories for us and we would be delighted to work with them again if the opportunity presented.

This year's Relay For Life was a standout raising 18% more (between 1 July 2010 and 30 June 2011) than last year. A long-serving Board member said she "had never been to a happier event".

Cancer Council ACT is now working in collaboration with Cancer Council Victoria, Cancer Council Tasmania and Cancer Council South Australia to provide one online cancer Council Shop. This should make a wider variety of SunSmart goods available to customers and streamline other processes.

### Vale

Mr David Sly who had been the Council's Treasurer since 2004 died suddenly and unexpectedly in July. It was with great sadness that we learned this news. David guided the Board's finances expertly and we remain very grateful to Mr Robert Hunt CPA who stepped into the Treasurer's role immediately, very capably handling the job until he handed over to the new Treasurer, Ms Lucy Boom at the AGM in 2010.

In addition the Canberra community said farewell to much loved breast cancer surgeon, Dr John Buckingham, and to the vibrant, one of a kind, breast cancer advocate Ms Val Lee. Just before going to press we heard the sad news of the death of Dr Peter Sharp who had served the Winnunga Nimmityjah community so well for so long as their medical director.

### Thank you

Topping the list of people to thank are the volunteers who work to fundraise, work in the Wig Service and in other ways. The Council could not have achieved the results in this report without you.

Also we are most grateful to the following:

- Cancer Council NSW for taking calls to Cancer Council ACT's Helpline when we are not staffed to do this, and for doing the "back room" work for the face to face fundraising strategy at minimal cost.
- Colin Telfer Memorial Fund through Greater Good, the Capital Region Community Foundation.
- Forrest Hotel and Apartments for their regular organising of an outstanding function for Australia's Biggest Morning Tea.
- Hilary Wardaugh, professional photographer, for the photographs she takes pro bono each year for the Annual Report.
- Minter Ellison Lawyers who provide pro bono legal advice on occasion.
- The Snow Foundation which continues to support the Council with funds to buy wigs for our Wig Service.
- Royal Canberra Golf Club for providing access to the club and its facilities for the Council's Annual Doug Russell Memorial Golf Day.
- Finally, last but by no means least, thank you to the other directors, staff members, sponsors, colleagues and the ACT community. You have all contributed so much to our success.

We don't often single out a staff member for special mention, as usually the achievements belong to the team, but in January Ms Dianne Moir, Manager of Donor Relationships, resigned after starting with the Council in 1999. She will be much missed but continues as a volunteer.

#### Christine Brill

President  
M Human Res Mgt, CAE

#### Joan Bartlett

Chief Executive Officer  
MBA, M Ed Studies

**This year's Relay For Life was a standout raising 18% more (between 1 July 2010 and 30 June 2011) than last year. A long-serving Board member said she "had never been to a happier event".**

# Treasurer's Report for year ended 30 June 2011

**I am very pleased to present the annual financial statements as Treasurer of the Cancer Council ACT and would like to begin by acknowledging David Sly, the previous long serving Treasurer whose clear vision and professionalism served the Cancer Council ACT so well for so many years and placed the organisation in the sound financial position it is in today.**

The final results for the current year are in line with the plans laid down by the Board of Directors when they resolved to embark on a carefully considered strategy to expand and grow the Cancer Council ACT fundraising base. The position of a net loss of \$72,824 (2010: \$142,032 net surplus) compares well to the planned position of a net loss of \$104,000. The net asset position of the organisation remains strong at \$1.212m (2010: \$1.285m), the majority of this being held in a cash position of \$1.143m (2010: \$1.168m).

While operating revenue has had a small increase to \$1.964m (2010: \$1.902m) the planned loss reflects the start-up costs invested in establishing a regular giving program via a 'Face to Face' approach. This is a long term strategy with further net losses planned in the future before we see financial benefits returned to the organisation. More details of this program are available in the Direct Marketing report.

The new approach is ambitious, but was very carefully considered by the Board. The Board receives detailed information throughout the year on the operation of the program and will closely review the ongoing implementation. The fact that the first year

**The new approach is ambitious, but was very carefully considered by the Board. The Board receives detailed information throughout the year on the operation of the program and will closely review the ongoing implementation.**

of the scheme has yielded results as planned, both from the number of pledges received and financial perspective, is very encouraging as we continue to implement the strategy laid out for the next 5 years. I look forward to reporting in future annual reports as the revised fundraising strategy continues to be implemented.

Lastly, my thanks to the Cancer Council ACT staff, especially Joanne Grant and Joan Bartlett, for the work they do and professional manner in which they do it, which provides great support to a new Treasurer.

**Lucyanne Boom**  
Treasurer  
B Comm (Acc) CPA

# Cancer Prevention and Early Detection Program



Ms Bernadette Urack,  
Community Educator:  
Tobacco Control and  
Project Manager:  
Live It Up!



Ms Jessica Alcorso,  
Support Coordinator  
Officer Health Promotion

## TOBACCO CONTROL

Since the introduction of increased taxation on tobacco products, which was introduced nationally in the previous financial year, there has been a significant increase in the number of smokers who have either quit smoking or made a quit attempt. In fact, in the 2 months post cigarette price hike, 300,000 smokers reported having quit, with 79% of the remainder of smokers having considered quitting since the increase.

The apparent success of this intervention is reflected in the decrease in the national smoking rate which went from 17.9% in 2007 to 16.6% in 2010. Pleasingly, the current rate of daily smoking in the ACT is slightly lower at 15.9%.

While these figures are encouraging, and with the recently introduced interventions seeming effective in contributing to reducing the overall smoking rate, there are still a number of sub-population groups that continue to report much higher smoking rates than the broader population. For example, the smoking rates amongst Aboriginal and Torres Strait Islander people, as well as people with a mental illness, are more than double that of the general population, at a rate of 38% and 36% respectively.

In recognition of these disparities, the Council's tobacco control service has maintained strong working relationships with the other state and territory Cancer Councils and Quit service providers as well as establishing and maintaining networks with ACT-based organisations which are also working to reduce the smoking rate in the ACT.

In 2010–11 the Council continued to provide its tobacco control services to support people expressing a desire to quit smoking as well as working to prevent the uptake of smoking within the ACT. The specific services provided in the area of tobacco control are:

- dissemination of information and resources regarding all things smoking and tobacco related;
- support and advice for family/friends of smokers and smokers themselves wanting to quit smoking;
- quit smoking courses for groups, workplaces and community organisations;
- quit smoking information seminars for groups, workplaces and community organisations;

- brief intervention counselling for individuals needing intensive support to assist with quitting; and
- training for health and other professionals to enable them to address smoking with clients and support them to make a quit attempt if desired.

In an attempt to provide these interventions strategically, the Council directs its tobacco control services towards four main groups:

1. People who smoke (cessation services).
2. Groups which contain smokers and non-smokers (cessation/prevention services).
3. Young people who have not yet made the transition into being a regular smoker (prevention services).
4. Health and other professionals who express a desire for further information to support their clients to stop smoking (increasing community capacity).

Each year the Council aims to build on the previous work that has been undertaken to provide both smoking cessation and prevention services to all sectors of the ACT community, with a specific focus on supporting smokers who have expressed a desire to quit smoking, and preventing uptake of smoking by all members in the community, with a particular focus on youth.

In 2010–11 the Council exceeded its contractual requirements in terms of the number of smoking cessation courses, seminars and brief interventions delivered.

## Quit smoking courses

Quit smoking courses are offered to workplaces, community organisations or other established groups who have a number of clients, members or employees who have requested further support in quitting smoking. Two courses are available: the 'Fresh Start Course' (8 x 1 hour sessions) and the 'Short Course' (2 x 3 hour sessions with Quitline support) which are delivered onsite to the requesting organisation. These two courses are designed to enable participants to develop an understanding of the role smoking plays in their lives and develop strategies to replace smoking and manage cravings and withdrawal symptoms.

In 2010–11 the Council delivered 12 Fresh Start courses and 1 short course, servicing a total of 102 participants over the 13 courses.

Participating organisations included:

- Australian National University
- Canberra College Cares Program
- Canberra Institute of Technology
- Caroline Chisholm High School (2 courses)
- ComCare
- Department of Health and Ageing (2 courses)
- Department of Veterans' Affairs
- Marymead
- Salvation Army Canberra Recovery Services
- Wanniasa High School (2 courses)

### Quit smoking seminars

The Quit smoking seminars are offered to workplaces, community organisations or other established groups to provide information to clients, members or employees about smoking in general as well as information on quitting smoking for themselves or to support someone else who may be thinking of quitting. Often a quit smoking seminar is delivered initially to determine interest in running a quit-smoking course, which may then be provided to the organisation at a later date. The seminar itself is sometimes the catalyst for participants quitting.

In 2010–11 the Council delivered 13 smoking information seminars. Participating organisations were:

- ACTEW AGL ( 4 seminars)
- ACT Planning & Land Authority
- Arcadia House
- Calwell High School
- Canberra Institute of Technology
- Guideline ACT
- Kaleen High School
- Telopea Park High School
- Territory & Municipal Services
- Toora Women Inc

### Brief interventions

Brief interventions, or individual counselling services, are provided to individuals who have expressed a desire to quit smoking and require intensive support or are unable to access a quit-smoking course. Brief intervention sessions are designed to provide clients with an opportunity to discuss the options available to assist with quitting smoking as well as establish an individual quit plan. Often only one initial session is required, but clients have an opportunity to access follow-up sessions if needed.

In 2010–11 the Council provided 10 brief intervention sessions to a total number of 5 clients.

### Training for health and other professionals

In recognition of the need to increase community capacity to support smokers to quit, the Council also offers smoking cessation training for health or other professionals who have direct contact with clients. Often when clients are accessing health and other services they are asked at initial intake whether they are smokers. However, once the client has identified as a smoker, the conversation on this issue may not be continued, despite this interaction being a prime time for brief smoking cessation advice to be provided. Therefore, this training is provided to health and other professionals with the aim of equipping them to support their clients to quit smoking following a formula that is designed to be undertaken in less than 5 minutes, or providing more in-depth counselling if the health professional has the capacity.

In 2010–11 the Council provided 4 smoking cessation training sessions to health and other professionals. Participating organisations included:

- ACT Health, Community Care (2 training sessions)
- ACT Health funding training for community workers
- The Junction Youth Health Service
- University of Canberra

**In recognition of the need to increase community capacity to support smokers to quit, the Council also offers smoking cessation training for health or other professionals who have direct contact with clients.**

## Information and resource provision

Individuals, health services, general practitioners, community organisations and workplaces all regularly contact the Council seeking further information about the harms of tobacco, smoking in general and methods of quitting smoking. The Council regularly provides these individuals and services with general information and awareness brochures/posters/information sheets as well as links to further information if required.

The Council also attends various health promotion events and expos to promote the quit-smoking message and the use of the Quitline, as well as to inform local residents of the services which the Council can provide to assist them, or someone close to them, to quit smoking.

One specific resource which the Council provides to people requesting information, support and/or advice on quitting smoking is a 'Quit Pack', a comprehensive package that contains a number of information brochures and promotional materials. The Quit Pack is designed to demonstrate to the individual why making the decision to quit smoking is the best choice for them and those around them and also provides a range of ideas on how to quit and stay a non-smoker. Quit packs are also sent directly to ACT residents who call the NSW Quitline.

## World No Tobacco Day 2011

The World Health Organisation (WHO) created World No Tobacco Day (WNTD) in 1987 to draw global attention to the tobacco epidemic and its lethal effects. WNTD continues to be held on 31 May each year to create awareness of the health risks associated with tobacco and to provide increased opportunity for tobacco-control organisations to advocate for their governments to adopt effective policies to reduce tobacco consumption.

Each year WNTD selects a different theme. In 2011 the theme was the 'WHO Framework Convention on Tobacco Control' (FCTC) which is the world's leading tobacco control instrument. The FCTC is a treaty which came into force in 2005 and currently has 170 signatories – of which Australia is one, and was one of the first 40 countries to become a signatory. The intent of WNTD in 2011 was to promote and highlight the treaty's importance as well as to raise awareness of the role of each signatory in ensuring that they meet the treaty's obligations.

On WNTD 2011 the Council was invited to speak at a WNTD Symposium to discuss the Live it Up! project, specifically in relation to the successes, practicalities and barriers of working with young people in the ACT in preventing them from taking up smoking, or supporting them to quit if they were currently smoking. The Symposium was coordinated by the Alcohol Tobacco and Other Drug Association ACT (ATODA), the peak body representing the non-government and government alcohol, tobacco and other drug sector, and aimed to provide an opportunity for key ACT tobacco-control stakeholders to come together to further develop and implement tobacco management strategies in their work, services and sectors.

## The Critics' Choice 2010

The Critics' Choice is an annual Australia wide anti-smoking initiative of the Australian Network on Young People and Tobacco (ANYPAT) of which the Cancer Council ACT is a member. This initiative provides the opportunity for ANYPAT to continue to raise awareness and reduce the incidence of tobacco use amongst young people.

The Critics' Choice 2010 was launched on 31 May 2010 to mark World No Tobacco Day (WNTD). The Critics' Choice is a DVD resource that is distributed to all ACT primary schools, high schools and colleges in time for WNTD. The Critics' Choice invites young people to watch and critique 12 anti-smoking advertisements from around the world and nominate which advertisement they believe is most effective in preventing them from taking up smoking, or encouraging them to quit.

The Critics' Choice 2010 attracted almost 300 entries from students in the ACT. An overall winner was awarded with an i-Pod Nano, with an additional five runners-up receiving an i-tunes voucher, to acknowledge their participation in the Critics' Choice 2010 program. Daramalan College was selected as the overall school winner and was awarded a sporting-goods voucher to enable them to purchase sporting equipment for their school.





## **THE ACT VULNERABLE YOUTH: REDUCING CHRONIC DISEASE RISK FACTORS PROJECT – (LIVE IT UP!)**

### **Background**

The ACT Vulnerable Youth: Reducing Chronic Disease Risk Factors Project was based on the recommendations of the Cancer Council ACT's 2005 report to ACT Health – ACT Youth Smoking Prevention Project (ACT YSPP).

In 2003, the Council was awarded funding by ACT Health to develop an effective and sustainable local strategy for youth smoking prevention. This research project resulted in 45 recommendations being made to ACT Health in the ACT YSPP.

In July 2006, funding was received from ACT Health to pursue the recommendations of the report around school-based youth smoking prevention interventions. This culminated in the development of the Youth Smoking Prevention and Cessation Resource Pack that was implemented in all ACT Secondary Schools in 2007.

In 2007 the Council was funded by ACT Health to conduct The ACT Vulnerable Youth: Reducing Chronic Disease Risk Factors Project. The project builds on the smoking prevention and cessation strategies developed through the ACT YSPP and expands them to incorporate strategies for non-school based youth. In recognition of the broader social determinants of health and risk factors for chronic disease, the strategies developed through the project incorporate health promotion messages and interventions around nutrition and physical activity.

### **Project Goal**

The aim of the project was to reduce the risk of chronic disease (including cancer), and increase levels of general health and well-being, related to smoking, nutrition and physical activity in vulnerable youth in the ACT. The project characterises these youth as those aged 13 to 19 who have left the traditional school setting early.

### **Project objectives and strategies**

- 1. Identify the local needs and priorities of young people aged 13–19 who have left the traditional school setting early, in relation to improving their smoking status, nutrition and levels of physical activity.**

#### **Outcome:**

A comprehensive consultation process was undertaken at the beginning of the Live it Up! project in two stages, the first being amongst organisations/community groups who provided services to young people within the target group. 12 youth/community organisations participated in this consultation, which was undertaken through individual interviews, phone discussions, questionnaires and a number of focus groups.

The second phase of the consultation was undertaken with young people themselves who were clients of these services. 13 young people participated in a focus group and 22 young people completed a questionnaire.

The results of these consultations were compiled into two separate reports which detailed the consultation findings as well as providing a number of recommendations for project strategies.

- 2. Develop appropriate strategies for preventing smoking uptake, reducing smoking rates, improving nutrition, and increasing levels of physical activity of individuals within the target group.**

#### **Outcome:**

Eleven project strategies were developed and implemented with each strategy taking on a slightly different form based on the specific needs of clients of individual organisations. These strategies were:

1. Deliver education sessions/seminars to individual organisations.
2. Deliver smoking cessation education, onsite, to individual organisations for both young people and organisation staff.
3. Provide nutrition education sessions, followed by cooking classes onsite to individual organisations.

4. Establish a weekly smoking cessation clinic with the provision of nicotine replacement therapy (NRT) available to target group.
5. Provide individual exercise sessions and encourage participation by target group.
6. Establish participation in a youth gym.
7. Institute a number of incentive based competitions in organisations.
8. Provide free counselling sessions to young people that focus on their exercise and eating habits.
9. Promote the project and the health promotion messages of smoking cessation and healthy nutrition and physical activity by attending youth focused health promotion events/expos.
10. Provide relevant training for youth workers.
11. Develop and distribute health promotion resources that assist organisations and young people to make healthier choices in relation to smoking, nutrition and physical activity.

### 3. Pilot the strategies developed in Objective No. 2.

#### Outcome:

Strategies were piloted in 30 participating organisations, which included youth centres, youth accommodation services, alternative education programs, youth health services and other service providers which have youth specific programs.

Overall a total of 440 young people participated in over 100 different activities which were run over the course of the project, with an additional 110 staff being actively involved in the planning and implementation of these activities.

### 4. Undertake advocacy activities to combat positive smoking sessions in movies.

#### Outcome:

A literature review was undertaken to determine the most effective strategies to combat positive smoking messages in movies. This review identified four priority areas of action, of which one was chosen – ‘*placement of strong anti-smoking advertisements prior to the screening of movies that depict smoking*’ – to inform the project strategy for this objective.

As a result, an advertising campaign was run between November 2010 and April 2011, whereby an anti-smoking advertisement was shown prior to the screening of youth-targeted movies in all cinemas in the ACT throughout this period. It was estimated that this campaign reached more than 200,000 consumers, with a large proportion of these people likely falling within the project's target group.

### 5. Prepare process information on the project (recognising that full evaluation of community development and healthy settings initiatives cannot realistically be undertaken in less than five years of project initiation).

#### Outcome:

A number of evaluative measures were undertaken to determine project reach as well as the likelihood of behaviour change amongst participants. These included pre and post surveys, observations, interviews with staff and individual case studies.

A few highlights from the evaluation include:

- 80% of young people surveyed after attending an education seminar/session stated that they had obtained ‘useful’ or ‘very useful’ information, with many indicating that attending the session had motivated them to make some change to their diet, smoking or exercise habits.
- 40% of young people attending a youth smoking cessation course had quit smoking after the final session.
- 88% of youth workers reported feeling ‘somewhat’ to ‘well prepared’ to promote healthy choices with their clients after attending a youth worker training session.



## Final remarks

The Cancer Council ACT is very appreciative for the opportunity to undertake such an innovative project, as well as to work with such enthusiastic ACT youth organisations and their clients. The model used for the Live it Up! project is one that with some refinement and adaptation, has the potential to be a successful means of reducing chronic disease risk factors, not only amongst vulnerable youth in the ACT, but also amongst other sub-population groups who are at an increased risk of developing a range of chronic diseases.

The Cancer Council ACT would like to acknowledge all project participants, both staff and clients, from all participating youth organisations, for the support they have provided throughout the entirety of the Live it Up! project and ultimately for their assistance in encouraging vulnerable youth in the ACT to develop positive lifestyle habits and thus reduce their risk of chronic disease in later life.

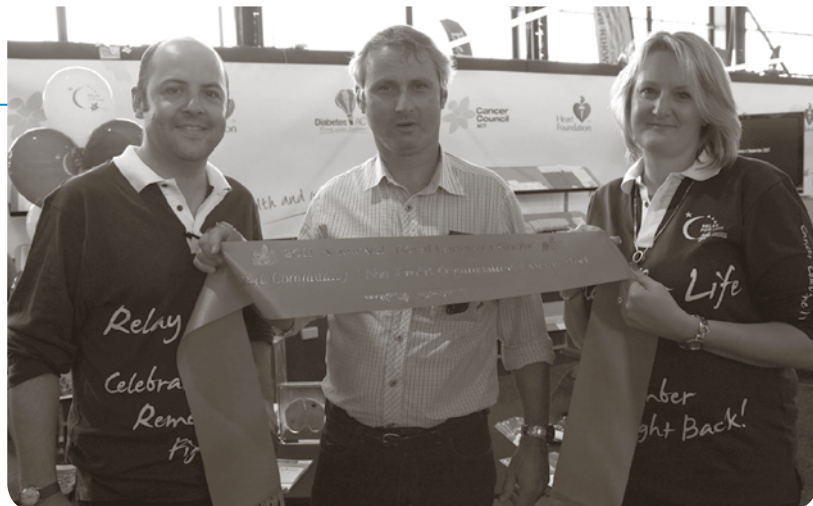


Mr David Wild,  
SunSmart Services  
Coordinator

## PROTECTION FROM OVER-EXPOSURE TO SOLAR UVR

The major causative factor in the development of melanoma and non-melanoma skin cancer (NMSC) is solar UV radiation (UVR) exposure. It is well known that Australia has amongst the highest rates of skin cancer in the world.

Melanoma is the third most commonly diagnosed cancer in Canberra residents. Between 2002 and 2006 there were 666 melanoma cases reported in the ACT. During this same reporting period there were 64 melanoma related deaths in the ACT. The latest national figures available reported that 1,837 Australians died from some form of skin cancer in 2009.



Mr David Wild and Ms Lisa Meares accept the 2nd place award at the ActewAGL Royal Canberra Show from Mr Peter Mercer (centre) from SBX

Skin cancer, in financial terms, is also a major burden on the Australian public health system costing it around \$300 million annually, the highest cost of any cancer. Available figures from 2001 show that NMSC costs \$264 million and melanoma \$30 million. More recent reports from the Australian Institute of Health and Welfare (AIHW) suggest that over 400,000 Australians are treated for skin cancer each year, the equivalent of over 1,000 people every day.

During 2010–11 the Council's SunSmart Program focussed on raising awareness of skin cancer prevention amongst ACT early childhood settings, primary schools, outdoor workers, local workplaces and the general population.

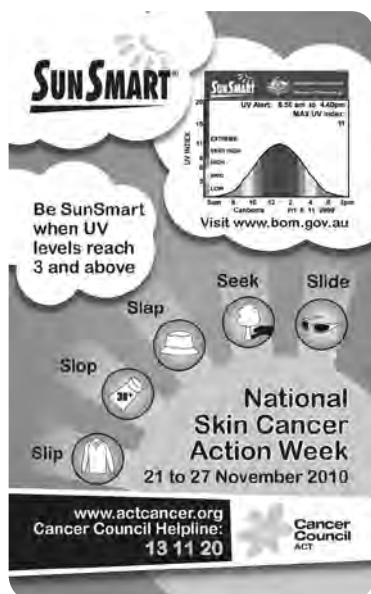
The SunSmart Program took part in National Science Week with an engaging display at the Canberra Family Science Spectacular held over 3 days at the CSIRO Discovery Centre in August. The event attracted over 10,000 visitors.

SunSmart also had information displays at the 2011 ActewAGL Royal Canberra Show and the National Multicultural Festival's Community Day. This year's display at the Show received 2<sup>nd</sup> place for 'Best Community/ Non-Profit Organisation Display'. These community events are excellent opportunities to engage with very broad and captive ACT audiences.

On a national level Cancer Council Australia launched National Skin Cancer Action Week (NSCAW) in November (21 to 27). This year a TV community service announcement was produced with Australian cricketer Michael Clarke being the face of the campaign. A new SunSmart Web Widget and SunSmart Iphone App were also launched during the week.



# Cancer Prevention and Early Detection Program



Cancer Council ACT, through the support of local TV stations, aired the new Sid Seagull community service announcement during the summer period. Cancer Council ACT also promoted the SunSmart messages and the UV Alert over the summer period on the 600ml Canberra Milk carton potentially reaching 109,000 people.

## Evaluation of the Cancer Council ACT SunSmart Services 2007–2010

This year funded by ACT Health, the Council commissioned the University of Canberra's Centre for Research and Action in Public Health (CeRAPH) to evaluate the outcomes and services provided by the SunSmart Program in Canberra in the three year period between July 2007 and 2010.

The findings included recommendations to assist in the future direction of the SunSmart Program in Canberra. The findings were positive, with the evaluation recommending that, at a minimum, the Council continues to deliver the SunSmart Program to its current target groups. It also suggested expanding the work currently done to further reach vulnerable population segments including secondary schools, outdoor workers and older persons.

## The 1st International Conference on UV and Skin Cancer Prevention

In May this year, the Danish Cancer Society in collaboration with Cancer Council Victoria held the first conference of its kind in the world that was designed to bring together international UV and skin cancer prevention communities. The 3 day conference was held in Copenhagen, Denmark and the themes included, UV exposure and cancer risk, vitamin D and sun protection, effective UV prevention strategies and effective communication strategies.

Her Royal Highness, Crown Princess Mary of Denmark took the official role as patron of the conference. Overall, the conference was hailed a success, but to date a second international conference of this kind has not been confirmed. The Council's SunSmart Coordinator represented the Cancer Council ACT at this conference.

## Future challenges: the Balance between Sun Protection and Vitamin D

Over the years there has been growing medical interest in vitamin D and the role it may play in general health. The Cancer Council continues to monitor evidence based research around this issue. Clearly there is a lot more we need to learn about vitamin D and its relationship to sun exposure and its associated health benefits.



Delegates of the 1st International Conference on UV and Skin Cancer Prevention in Copenhagen, Denmark

## Cancer Council ACT's SunSmart Program

Cancer Council ACT receives partial funding from ACT Health to deliver a variety of services that create the SunSmart Program here in Canberra.

In Canberra it is important that people have access to up to date information and recommendations for getting the balance right between sensible sun protection behaviour and maintaining adequate vitamin D levels, particularly during the winter period.

Under the 2010–11 funding agreement with ACT Health the core objectives were:

- to support local early childhood services and primary schools to develop and implement comprehensive sun protection policies based upon current evidence based recommendations;
- to remain confident that ACT schools and services which already have SunSmart status maintain high national standards;
- to collaborate with outdoor workplaces with the aim of increasing the consistent adoption of sun protection behaviour amongst workers in this high risk group;
- to support and assist one local sporting/ recreational organisation to promote skin cancer prevention and awareness amongst its members;
- to promote a balance between skin cancer prevention and the maintenance of vitamin D amongst the general community; and
- to cooperate with external consultants and assist in the evaluation of the ACT SunSmart Program and services over the previous three years.

## Cancer Council SunSmart services and outcomes for 2010–11

### ACT primary schools and childhood services

The Council implements both the National SunSmart Schools Program and the SunSmart Early Childhood Program in the ACT. Both programs aim to motivate and assist primary schools and early childhood services develop and implement a *comprehensive* sun protection policy that meets minimum SunSmart standards relating to curriculum, behaviour and the environment. This also includes advising on

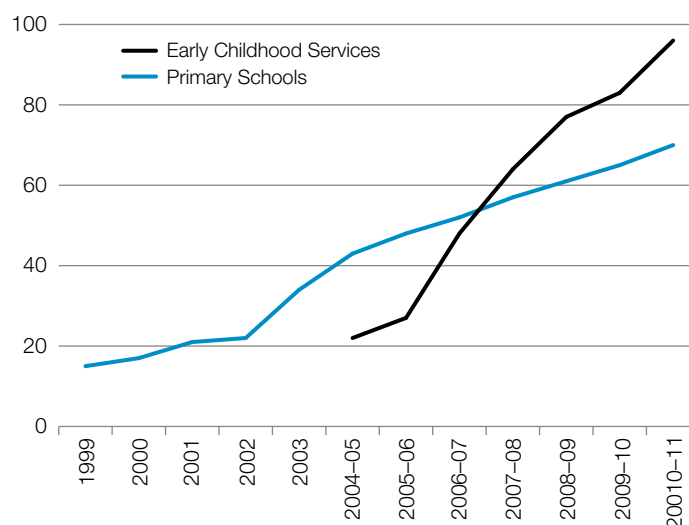
sun protection behaviours that also maintain vitamin D levels. Through the program, schools and early childhood services are awarded SunSmart status in recognition of their ongoing effort and commitment toward skin cancer prevention and awareness.

Schools and services *with* SunSmart status have access to free Cancer Council resources and promotional material, receive a large metal SunSmart sign to display at the front of their school or service, receive a discount on the purchase of Cancer Council sunscreen, receive SunSmart electronic E-News during the year; and they have general ongoing support and assistance with their sun protection policy and practices. They are reviewed by Cancer Council ACT every 3 years.

Recently, on a national level, SunSmart partnered with Stubbies to launch Australia's first UPF 50+ SunSmart school wear range. To promote the new product, schools across Australia with SunSmart status entered into a national draw to win \$5000 worth of SunSmart/ Stubbies uniforms for their school.

This year the Council collaborated with other ACT non-government/ not for profit health organisations to develop a 'Healthy Schools Network' with the aim of providing support and working together to better reinforce and promote positive health choices amongst ACT primary schools.

## ACT SunSmart Primary School and Early Childhood Service Programs Membership 1999–2011



Both programs continue to gain interest and maintain a positive momentum

## The SunSmart Early Childhood Program

Since its Canberra launch in November 2004 the SunSmart Early Childhood Program continues to grow in strength in the ACT. During 2010–11 13 early childhood services were awarded SunSmart status. An additional 9 early childhood services took part in their 3 year SunSmart review. To date there are 96 early childhood services in the ACT that have been awarded SunSmart status since 2004.

The Council's website reported the following increases of activity regarding the ACT SunSmart Early Childhood Program in comparison to the previous year, signifying an ongoing and growing interest in the program:

- 1,609 unique page views for SunSmart Early Childhood resources (31% increase); and
- 1,032 unique page views for general information on the SunSmart Early Childhood Program (10% increase).

*ACT students, teachers and childcare workers can now log onto free Professional Development modules and class room activities. Teachers and childcare workers who successfully complete the online modules receive a Cancer Council Professional Development certificate in recognition of their efforts and commitment toward skin cancer prevention.*



## The SunSmart National Schools Program

During this period 5 Canberra primary schools were awarded SunSmart status. An additional 11 primary schools took part in their 3 year SunSmart review. Schools were encouraged to update their policy if necessary to reflect current sun protection recommendations for Canberra. Currently there are approximately 70 ACT primary schools with SunSmart status.

In 2011–12 the Council will conduct a national survey of current primary school sun protection behaviours and practices.

The Cancer Council ACT's website reported the following increase of activity in the ACT SunSmart Schools Program in comparison to the previous year:

- 1,226 unique page views for SunSmart primary school resources (30% increase); and
- 709 unique page views for general information on the SunSmart Schools Program in the ACT (55% increase).

## ACT Secondary Schools and Colleges – and sun protection!

Findings from the 2008 ACT Secondary Student Alcohol and Drug Survey (ASSAD) were released earlier this year. With regard to sun protection behaviour the overall picture is fairly bleak. The findings demonstrate a general decline, since the first report in the late 1990s, in the number of ACT students who reported wearing a hat and applying sunscreen on sunny days. However on a more positive note, the 2008 findings did suggest a significant decrease, for the first time in the history of the survey, in the number of young females reporting a sunburn over the previous summer. The number of young males who reported a sunburn over the previous summer also continues to decrease each year.

With regard to tanning, findings were consistent with national trends. There was a significant decrease between 2005 and 2008 in the proportion of students who reported a preference for a suntan.

Unfortunately, the 2008 survey confirmed that still too many young Canberrans are getting sunburned over summer. The vast majority (76%) of all students surveyed reported sunburn at least once over the previous summer period. A worryingly high 33%, or 1 in 3, Canberra secondary school students reported getting sunburn that was severe enough to blister.

In response to this report and the recommendations outlined by CeRAPH in the recent Evaluation of Cancer Council ACT SunSmart Services 2007-2010, the Council will support further research into this setting during 2011–12 to learn more about what ACT secondary schools can do to increase SunSmart behaviours and how the Council can assist them in the process.

## SunSmart Workplace Information Sessions

The purpose of these information sessions is to increase skin cancer prevention and early detection awareness amongst participants (and their families) and to provide access to cancer information resources with the ultimate goal of having the participants adopt positive SunSmart behaviours on all appropriate occasions, and getting into the habit of knowing their skin so they can quickly pick up any changes.

This year the Council presented 26 SunSmart Information Sessions. The sessions include information on:

- what is UV radiation;
- skin cancer in Australia;
- what is skin cancer;
- the SunSmart UV Alert;
- the balance between sensible sun protection and vitamin D;
- prevention and early detection; and
- occupation UVR exposure (for outdoor workers).

The Council encourages ALL local outdoor workplaces to have a comprehensive sun protection program in place that includes risk assessment, sun protection control measures, training and education, sun protection policy and monitoring.

This year the following outdoor workplaces are to be commended for their commitment toward skin cancer prevention and awareness by offering their workers on-site education on occupational UVR exposure. Outdoor workplaces are encouraged to continue with this important educational component of their workplace sun protection program into the future to maintain momentum that may influence a positive workplace culture around skin cancer prevention.

- ACT Health Protection Services x 2
- ACT Land Management and Planning x 6
- Australian National University x 2
- Canberra Cemeteries
- Communities@Work
- Guideline ACT
- Transact Capital Communications
- University of Canberra
- Yarralumla Nursery x 2
- Yass Valley Council

All feedback and follow up evaluations to date have been positive.

## General SunSmart community and workplace support and education

Every year the Council provides support, education and resources to many local organisations, schools, workplaces and community groups in their attempt to further raise awareness around skin cancer prevention and awareness. In 2010–11 SunSmart information, education and/or resources were provided to:

- ACT Health
- ACT Playgroups – Annual Expo
- ACT Sport
- Australian Communications and Media Authority (Information Session)
- Australian Federal Police
- Australian Glass Group
- Australian Institute of Health and Welfare (Information Session)
- Australian National University
- Belconnen Community Service Childcare Centre, Bruce
- Canberra Dragon Boat Association
- Canberra GP Practices
- Canberra Institute of Technology
- Canberra Police, Community, Youth Club
- COTA ACT – Seniors Expo
- Delfin Lend Lease
- Department of Broadband, Communities and the Digital Economy (Information Session)
- Department of Finance and Deregulation
- Department of Health and Aging (Information Session)
- Goolabri Resort
- Gungahlin Rural Fire Services
- Hindmarsh Construction
- Holy Cross Anglican Parish
- Holy Family Primary School
- Kidsafe
- Land Development Agency
- Lanyon High School
- Melanoma Patients Australia, Canberra Support Group
- Monaro Rural Health Services
- National Multicultural Festival
- North Canberra Family Practice
- Office of the Official Secretary to the Governor General
- OzHelp
- St Thomas the Apostle Fete
- Snowy Hydro South Care
- Tennis ACT

# Cancer Prevention and Early Detection Program

- The Therapeutic Goods Administration (Information Session)
- University of Canberra Stonefest
- Wagga Wagga Medical Services
- WorkSafe ACT
- Winnunga Nimmityjah Aboriginal Health Service

## World Cancer Day 2011 – A focus on SunSmart

This year Cancer Council ACT teamed up with The Capital Region Cancer Services to host a BBQ at The Canberra Hospital in recognition of World Cancer Day. This year's theme was 'Cancer can be prevented: Protect yourself and your family' with a focus on limiting exposure to the sun by being SunSmart. The event received local media coverage.

The Minister for Health, Ms Katy Gallagher MLA (now also Chief Minister) and His Excellency Mr Michael Bryce AM AE were guest speakers at the event.



*Ms Judy Middlebrook, Ms Christine Brill, Ms Katy Gallagher MLA, His Excellency Mr Michael Bryce AM AE, Ms Joan Bartlett and Mr David Wild at the World Cancer Day BBQ*



*Ms Joanne Grant, Manager Corporate Services*



*Ms Sarah Fenton, Shop Manager and Office Coordinator*

## CANCER COUNCIL ACT SHOP

The primary purpose of the Cancer Council ACT shop is to increase the availability of good quality sun protection clothing, accessories, and sunscreen skin products at competitive prices. Promotion and advertising of shop products also increases public awareness of the importance of sun protection. However, the shop must also make a financial contribution to the Council. The total net profit contributed by the shop in 2010–11 was \$38,356 compared with \$57,155 in 2009–10. The decrease in net profit can be attributed to a 4% decrease in income from sales, probably as a result of the general downturn in the retail industry; an increase in the value of stock write-offs; and an increase of \$6,000 in the cost of the summer catalogues.

However some categories recorded an increase in revenue, sunglasses followed the trend of the previous year by recording an increase in sales revenue. Cosmetics also recorded better sales than the previous year. Unlike sunglasses, Cancer Council cosmetics are not available at other retailers and can only be purchased from the Cancer Council Shop. This category continues to attract new consumers and growth is expected to continue.

Clothing was another category that recorded an increase in sales. This category includes adult garments such as long sleeve shirts, driving gloves and sleeves which would indicate an increased awareness of sun protection on behalf of the public.

90,000 catalogues were printed with 60,000 inserted in *The Chronicle* newspaper for circulation in the ACT. Catalogues were also delivered to doctor's surgeries to promote the importance of sun protection.

The cost of the catalogues was partially subsidised by the suppliers who contributed to the national production cost, however this subsidy was much less than in the previous year.

The 2010–11 catalogue products were uploaded to the website in November with the full new range of garments and accessories. Online sales started slowly, but increased to double the amount of postal sales, reaching 6% of total sales for the financial year. Discussions commenced with Cancer Council Victoria to transfer the operations of the online retail facility to them next financial year in order to take advantage of their increased promotion capability and warehousing resources.

Profits made by the shop contribute to ongoing services provided by the Cancer Council ACT to the ACT community.

Shop Sales – financial year	\$ (GST-excl)
2009–10	141,066
2010–11	134,882

**Clothing was another category that recorded an increase in sales. This category includes adult garments such as long sleeve shirts, driving gloves and sleeves which would indicate an increased awareness of sun protection on behalf of the public.**



# Cancer Information and Supportive Care Program



Ms Kate Aigner, Cancer Information Consultant



Ms Jackie Spence, Cancer Information Consultant and Supportive Care Administrator



Ms Sue West, Program Administrator Supportive Care Services

## CANCER INFORMATION SERVICE

In 2010–11, around 1,250 people were newly diagnosed with cancer in the ACT. The Council, through the Cancer Information Service (CIS) works to assist these people and their families as well as the community in general by providing evidence based information and support on all aspects of cancer and linking clients to a range of cancer related services in the area.

The majority (90%) of clients access the service through the Cancer Council Helpline 13 11 20, however enquiries are also welcome via e-mail, fax, or in person. Information is also provided through free publications, the lending library, the newsletter *The Council Chronicle*, or the Council's website.

The Cancer Information Service recorded 758 occasions of service during 2010–11. This is a decrease of 21% on the 965 occasions of service recorded in 2009–10. Other Cancer Councils have also reported a drop in calls which is thought to be due to an increase in the use of the internet for sourcing information. Indications for this are:

- 25% of callers to the Helpline reported they had found the number on the internet (22% in 2009–10). This has overtaken the telephone book (17% of callers down from 23% in 2009–10), which has, up till now, always been the most common source of the number as well as indicating that people are searching the internet for cancer information; and
- the number of unique page views on the *Patients, Family & Friends* page on the Council's website increased 23% this year from 2009–10.

Calls continue to be diverted to the Cancer Council NSW Helpline when the ACT Helpline is not staffed during operating hours. During 2010–11 Cancer Council NSW took 207 calls on our behalf from clients in the ACT. This is fewer than the 268 calls and 4 emails taken last year.

## Cancer Council Helpline 13 11 20

The Cancer Council Helpline is a free, confidential telephone information and support service run by Cancer Council Australia members in each state and territory. During 2010–11, 702 calls were made to the Helpline. This number is considerably fewer than the 896 calls received in 2009–10 and, as explained above, may be due to an increase in people sourcing information on the internet.

There were 40 e-mails received by the service in 2010–11, this is consistent with last year. However visits to the CIS in person were also down on last financial year with 11 visits recorded in 2010–11 compared to 18 visits in 2010–11.

As we are not supplied with any additional data for the calls taken on our behalf by Cancer Council NSW, we can only report further on the 551 occasions of service fulfilled by Cancer Council ACT. Of these:

- the most contacts, 34%, were from the general public, 28% were family or friends of a cancer patient, 19% were diagnosed cancer patients, 12% were health professionals, 6% were workplaces and 1% were teachers/educational institutions;
- The most contacts were made for general information (30%), followed by practical issues (25%), early detection/symptoms (17%), treatment/management (12%), emotional/psychological support (8%), prevention/risks (5%), diagnosis (4.5%), and progression/recurrence (0.5%);
- 25 % of clients called from central Canberra (25%), followed by Woden/Weston Creek (23%) and Belconnen (15%) – 16% of clients were from interstate and postcodes were not recorded for 3% of callers;
- 74.6% of clients were female, 25.2% male and 0.2% were unknown (e-mail contacts); and
- skin cancer was the most common cancer discussed, followed by breast, bowel and prostate.

This data is consistent with previous years.

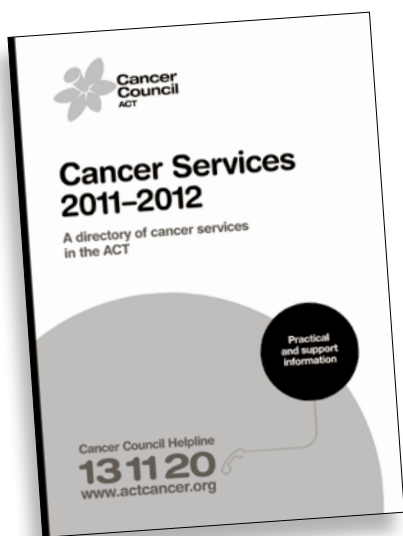
To try to increase awareness and usage of the service this year:

- a new brochure outlining the Council's information and supportive care services was produced and distributed;
- an advertisement for television from Cancer Council South Australia was rebadged with the Cancer Council ACT logo and sent to the local commercial stations to be played as a Community Service Announcement; and
- in line with Cancer Council's new branding guidelines there was an increased effort to include the Cancer Council Helpline number on all Cancer Council ACT publications.

## Publications

The Council stocks a range of evidence based cancer related publications some of which are produced in house with the rest purchased from other Cancer Councils.

In 2010–11 the members of Cancer Council Australia published the first national cancer information booklet, *Understanding Lung Cancer*. In an effort to pool resources and save costs, rather than each Cancer Council producing their own version of a booklet on a certain topic, as publications come up for review, one version will be amended and published as a nationally relevant booklet. Cancer Council ACT also produced a further edition of the popular directory of cancer services in the ACT, *Cancer Services 2011–12* A directory of cancer services in the ACT.



All these publications are provided free of charge and are distributed either directly to clients, through oncology wards and community health organisations, via information stands at various events, through workplaces in the ACT or can be accessed on the Council's website.

## Library

The Council continues to run a small library with a range of books and DVDs. Usage is low, however formal records are not kept. The number of people requesting that books and DVDs been sent to them also appears to have dropped this year. This is no doubt because of the increasing prevalence of the internet as an information tool.

## Cancer Information Service Data

	2010–11 Clients	2009–10 Clients
Telephone	702/92.6%	896/93%
E-mail	40/5.3%	46/4.7%
Visit	11/1.5%	18/1.8%
Fax and mail	5/0.6%	5/0.5%
<b>Total</b>	<b>758/100%</b>	<b>965/100%</b>

## SUPPORTIVE CARE SERVICE

The Supportive Care Service provides support for people who have cancer, their family members and friends, care givers and service providers. The services offered during 2010–11 were:

- the Thursday Cancer Support Group a professionally facilitated cancer support group;
- Cancer Council Connect;
- the Wig Service at both The Canberra Hospital and Fairbairn;
- Living with Cancer Education Program and Living Well After Cancer program; and
- a cancer forum.



## Thursday Cancer Support Group

This group met twice a month and was open to people who have any type of cancer as well as their partners, carers and family members. Due to declining attendance the Thursday Support group was wound up in its current format in June 2011. Cancer Council ACT plans to run closed support groups in the future, to be offered to participants from the cancer education programs we provide.

*The Thursday Cancer Support Group celebrating Christmas, December 2010*

## Cancer Council Connect

Cancer Council Connect offers telephone support to people who have been recently diagnosed with cancer or who are carers of those who have cancer. Trained volunteers who have either had cancer in the past and are now well, or who have been a carer of someone with cancer, provide the service. Clients are carefully matched with reference to their particular needs, cancer type, treatment, age, sex, social situation etc. Clients for this service continue to be referred to Cancer Council NSW's Cancer Council Connect program. In 2010–11 5 clients were referred to the Cancer Council Connect, this is down from 15 clients in 2009–10.

## CANCER EDUCATION

### Living with Cancer Education Program

One Living with Cancer Education Program was run in 2010–11, with 16 participants. The program is run by trained professionals and ran for 2 hours a week over a four week period. Aimed at people with cancer, as well as their families, friends and carers, it provides participants with an opportunity to learn more about cancer, its treatments and their emotional reactions to it.

The program would not have been the success it was without the generosity of our guest speakers, Dr Jacque Veera, Radiation Oncology Registrar, The Canberra Hospital and Ms Mariame Iraki, student dietitian at University of Canberra. This program will be offered again in 2011–12.

## Living Well After Cancer Program

Cancer Council ACT in conjunction with Cancer Council NSW held the first Living Well after Cancer Program in the ACT. This program is a free community education program, facilitated by trained cancer survivors and run over two and a half hours. There were 28 participants of the program which included practical information and open discussion for people who are cancer survivors, and their carers, family, friends, and work colleagues. The Council will continue offering this program in 2011–12.

## Summer Cancer Forum 2010, Living with and beyond cancer

More than 60 people attended the Summer Cancer Forum 2010 Living with and beyond cancer on 26 November 2010.

With a view to providing support and education to the community, this event provided presentations on nutrition and wellbeing, financial matters, and survivorship.

The feedback from participants was very positive and further forums are planned.

**Cancer Council ACT in conjunction with Cancer Council NSW held the first Living Well after Cancer Program in the ACT. This program is a community education program, facilitated by trained cancer survivors and run over two and a half hours.**



Ms Debra Bowles, Wig Service Coordinator and iMIS Coordinator

The generous support of the Snow Foundation and the Colin Telfer Memorial Foundation allows us to sell wigs at a greatly subsidised rate. Turbans and other headwear can be purchased from the Wig Service at cost price.

### The Wig Service

The Wig Service offers wigs and other headwear to people who have lost their hair as a result of treatment for cancer. The Wig Service operates from two sites – The Canberra Hospital on a drop in basis for two hours a day Monday to Wednesday, and the Council’s offices at Fairbairn during business hours. The Wig Service at The Canberra Hospital is staffed by an employed Wig Service Coordinator and a small team of dedicated volunteers.

The generous support of the Snow Foundation and the Colin Telfer Memorial Foundation allows the Council to sell wigs at a greatly subsidised rate. Turbans and other headwear can be purchased from the Wig Service at cost price.

For many people newly diagnosed with cancer, the Wig Service is the first point of contact with Cancer Council ACT. People who visit the Wig Service are advised of the full range of support and information services provided by the Council.

In 2010–11 the Wig Service provided 248 occasions of service. Despite this number being fewer than the 308 occasions of service in the previous year, there was an average of 2–3 wigs sold each week, which is consistent with previous years.



Wig Service volunteers Ms Irene Bentley and Ms Joan Crook receive a Certificate of Appreciation, on behalf of the Wig Service, from ACT Health Minister Ms Katy Gallagher during National Volunteer Week, May 2011

### Supportive Care Service Data

Service	2010–11 Occasions of Service	2009–10 Occasions of Service
Support Group	130/23%	116/25%
Wig Service	248/45%	308/67%
Education Programs	114/21%	n/a
Cancer Forum	61/11%	35/8%
<b>Total</b>	<b>553/100%</b>	<b>459/100%</b>

# Research Program

**Cancer Council ACT is committed to funding research into all aspects of cancer, including cancer prevention, detection and treatment, as well as understanding and improving the emotional (psychological) and social impact of the disease. This is achieved through four primary means:**

- by annually providing funds, received from fundraising activities, to support researchers in the ACT investigating cancer related issues;
- by participating in and providing data for research being undertaken by other organisations;
- by undertaking our own research; and
- by contributing, through Cancer Council Australia, to Cancer Australia's Priority-driven Collaborative Cancer Research Scheme.

Through an annual research grants scheme the Council provides funds for independent cancer research projects being conducted in the ACT. To ensure that projects with the best chance of success are supported the Council invites researchers in the ACT to apply through the National Health and Medical Research Council's (NHMRC) national peer review scheme where they are assessed by national experts in each field. Assessments are then referred back to the Board via the Research Grants Committee where the most suitable projects are chosen for funding.

All research conducted and funded by the Council is possible only because of the generous support of the ACT community through bequests, donations and support of our fundraising events.

In 2010–11 Cancer Council ACT spent \$58,148 on research funding, this included: a \$50,000 cancer research project grant; \$1,000 on Cancer Council ACT commissioned research and \$7,148 through Cancer Council Australia, to Cancer Australia's Priority-driven Collaborative Cancer Research Scheme. A summary of the funded research projects follows:



Dr Aude Fahrer at the Australia's Biggest Morning Tea launch at The Hyatt Hotel, Photo: The Canberra Times

**Project Title:** Chromosome condensation and the regulation of cell development

**Grant Awarded:** \$50,000

**Principal Investigator:** Dr Aude Fahrer, Research School of Biology, The Australian National University

The following report is from Dr Aude Fahrer:

*I would like to thank the Cancer Council ACT for supporting the research in my laboratory during the past year.*

*This research stems from our discovery of the "nessy" mutant mouse, which has a defect in a chromosome condensing protein. Surprisingly, we found that this defect leads to defective development of T cells: immune cells important for fighting infection and cancer. This is an important finding, linking the fields of chromosome structure and immunology.*

*Several key aspects of this project have direct relevance to cancer.*

- *Cancer arises due to the failure of the immune system to recognise cancer cells as foreign. This project studies the development of T cells.*
- *Cancer arises due to defective cell division. This project studies a complex critical for cell division; lack of this complex results in errors in chromosome separation. Chromosome errors, resulting from defective replication, are a common feature of many types of cancer.*

- Condensins also have important roles in epigenetic regulation. Epigenetic (reversible) changes to DNA have now been shown to be important in the vast majority of cancers.
- Condensin II has recently been implicated in several cancers:
  - reduced levels have been associated with breast cancer;
  - increased levels have been associated with a favourable outcome in prostate cancer;
  - defects have been found in cases of pyrothorax associated lymphoma; and
  - condensin II binds to Rb protein. Rb is a key tumour suppressor gene; mutations in Rb are found in many types of cancers.

Cancer Council ACT funding has been instrumental in allowing us to pursue this research over the last 12 months. The work is carried out by exceptional research students whom I supervise at The Australian National University. Thus, as well as advancing the science, the funding allows research students to complete their research training. In the past twelve months, this grant has supported the research of two excellent B.Sc. (Hons) students; Ms Aleksandra Trajkovska (graduated with first class honours 2010) and Ms. Christina Salmon, who is currently completing her honours thesis. It has also supported the work of an outstanding Ph.D. student Mr. Laurence Wilson.

We have had a successful year, with advances on several fronts:

- We have identified alterations in the levels of important signalling molecules in mutant T cells.
- We are currently trying to confirm novel interactions between condensin and two proteins involved in cell division.
- We have submitted a publication describing twelve “splice” forms of our gene. (with acknowledgement to Cancer Council ACT in the manuscript). Splicing allows a single gene to be turned into several different forms of a protein, each with partly differing sequence. One of the forms we discovered is extremely unusual.
- Based on this work, we have searched the human genome for examples of other genes which can undergo similar splicing. We have identified over two thousand new protein forms, including many derived from cancer-associated genes. This important discovery will provide the basis for our next publication.

The work we have been carrying out aims to understand fundamental biology. This sort of basic research is extremely important as it will eventually lead to improved cancer treatments. Thanks to previous grants provided to my laboratory by Cancer Council ACT, I have been privileged to meet many of your volunteers. Doing so spurred me to look at other avenues of research, which could be of more immediate benefit to cancer patients.

This has led me to develop a new hypothesis for an immune-based cancer therapy which I have also published this year: “A proposal for a simple and inexpensive therapeutic cancer vaccine”. *Fahrer AM. Immunol Cell Biol. 2011.* We have recently started animal trials of this therapy. I hope it will feature in a future Cancer Council ACT report!

Thank you Cancer Council ACT for supporting my research!

**Project Title:** An evaluation of the Cancer Council ACT SunSmart Services, 1 July 2007 – 30 June 2010

**Funding Received:** \$4,000 (funding for this project was provided in 2011–12)

**Principal Investigator:** Dr Ruth Wright & Professor Tom Cochrane, Centre for Research & Action in Public Health, University of Canberra

Following is an extract of the report:

*This report examines the evidence base for sun protection programs, current data of skin cancer incidence for defined target groups and the coverage of SunSmart activities for these groups as implemented by the Cancer Council ACT. A confirmatory on-line survey was conducted with a random sample of SunSmart participating and non-participating Early Childhood Centres and primary schools with the findings of high use of SunSmart services by both groups. An assessment of the management of the service indicates that management practices are strongest for those target groups receiving a formal SunSmart program.*

#### Highlights

- Research supports the efficacy and economic value of the SunSmart Program in battling the most costly cancer burden to the Australian Health System: Skin cancer (Shih, Carter, Sinclair, Mihalopoulos, & Vos, 2009; The Cancer Council Australia, 2007; Vos, et al., 2010);

- *Early Childhood Centres with SunSmart status are more likely to follow and ensure recommended sun protection practices than those without SunSmart status (Ettridge, Disotto, & Burton, 2008; Jones, Beckmann, & Rayner, 2008);*
- *63% of all Early Childhood Centres and 65% of all primary schools in the ACT hold SunSmart status;*
- *The CCACT SunSmart website is a valuable resource for all target groups with visits to specific pages increasing over the past two years. It is reported to be a highly used and valued resource for both participating and non-participating Early Childhood Centres and primary schools;*
- *There are encouraging national and local trends that the desire to acquire a tan is decreasing in recent years (Australian Capital Territory, 2010);*
- *CCACT SunSmart Services is increasing its efforts to engage with secondary schools despite the current absence of a SunSmart program in this area ;*
- *Demand for outdoor workplace information sessions in the ACT has more than doubled over the past three years;*
- *Media and community engagement initiatives with Canberra Raiders and Canberra Milk have yielded high exposure of the SunSmart message across the Canberra region;*
- *An on-line evaluation tool was developed for the purposes of evaluation by service recipients. This tool may be a valuable resource for CCACT SunSmart Services for further evaluation;*
- *90% of those surveyed in the current evaluation have sought support from CCACT SunSmart Services for policy development;*
- *The majority of Centres/Schools surveyed in the current evaluation have altered their sun protection policy and practice since exposure to the SunSmart message/program;*
- *69% of survey respondents reported that the support currently offered through CCACT SunSmart Services meets their needs;*
- *An on-line survey was developed to guide evaluation of the program management of CCACT SunSmart Services, based on an internationally recognized health promotion evaluation tool. This tool may be a valuable resource for CCACT SunSmart Services for further evaluation;*

- *The overall management of the SunSmart programs is strong for those target groups with a formal SunSmart program, namely Early Childhood Centres and Primary Schools.*

### **Key Recommendations**

- *At a minimum, CCACT continues to deliver the SunSmart Programs to its current target groups;*
- *At a minimum, a full-time equivalent SunSmart Services Coordinator position be maintained within CCACT;*
- *Expansion of a comprehensive SunSmart Program in the ACT be considered for the vulnerable population segments of secondary school students, outdoor workers and older persons;*
- *Further consultation be conducted with stakeholders of early childhood centres, primary and secondary schools to clarify the best means of engagement with students, staff and parents*
- *Partnership leverage opportunities between ACT Health and CCACT be explored to maximize the value of the current funding relationship;*
- *CCACT develops a comprehensive communications plan to incorporate message promotion partnerships such as those with sporting and other organizations;*
- *A health promotion management tool such as the Preffi 2.0 be used as a framework to clarify program management plans for CCACT SunSmart Services.*

### **ANU Medical School Cancer Council ACT Pathology Prize Year Four 2010**

Awarded for outstanding and comprehensive knowledge and application of Pathology issues.

The Academic Unit of Pathology at the ANU Medical School in conjunction with Cancer Council ACT has instituted the annual Year Four Pathology Prize of \$500 in order to promote knowledge of, and interest in Pathology. In 2010 the prize was won by Ms Melissa Craft. Cancer Council ACT offers its warm congratulations to Ms Craft and wishes her well in her future medical career.

**Project Title:** The development of a statement for Cancer Council ACT outlining breast cancer in women in the ACT

**Funding Received:** \$1,000

**Principal Investigator:** Dr Claire Behm, The Canberra Hospital

## Cancer Council ACT Statement: New Research into Breast Cancer in the Australian Capital Territory

### Summary

- A new review of data from 1995–2006 shows that ACT females have a higher incidence of breast cancer than the national rate, however for most years the difference was not statistically significant.
- Any higher incidence of breast cancer in the ACT cannot be attributed to higher rates of screening, but may be due to the risk factor profile of ACT women, in particular their higher socioeconomic status.
- Deaths from breast cancer decreased in the ACT from 1995–2006.
- The declining mortality from breast cancer reflects the efficacy of radiological screening along with adherence to nationally recommended breast cancer treatment guidelines in the ACT.
- Cancer Council ACT recommends that public health measures aimed at reducing the incidence and mortality from breast cancer in the ACT remain targeted towards the early detection of breast cancer through breast awareness\* and participation in breast cancer screening.

The release of a new review of female breast cancer in the Australian Capital Territory (ACT)<sup>1</sup>, along with the 10 year report from the ACT and South Eastern New South Wales (SE NSW) Breast Cancer Treatment Group (BCTG)<sup>2</sup>, has highlighted the higher incidence of breast cancer in ACT women compared to other jurisdictions in certain years. It also emphasised the progress made in screening and treatment.

\* Breast awareness – Women are encouraged to be familiar with the normal look and feel of their breasts. They should see a doctor if they notice any unusual breast change.

## Review of Breast Cancer in ACT Women

Australian states and territories are required by law to maintain a registry of all newly diagnosed cancers. In the ACT, since 1994 it has been mandatory to report all newly diagnosed cancers to the ACT Cancer Registry. This new review of breast cancer in the ACT is based on data from every case of female breast cancer notified to the ACT Cancer Registry between 1995 and 2006.<sup>1</sup>

The review found that breast cancer accounted for over a third of all cancers diagnosed in ACT women during the study period, with data from 2002–06 showing 1 in 10 women are at risk of developing breast cancer before the age of 75.<sup>1</sup> The highest rates of breast cancer occurred in women aged 50–69; the group targeted by the BreastScreen program. ACT females appeared to have a higher incidence of breast cancer than the national rate during 1995–2006. In 2002–2006, the age-standardised incidence of female breast cancer was 131 cases per 100,000 women in the ACT compared to the national figures of 113 cases per 100,000 women. However, it is important to note that the ACT's higher incidence of breast cancer only reached statistical significance in 2000 and 2004. The low numbers of breast cancer cases each year in the ACT does mean that rates tend to fluctuate more widely between years for the ACT when compared to the national figures.

Participation in the BreastScreen Australia program in the ACT for eligible women was between 55% and 60% for most years during 1996–2006, which is comparable to the national rate.<sup>1</sup> However this remains below the target participation rate of 70%. As participation in BreastScreen was similar for the ACT compared to the rest of Australia, it is unlikely that any higher incidence of breast cancer in the ACT can simply be attributed to higher rates of screening.

For females in the ACT breast cancer was the fifth most common cause of death and the most common cause of cancer-related death.<sup>1</sup> One in 61 women in the ACT risks dying from breast cancer before age 75. However, mortality from breast cancer has actually decreased over time. Five-year survival for women diagnosed with breast cancer in the ACT increased from 87% in 1995–99 to 92% in 2000–04. Not surprisingly, females diagnosed with breast cancer at an early stage, when the cancer has not spread to lymph nodes or distant sites had the highest survival at 5 years (98%).

**For females in the ACT breast cancer was the fifth most common cause of death and the most common cause of cancer-related death.<sup>1</sup> One in 61 women in the ACT risks dying from breast cancer before age 75. However, mortality from breast cancer has actually decreased over time.**

## **Breast Cancer Treatment Group 10-year Report**

The Breast Cancer Treatment Quality Assurance Project, aims to monitor and improve treatment outcomes in the ACT and SE NSW region.<sup>2</sup> Medical practitioners participating in the project include surgeons, radiation oncologists and medical oncologists. A total of 2911 patients participated in the project. Although participation in the project is voluntary, the participation rate has been high, with approximately 96% of patients diagnosed with breast cancer over the 10 years agreeing to participate in the study.

The group's report of the 10-year data from 1997–2007 reveals that the most common methods of detecting breast cancer in women from the ACT and South-Eastern NSW were patient self examination (50%) and participation in the BreastScreen program (31%), with a further 7% detected via private radiological screening.<sup>2</sup> Importantly, cancers detected through screening were more likely to be smaller, have fewer lymph nodes involved and be treated by breast-conserving surgery rather than mastectomy. Hence participation in screening has been effective in identifying women with early-stage breast cancer. Based on 9-year data from July 1997 to June 2006 5-year overall survival in the study was 93.4%, which compares favourably with data from the ACT Cancer Registry. The BCTG report demonstrates high compliance in the ACT and SE NSW with current Australian and international best-practice guidelines on the treatment of breast cancer.

## **Why does the ACT have a higher incidence of breast cancer in some years?**

At present, the detailed data required to investigate the causes of any higher incidence of breast cancer in ACT females is not available. However, it seems likely that ACT women have a different risk factor profile to women in the rest of Australia owing, at least in part, to the higher socioeconomic status of the ACT population. It is well documented that breast cancer occurs more frequently in populations with higher socioeconomic status.<sup>3</sup> Socioeconomic status is intricately linked to the reproductive history of women and the lifestyle choices they make, which in turn influences their risk of breast cancer. Data from the Australian Bureau of Statistics (ABS) consistently shows that ACT households have the highest average weekly income and disposable income when compared to other capital cities and states.<sup>4,5</sup>

It is known that breast cancer risk decreases with the number of children a woman has had, and with younger age at first childbirth.<sup>3</sup> In addition, breastfeeding for at least 12 months in total duration also decreases the risk of breast cancer. ABS data from 2004 indicate that the total fertility rate in the ACT is the lowest in Australia, with a rate of 1.64 babies per woman compared to the national average of 1.79.<sup>6</sup> Women in the ACT also have a higher median maternal age at first childbirth compared to the rest of the population, and the median age of ACT women giving birth has increased from 27 years in 1997 to 29 years in 2005.<sup>1</sup> In addition, the ACT has a higher proportion of childless women compared to the rest of Australia.<sup>7</sup> In 2000, 33% of ACT females aged over 45 were childless compared with the national average of 25%.

Exposure to the hormone oestrogen in the form of the oral contraceptive pill for women of child-bearing age or hormone replacement therapy after menopause is associated with an increased risk of breast cancer.<sup>3</sup> In the 1995 National Health Survey (NHS), a higher proportion of ACT females reported ever using oral contraceptives compared with women in the rest of Australia (26.7% versus 20.6%).<sup>8</sup> In the 2004-05 NHS a slightly higher proportion of ACT females also reported having ever used hormone replacement therapy compared to the national average (7.5% versus 6.1%).<sup>9</sup>

Postmenopausal obesity is also a risk factor for breast cancer.<sup>3</sup> The 2004-05 NHS found that 42% of females in the ACT were overweight or obese, compared to the national average of 40%. Alcohol intake is another risk factor for developing breast cancer. Data from the 2004 National Drug Strategy Household Survey revealed that 46.9% of ACT women aged over 14 years consume alcohol on a regular basis (daily or weekly), compared to the national average of 40.8%.<sup>10</sup>

## Conclusions

Although the incidence of breast cancer in the ACT from 1995–2006 was higher than the national average, this difference only reached statistical significance in 2000 and 2004. Importantly, mortality from breast cancer is decreasing. The declining mortality from breast cancer reflects the efficacy of radiological screening, both via the BreastScreen program and in private radiological settings, in detecting early-stage breast cancer, along with adherence to nationally recommended breast cancer treatment guidelines in the ACT. Participation in the BreastScreen Program in the ACT, although similar to the national average, remains below the target of 70% and further gains in breast cancer survival could be made by increasing participation in screening. Although many of the risk factors for breast cancer are difficult to modify, factors such as breastfeeding, use of oestrogen containing hormones, obesity and alcohol intake are modifiable and should be further addressed in ACT public health campaigns.

## Recommendations

- Primary risk reduction and early detection is of prime importance in reducing deaths from breast cancer. Healthcare professionals and public health campaigns should continue to encourage ACT women to:
  1. Be aware of the normal look and feel of their breasts and see a doctor if they notice any unusual changes
  2. Have a screening mammogram every two years for women aged 50-69 years
  3. Maintain a healthy weight by being physically active and eating a healthy diet
  4. Avoid alcohol or limit their intake to no more than two standard drinks a day

- Funding is required for additional research into breast cancer risk factors amongst ACT females compared to the rest of Australia, and whether differences in these risk factors can account for the higher incidence of breast cancer in the ACT seen in some years.

## References

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# Fundraising and Business Development Program



Ms Lisa Meares, Manager Fundraising Events



Ms Julieanne Batten, Marketing and Events Coordinator



Ms Jessica Morrissey, Fundraising Coordinator

## EVENTS

Support for the Council's popular fundraising events has grown steadily over the past few years and this year has been no exception with 2010–11 raising a total of \$1,034,006 with Relay For Life and Daffodil Day proving to be the most successful events of the year.

Unfortunately, two of our large, community initiated and organised annual events – the British High Commission Ball and the Canada Fun Run were lost due to both High Commissions being unable to continue with their support. Since they first began, these much-loved events have raised well over \$500,000 for the Council and we are extremely grateful for their tremendous support over the years.

## Call To Arms 2010

Call To Arms, is a community sports campaign that aims to raise funds and awareness for men's cancers. The campaign involves different codes, players and clubs of all levels, allocating one match in their fixture during the month of July to be the one where players wear a yellow arm band, take donations and fundraise to help save the lives of men from cancer throughout Australia. *Call To Arms* continues to gain popularity in the ACT with income up this financial year by 132% to \$17,277 (compared to \$7,459 in 2009–10). This year we had over 30 clubs register with more than 100 teams participating in the ACT.

On 23 July 2010 Cancer Council ACT, with the support of Thoroughbred Park, held the inaugural *Call To Arms* Race Day. Lachlan Kennedy from WIN News kindly donated his time to act as MC for the afternoon and over 70 guests enjoyed an afternoon of fun including an 8 race program and scrumptious 3 course lunch. Our special guest, Mr Warren Carloff shared his personal and very moving story regarding his battle with bowel cancer. Diagnosed in May 2010, 31 year old Warren, who is a member of the AFP's Tactical Response Group was eager to raise the awareness of men's cancers.

## Daffodil Day 2010

Friday 27 August 2010 saw the Canberra community come together to support the Cancer Council's flagship event – Daffodil Day. In 2010 more than 250 schools, businesses and community groups sold Daffodil Day merchandise to help raise funds for this annual event. 25,000 fresh daffodils were sourced



Daffodil Day volunteers Ms Rachel Lebach and Ms Rachel Bahl

from local supplier, Capital Flowers, their high quality contributing to the 17.2% increase in income (\$159,176) for 2010–11 compared with \$135,801 in 2009–10. Almost \$55,000 of this income (compared with \$42,081 in 2009–10) was raised through the selling of merchandise at 21 shopping centre sites throughout Canberra which were staffed by more than 150 volunteers.

## Pink Ribbon Day 2010

Although experiencing a 9% decline in income in 2010–11 (\$113,418) compared with 2009–10 (\$124,723) the support for *Pink Ribbon Day* remains high with shopping centre site income up by 15.8% (\$27,781) this financial year. Merchandise was sold at 17 shopping centre sites throughout the ACT, an impossible task without the help of more than 130 volunteers who gave up their valuable time to assist. The remaining 2010–11 income was obtained from the 240 schools, businesses and community groups selling merchandise to friends, family and colleagues.



Professor Alan Coates at the Pink Ribbon Day Breakfast

*Pink Ribbon Day* was launched with our very popular *Pink Ribbon Day* breakfast held on Monday 25 October 2010 at 'The Deck', Regatta Point. 105 women from all over Canberra enjoyed a delicious breakfast hosted by WIN Television's, Erin Molan, who kindly donated her time to MC the event. This year's guest speaker was Professor Alan Coates, co-chair of the Scientific Committee for the International Breast Cancer Study Group and former CEO of Cancer Council Australia (1998-2006). Prof Coates gave a presentation on "*Reducing deaths from breast cancer: contributions of prevention, screening and treatment*" which was extremely informative.

### Girls Night In 2010

145 Canberra women got the girls together to host a *Girls Night In* this year raising a total of \$54,849. The decline in income compared with \$107,327 in 2009-10, can be attributed to one of our very dedicated hosts, Julie Lenarduzzi completing her commitment to raising \$100,000 for *Girls Night In* in the previous year, an amazing result in only four years!

*Girls Night In* 2010 was launched with 270 guests enjoying an exclusive screening of the hit movie *Eat, Pray, Love* at the Greater Union Theatre, Manuka on 13 October 2010.

### Relay For Life 2011

The 12<sup>th</sup> annual *Relay For Life* took place over the weekend of 2-3 April 2011 at the Australian Institute of Sport (AIS) Running Track. The *Relay* weekend is proving to be one of the ACT's largest and most popular fundraising events with over 160 teams and almost 3500 people participating this year. *Relay For Life* continues to be the highest income earner for Cancer Council ACT with annual income for 2010-11 at \$406,920\*\* – an 18.3% increase from 2009-10 (\$344,066).



Ms Sara Goldsworthy (centre) and friends enjoy *Girls Night In*

We are extremely grateful to the AIS for donating the use of this world class facility and its services for our event. The crowds enjoyed 24 hours of entertainment including local bands, dance displays and roving performers. There were plenty of children's activities including jumping castles, putt putt golf and special appearances by Brumby Jack and Victor the Viking. A very moving candlelight ceremony was held at 9.00pm where local girl, Krystal Guy shared her personal cancer story which was a poignant reminder of what *Relay For Life* is all about. A very special thanks goes to our amazing MCs Bec Dent and Amy La Porte from Southern Cross Ten who kept the crowds motivated with their quirky sense of humour and fantastic rapport.

Congratulations to Rosemary Drabsch and her team 'The Bold Bandannas' who took out the prize, once again, for the highest fundraising team – raising an incredible \$18,000. 'The Bold Bandannas' have participated in every *Relay For Life* event in the ACT since it began in 2000 and over that time they have raised a phenomenal \$147,731. Well done!

\*\* Includes income received in June 2011 for the 2012 event.

*Relay For Life* 2011





This year's event was launched at The Hyatt Hotel Canberra and was attended by VIP morning tea hosts and supporters of the Council. Dr Aude Fahrer gave an informative summary of research outcomes from her project – *Chromosome condensation and the regulation of cell development*. Dr Fahrer undertook her research under a grant funded by Cancer Council ACT.

Another highlight of the campaign was a morning tea co-hosted by Prime Minister Julia Gillard and Opposition Leader Mr Tony Abbott for Members of Parliament at Parliament House with proceeds going to the Cancer Council ACT. The Hon Hendy Cowan, President of Cancer Council Australia attended along with 38 special VIP guests.

## Australia's Biggest Morning Tea 2011

*Australia's Biggest Morning Tea*, despite experiencing a 10.6% decrease in annual income in 2010–11 (\$202,601), remains well supported within the ACT community with 712 hosts from a variety of sectors including public and private businesses, schools, households and community groups enjoying a cuppa in the fight against cancer.

Canberra's highest individual fundraiser was Mrs Pauline Segeri who held a morning tea at her home raising an incredible \$4,146, and our highest organisational fundraisers were the Australian Defence Force troops in the United Arab Emirates who raised \$5,595 and the Forrest Hotel & Apartments raising \$4,353.

## Local Fundraising Events

Total income from local fundraising events was \$79,825. These included:

Cancer Council ACT organised:

- Christmas card sales
- Doug Russell Memorial Golf Day
- Entertainment Book sales
- Me No Hair (sponsored individuals in the community who shave their head)

Community initiated and organised annual events:

- The Australian Bureau of Statistics Fun Run
- The Canberra Cup Harness Race Meeting



Captain FLTLT Michael Holding, co-pilot FLTLT Mark Kenworthy and flight engineer WOFF Mick Makin have a cuppa for Australia's Biggest Morning Tea in the United Arab Emirates

Community initiated and organised occasional events (over \$1000):

- Andrew Linacre – Busking
- Pink Fundraiser – St Edmunds College
- Year 7 Market Day – Radford College

### Past Years' Results By Calendar Year

Because several major events are held late in the financial year, funds raised for that year's event are often not received until the following financial year. As a result the complete total of funds raised for a particular year's event may not be available when the Annual Report for any year is published.

To provide full information and to allow valid comparisons, printed below is a table of the past two calendar year results for the three events held late in the financial year: Relay For Life, Australia's Biggest Morning Tea and the Canada Fun Run.

Funds Raised	2009	2010
Relay For Life	\$287,711	\$344,000
Australia's Biggest Morning Tea	\$213,578	\$203,816
Canada Fun Run	\$46,161	\$41,680

### Fundraising Cost to Income Ratio 2010-11

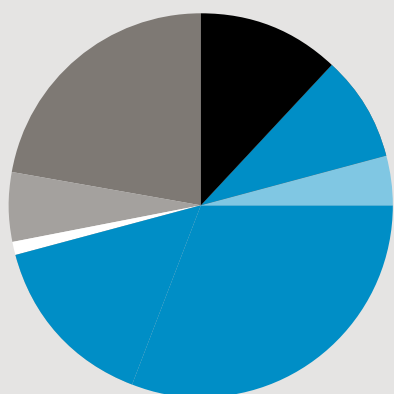
The definition used by Givewell\* for calculating fundraising income includes net proceeds of fundraising merchandise sales and event donations, direct marketing donations, unsolicited donations, bequests and membership fees. The Givewell definition for Cost of Fundraising includes external marketing costs plus all other direct expenditure for those sources of income as well as all staffing costs for fundraising.

Using the above definitions of fundraising income and costs, the fundraising costs of the Cancer Council ACT as a proportion of total fundraising income is 38%.

However, most charities do not include salary costs in calculating their cost to income ratios. Therefore without staffing costs, the Cancer Council ACT's fundraising cost ratio compared to fundraising income is 19%. The average cost of fundraising as a proportion of fundraising income for the participants in the Givewell survey 2008 (2008 Interim Australian Charities Financial Analysis) was 18%.

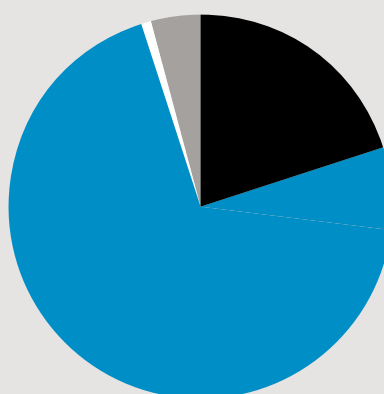
\* An Australian research organisation that conducts research on charities

#### Fundraising Income 2010-11 (before expenses)



- Daffodil Day 12%
- Pink Ribbon Day 9%
- Girls Night In 4%
- Relay for Life 31%
- Australia's Biggest Morning Tea 15%
- Call to Arms 1%
- Other 6%
- Donations & Bequests 22%

#### Cancer Council ACT Income 2010-11



- Government Grants 20%
- Sun Protection Retail Sales 7%
- Fundraising & Donations 68%
- Other Income 1%
- Interest & Royalties 4%



Ms Alissa Lang, Direct Marketing Manager

## DIRECT MARKETING

The Direct Marketing program which comprises all individual donations and bequests, raised a total of \$290,806 in 2010–11, a 28% increase compared to 2009–10 which raised \$227,187. The increase in income resulted from a combination of a successful donor appeals program and 165% growth in the Council's bequest program.

## Individual Giving Program

The Council is very grateful to the ACT community for supporting its individual giving program in 2010–11. This year supporters responded to four mail appeals throughout the year.

The Council would like to extend a big thank you to Mr Warren Carloff and his family for kindly sharing his inspiring story which was used in the May Tax Appeal. Warren, an Australian Federal Police Officer and a father of three, was diagnosed with bowel cancer at age 31. The bowel cancer diagnosis nearly destroyed Warren but with strong support from his family and friends, colleagues at the AFP and Cancer Council ACT, he has come through it with renewed strength and confidence.



Mr Warren Carloff and family

Thanks to education from Cancer Council ACT he was aware of the early warning signs and hope triumphed when he was declared cancer-free after surgery and therapy. It's stories like Warren's that highlight the crucial importance of the work Cancer Council does in the ACT.

This appeal raised \$47,680, thank you to the 627 people who kindly donated.

## Regular Giving Program

The Council's Regular Giving Program has now been running for five years and has acquired approximately 85 regular givers over that time. Supporters of the program donate on a regular monthly or quarterly basis. We are very grateful to all Regular Givers in 2010–11 as regular donations allow us to plan for long term research, supportive care and education programs as they provide an ongoing and predictable source of funding for the fight against cancer.

To move the program to another level, and greatly increase the number of regular givers, the Council introduced a new strategy, a face to face street fundraising program, which was launched in February 2011. The aim of the program is to acquire 600 new regular givers each year. A similar initiative has seen tremendous success for other state Cancer Councils. Face to face fundraising in NSW has been incredibly successful raising \$13.7 million last financial year. The Council is hoping to replicate the scale of NSW's success in the ACT.

An additional benefit of this fundraising method is that it allows the Council to reach a new demographic, younger people, people who are time poor and those who do not respond to more traditional methods of fundraising.

The face to face regular giving program raised \$23,756 from 28 February to 30 June 2011.

## Bequest Program

One important way you can help the Cancer Council ACT in the future is by including a Bequest in your Will. There are many ways you can help, you may wish to:

- Give a specific amount of money
- Gift property, shares, vehicle, artworks and the like

Whatever amount you bequeath as your personal heritage to Cancer Council ACT, be assured that it will be an enduring tribute to your generosity and concern for the welfare of fellow citizens of the ACT.

If you choose to include Cancer Council in your Will, please let us know and you will be invited to join The Heritage Circle, which honours those who have made a bequest to Cancer Council ACT.

The Cancer Council ACT is most grateful to have received bequests this year from the estates of the late Harold Arthur Lenard, Harold Gordon Marshall and Ida Grace Marshall.

Thank you to the honorary solicitors who have agreed to participate in the bequest program. Their ongoing support is appreciated.

- Barker and Barker
- Baker Deane & Nutt
- Charmaine Tunn
- Colquhoun Murphy
- Gordon Naylor & Associates
- Ken Cush & Associates
- Powrie and Co
- Slater and Gordon

### In Memory Donations

When someone close to you dies, a gift to Cancer Council ACT is a meaningful tribute to your loved one. It is also a way to express hope that we will one day beat cancer.

Thank you to everyone who made a donation in memory of a loved one to Cancer Council ACT in 2010–11.

Cancer Council worked with local funeral homes in 2010–11 in accepting in memoriam donations at funerals, at the request of families. Cancer Council provides funeral houses with in memoriam envelopes and Will booklets. We appreciate the support received from the following funeral directors:

- Grantley Perry & Sons
- Judy Cole and Associates
- MH O'Rourke
- Tobin Brothers
- Toscan Dinn Funerals
- White Lady Funerals
- William Cole Funerals
- W T Dennis & Sons Pty Ltd

### Colin Cyril Telfer Memorial Fund

The late Mr Colin Telfer, who was a generous supporter of the Canberra community, created the Colin Cyril Telfer Memorial Fund within the Capital Region Community Foundation Greatergood. The Council will benefit annually from the income in perpetuity. Cancer Council



Face to face fundraising team

ACT is appreciative of the surety of this annual distribution to support the Council's Wig Service, which is thus able to provide wigs and headwear to people who have lost their hair as a result of treatment for cancer at heavily subsidised rates.

### Workplace Giving Program

Workplace giving enables employees to give directly to Cancer Council ACT from their pre-tax pay. It is one of the simplest, most tax-effective and cost-effective ways to donate. Employers, if they wish, can show staff that they support the choices they make by matching funds donated by their employees.

A special thank you to the Australian Federal Police, the biggest supporter of Cancer Council ACT through the workplace giving program over many years.

Cancer Council ACT would like to thank the following workplaces and employees for joining us in the fight against cancer.

- Air Services Australia
- AUSAID
- Australian Federal Police
- Australian National University
- Department of Broadband, Communications and the Digital Economy
- Department of Education, Employment and Workplace Relations
- Department of Human Resources
- Department of Innovation, Industry, Science and Research
- The Office of the Official Secretary to the Governor General

## 2010–11 MAJOR DONORS

**Cancer Council ACT would like to sincerely thank the people and organisations that have made very generous donations in 2010–11.**

ACTEW Corporation Ltd  
Canberra Girls Grammar Senior School  
Excelerated Consulting Pty Ltd  
Gary Robb & Associates  
GoHosting Pty Ltd  
Oncology Unit Calvary Hospital  
Rotaract Club Of Canberra  
South Woden Uniting Church  
The Lidia Perin Foundation  
Uniting Church in Australia  
Woolworths Hyperdome

Mrs Gwen Armstrong  
Mrs Helen Ayers  
Mr Russell Ball  
Mrs Maureen Brooks  
Mr John Brown  
Mr Mark Brown  
Mr Peter Cheah  
Mrs Lien-Hua Chou  
Ms Christa Cordes  
Mrs Helen Elliot  
Mr John Fitzgerald  
Mrs Peta Furnell  
Mrs Faye Gates  
Mrs Avis Gesling  
Mr Bruce Gorrell  
Mr J Grahame  
Mr Peter Hitchcock  
Mr David Kalisch  
Mrs Betty Marriott  
Mr & Mrs David & Patricia Muir  
Ms Suzanne Osborne  
Mrs Beth O'Shea  
Mrs Isabella Ross  
Mr Anton Silec  
Ms Eleanor Sulinski  
Ms Lauren Watts  
Ms Alexandra Wedutenko  
Ms Alison Wishart  
Mr Bruno Yvanovich

## 2010–11 SPONSORS

### Call To Arms

Affinity Electrical Technologies  
People & Strategy  
Sportsmans Warehouse Fyshwick

### Daffodil Day

Australian Air Express

### Pink Ribbon Day

TNT Couriers

### Pink Ribbon Day Breakfast

Action Queen Curtains & Bedding  
Blistex  
Clear Complexions Clinic  
Club Pink  
Enjo  
Envy Beauty Kaleen  
Glo Windows  
Gymbaroo  
Hotel Realm  
Isla Patterson  
KultureBreak Dance  
The Deck, Regatta Point  
Zilpah Tart

### Doug Russell Memorial Golf Day

Actew Corporation  
Ecowise Services  
Microsoft  
Oracle  
Royal Canberra Golf Club  
ServCorp  
Slaven Mazda

### Relay For Life

ACT Ambulance  
Alive Health and Fitness  
Australian Federal Police  
Bidvest  
Black Magic Coffee  
Bridgestone Tyre Service Fyshwick  
Buttercup Bakeries  
Canberra Centre  
Canberra Trophy Centre  
CIT Massage  
Dendy Cinemas  
Department of Defence  
Drum Effect

Dynamic Dancers  
Elite Physique Phillip  
Elite Sound and Lighting  
Erindale Scout Group  
Fernwood Gungahlin  
Heuristic  
Hotel Realm  
Impressions Dance & Fitness  
Indoor Rock Climbing  
Jelly Bean Amusements  
Kokoloco Dancing  
Kooky Fandango  
Lyneham High School  
McDonald's Belconnen  
Mike's Meats Superstore  
Monaro Colonial Dancers  
National Zoo and Aquarium  
Outdoor Oven  
Pace Farm  
Quota International of Canberra Inc  
Rebel Sport Woden  
Rhythm Method  
Rock Development Group  
Rolfe Subaru Phillip  
Rotary Club of Belconnen  
Rural Fire Brigade  
Secom Australia  
Signs and Symbols  
Sing Australia Choir  
Southern Cross Club  
Steady the Fall  
Telstra  
The Chameleon Ice Creamery  
The Salvation Army  
The Stilettos  
Woolworths Woden

### **Australia's Biggest Morning Tea**

Adore Tea  
Hyatt Hotel Canberra  
Whisk Kitchenware – Westfield Woden

**Thank you to our sponsors,  
participants, supporters  
and volunteers who have  
so generously supported  
our fundraising events and  
appeals throughout 2010–11.  
We would not be able to  
hold the events without  
your support.**

## Other Activities during 2010–11

Listed here are some of the other activities Cancer Council ACT staff were involved in during 2010–11.

### Membership of ACT Committees/ Groups

ACT and SE NSW Breast Cancer Treatment Group  
ACT Cervical Screening Program Advisory Committee  
ACT Health Aboriginal and Torres Strait Islander Tobacco Control Strategy Advisory Group  
ACT Healthy Schools Network  
Alcohol Tobacco and Other Drugs Association (ATODA)  
AMA – ACT Tobacco Taskforce  
Australian Health Promotion Association – ACT Branch  
Breast and Cervical Screening Programs Community Reference Group  
BreastScreen Advisory Committee  
Calvary John James Community Advisory Committee

### Membership of Cancer Council Australia Committees/Groups

Aboriginal and Torres Strait Islander Committee  
Australia's Biggest Morning Tea Sub Committee  
Bowel Cancer Screening Committee  
Brand Committee  
Business Development Committee  
Cancer Connect and Peer Support Network  
Cancer Helpline Network  
Chief Executive Officers' Forum  
Cultural and Linguistically Diverse Sub Committee  
Daffodil Day Sub Committee  
General Practice Sub Committee  
Girls Night In Sub Committee  
Media Managers' Network  
National Events Committee  
National Publications Working Group  
National Relay For Life Committee  
National Schools and Early Childhood Working Group  
National Skin Cancer Committee  
National SunSmart Managers' Committee  
Nutrition and Physical Activity Committee  
Pink Ribbon Day Sub Committee  
Retail Managers' Conference  
SunSmart UV Alert Working Group  
Support Group Coordinators' Network  
Supportive Care Committee  
Tobacco Issues Sub Committee

### Membership of other National Committees/ Groups

Australian Network on Young People and Tobacco (ANYPAT)  
Australian Prostate Cancer Education Network  
Parents' Jury  
Quit Group  
Quitline Managers' Group

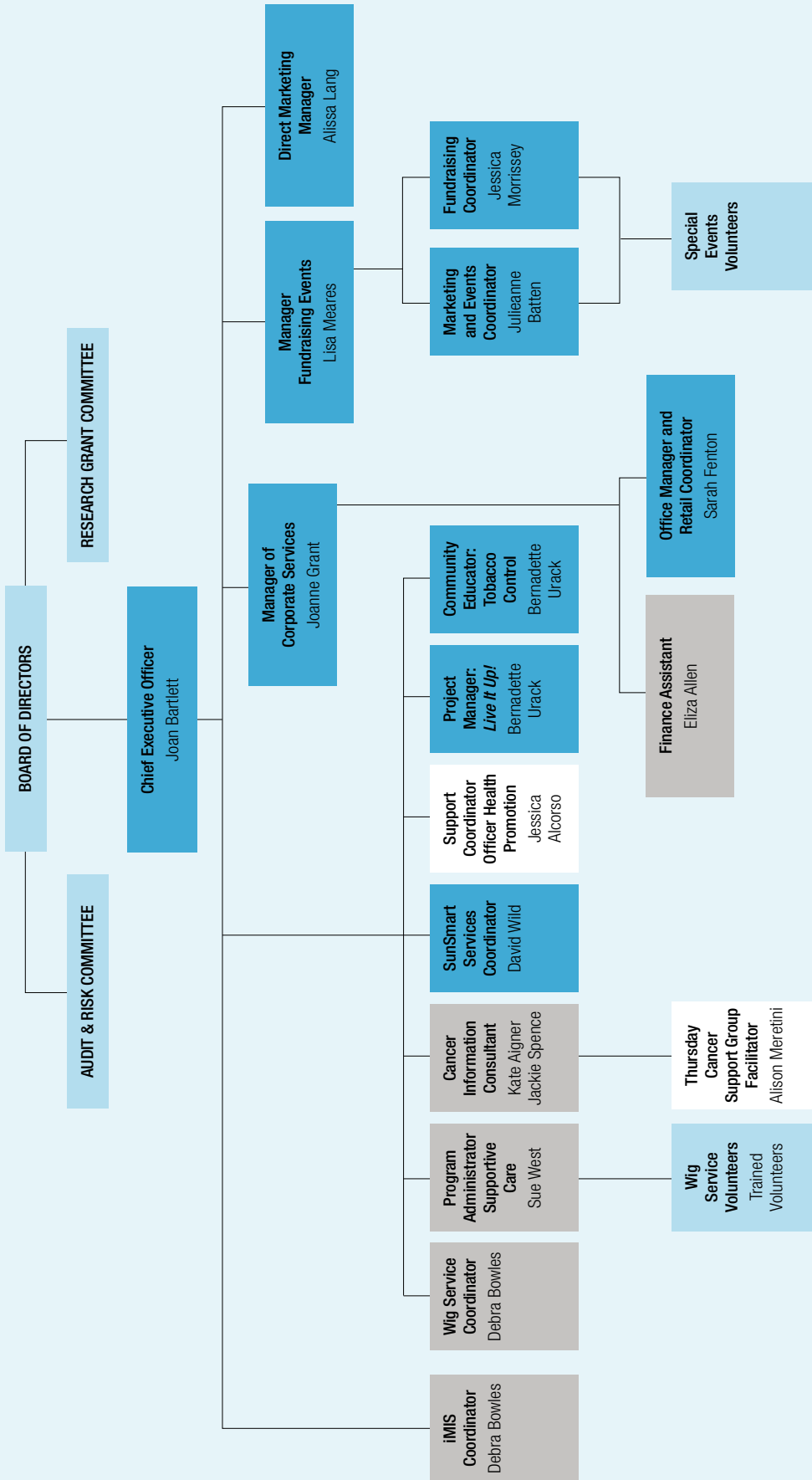
### Attendance at Conferences/Forums

*1st International Conference on UV and Skin Cancer Prevention*, Copenhagen, Denmark  
*Alcohol Tobacco and Other Drugs Association (ATODA) World No Tobacco Day Symposium*, Canberra.  
*Clinical Oncological Society of Australia Annual Scientific Meeting*, Melbourne  
*World Cancer Congress*, Shenzhen, China

### Membership of Other Organisations

ACTCOSS  
Asian and Pacific Federation of Organisations for Cancer Research and Control  
Australia and New Zealand Melanoma Trials Group  
Australian Health Promotion Association  
Canberra Action on Smoking and Health  
Cancer Council Australia  
Fundraising Institute of Australia  
Givewell  
International Non-Governmental Coalition Against Tobacco  
International Union for Health Promotion and Education  
SHOUT  
UICC – Union for International Cancer Control  
Volunteering ACT

# Organisational Chart



Full time
  Part time
  Contract
  Volunteer

# Staff and Volunteers

## Chief Executive Officer

Joan Bartlett MBA, M Ed St, B Ed St

## Client Services

### Community Educator: Tobacco Control

Bernadette Urack B Comm Edu  
(from 2/12/10)

Anita Rodrigues Macias BA Grad Dip Ed\*  
(to 1/12/10)

### SunSmart Services Coordinator

David Wild BA App Sci

### Cancer Information Consultant

Kate Aigner\* and Jackie Spence RN \*

### Supportive Care Program Administrator

Sue West (from 28/7/10)\*

Jackie Spence RN (to 27/7/10)\*

### Wig Service Coordinator

Debra Bowles\*

### Support Coordinator Officer

#### Health Promotion

Jessica Alcorso BSc (Psych) (Hons)  
(from 28/2/11)

### Cancer Support Group Facilitators

Alison Meritini\*\*

Liz Done Grad Dip CT\*\*

## Major Projects

### Project Manager: *Live It Up!*

Bernadette Urack B Comm Edu

## Fundraising and Business Development

### Manager Fundraising Events

Lisa Meares

### Manager Direct Marketing

Alissa Lang (from 17/1/11)

### Manager Donor Relationships

Dianne Moir (to 28/1/11)\*\*

### Marketing and Event Coordinator

Julieanne Batten B Comm

### Fundraising Coordinator

Jessica Morrissey

### iMIS Coordinator

Debra Bowles\*

## Corporate Services and Administration

### Manager of Corporate Services

Joanne Grant BA App Sci (Health Education)

### Finance Assistant

Eliza Allen BA (from 9/9/10)\*

Maryanne Ellem (to 4/8/10)\*

### Shop Manager and Office Coordinator

Sarah Fenton (from 20/10/10)

Collin Finnigan (to 27/10/10)

\* *Part-time*

\*\* *Contract or Casual staff*

## 2010-11 VOLUNTEERS

### Wig Service Volunteers

Irene Bentley  
Joan Crook  
Joanne Jones  
Perrie Morris

### Quit Packs

Lucy Cripps

### Daffodil Day

Janet Adams  
Tracey Adamson  
Annabel Agafonoff  
Rosemary Baehnisch  
Rachael Bahl  
James Ball  
Helen Banks  
Kerrie Basman  
Rachel Baxter  
Kay Beaver  
Gillian Bellas  
Irene Bentley  
John Bentley  
Debra Bowles  
Amanda Bradley  
Shirley Braidwood  
Lyn Bray  
Allison Brice  
Therese Bulley  
Jacqueline Burnett  
Carmen Carlon  
Jane Cartledge  
June Ceretti  
Jing-Ting Chan  
Rebecca Chan  
Hayley Cheng  
Felicity Chivas  
Fiona Chivas  
Teresa Comacchio  
Lynne Combe  
Barbara Court  
Tania Cowen-Darcy  
Margaret Creed  
Bob Crews  
Terri Culkin  
Philip Dachs  
Julie Dachs  
Mary Dean  
Ron Dean  
Ian Dodd

Wendy Dodd  
Ray Driffill  
Jan Dunnett  
Peter Dunnett  
Ruby Dutta  
Stephen Evered  
Ivana Faden  
Emily Farrelly  
Margaret Fisher  
Jane Fisk  
Gavin Ford  
Christine Fraser  
Chris Freemantle  
Margaret Fryar  
Gabriel Gazy  
Mark Gibb  
Phoebe Gordon  
Mr & Mrs Govaars  
Margaret Goyne  
Kathie Griffiths  
C V Hackett  
Margaret Harber  
Tim Hardy  
Wade Harvey  
Lisa Hawke  
Jean Hodgson  
Grace Holroyd  
Diana Horman  
Elaine Howell  
Bill Huff-Johnston  
Rosemary Huff-Johnston  
Hibo Ibrahim  
Farleigh Jay-Daniel  
John Jeffrey  
Judith Johnson  
Giff Jones  
Margaret Kahn  
Therese Kelly  
Eleanor Kennealy  
Rob Kennedy  
Lesley Kimber  
Daniella Kordic  
Helen Kosmas  
Anthony Kovac  
Daya Kumarage  
Gay Lane  
John Langdon  
Peter Le Mesurier  
Carol Lyn Leffers  
Chantel Leffers  
Rachel Leibach  
Janet Li  
Saritha Ligon  
Vin Liston  
Barbara MacKay

John Malnar  
Lynne Mannette  
Samantha Mannette  
Alexandra Martyniak  
Samantha Martyniak  
Alice Mason  
Ellen Mathews  
Jessica McDonald  
Kate McDonald  
Brenda McFarlane  
Margot McGinness  
Joyce McGuire  
Kirrily McIntosh  
Judith McKee  
Celia McKew  
Beverley McLeod  
Elizabeth Meers  
Carole Middleton  
Marline Milner  
Pauline Moat  
Helen Mobbs  
Rebecca Neeson  
Kate Paule  
Alan Payne  
Mary Pearson  
Ashlea Perry  
San Pham  
Alison Pike  
Catherine Pitt  
Helen Pitt  
Marli Poppel  
Tara Powell  
Jim Power  
Robyn Power  
Heather Powrie  
Marg Quodling  
Gary Richardson  
Margaret Richardson  
Roz Riddle  
Michele Roberts  
Audrey Rough  
Robert Rough  
Mark Saunderson  
Jane Schwinghamer  
Vonny Sehonamin  
Brinder Singh  
Heather Smith  
Kevin Smith  
Trish Smith  
Brendan Smyth  
Franca Solari  
Anne Spencer  
Pam Stagg  
Nadine Stephens  
Simon Street

Grace Sugden  
Mindy Sutherland  
Barbara Taylor  
Fred Thorpe  
Iris Thorpe  
Hue Truong  
Emma Vandermoezel  
Margaret Vidler  
Jill Walker  
Carol Ward  
David Ward  
Laurel Watt  
Narelle Watts  
Janet Wendorf  
Julie Wilson  
Judith Wimborne  
Marilyn Woodward  
Phillip Woodward  
Angela Yorston

### Pink Ribbon Day

Rochelle Agius  
James Ball  
Irene Bentley  
John Bentley  
Michelle Bettanin  
Stephanie Bowles  
Shirley Braidwood  
Lyn Bray  
Allison Brice  
Simon Busteed  
Carmen Carlon  
Jane Cartledge  
June Ceretti  
Rebecca Chan  
Margaret Chaytow  
Hayley Cheng  
Cathy Cleary  
Ginny Condon  
Barbara Cornock  
Barbara Court  
Lucy Cripps  
Val Dalton  
Mary Dean  
Ron Dean  
Jan Dunnett  
Peter Dunnett  
Ruby Dutta  
Susan Elliott  
Ivana Faden  
Emily Farrelly  
Sarah Ann Ferguson  
Margaret Fisher  
Jane Fisk  
Mitchell Flaherty

# Staff and Volunteers

Trudy Frainey  
Christine Fraser  
Chris Freemantle  
Margaret Fryar  
Karyn Gentleman  
Daria Gil  
Kathy Gillard  
Margaret Goyne  
Marilyn Gracik  
Elaine Graham  
Sonia Gutierrez  
Shane Gwynne  
Louise Hallam  
Max Hayes  
Cec Hill  
Kelly Hines  
Matthew Hines  
Jean Hodgson  
Grace Holroyd  
Brenton Hutchinson  
Sharnel Hutchinson  
Carmel Jarvis  
Marion Joli  
Terri Jones  
Margaret Kahn  
Eleanor Kennealy  
Rob Kennedy  
Gev Khambata  
Lesley Kimber  
Kim King  
Tracey Knight  
Vera Kovacevic  
Daya Kumorage  
Winkei Lee  
Robina Lindenmayer  
Vin Liston  
Barbara MacKay  
John Malnar  
Lynne Mannette  
Ellen Mathews  
Margaret McDermid  
Jessica McDonald  
Kate McDonald  
Brenda McFarlane  
Katherine McGuinness  
Joyce McGuire  
Melissa McKenna  
Jessie Mehta  
Shiel Mehta  
Marline Milner  
Suzanne Mitchell  
Pauline Moat  
Brunella Molinaro  
Rebecca Neeson  
Colleen North

Margaret O'Hearn  
Alison O'Reilly  
Chloe Olsen  
Annie Pabst  
Rosemary Parker  
Anne-Louise Pham  
Alison Pike  
Catherine Pitt  
Helen Pitt  
Misty Purdy  
Mary Rees  
Trish Reeves  
Mary Reynolds  
Annette Rice  
Jade Rice  
Gary Richardson  
Margaret Richardson  
Tara Roulston  
Charlie Rutten  
Danielle Rutten  
Lynne Sandland  
Vonny Sehonamin  
June Shakallis  
Jennifer Shelley  
Heather Smith  
Denise Stephens  
Jim Stubbs  
Sydna Stubbs  
Grace Sugden  
Barbara Taylor  
Fred Thorpe  
Iris Thorpe  
Michelle Tulley  
Lorna Vaessen  
Sherry Vandenberg  
Emma Vandermoezel  
Margaret Vidler  
Peta Virgo  
Vera Vujic  
Jill Walker  
Yvonne Wallace  
Carol Ward  
David Ward  
Lucy Washington  
Sally Washington  
Janet Wendorf  
Jenny White  
Alan Williams  
Julie Wilson  
Marilyn Woodward  
Phillip Woodward

## Christmas Card Shop

Annabelle Agafonoff  
Rosemary Baechnisch  
Helen Banks  
Jane Cartledge  
Jill Cookson  
Dianne Dowling  
Pamela Gesling  
Ces Hill  
Doone Jolley  
Eleanor Kennealy  
Jan Livingstone  
Brenda McFarlane  
Judith McKee  
Susan Miller  
Pauline Moat  
Patricia Murphy  
Beth O'Shea  
Yvonne Seebohm  
Lorna Vaessen  
Sherry Vandenberg  
Margaret Vidler  
Alan Williams  
Angela Yorston

## Relay For Life

Helen Banks  
Angela Brecic  
Allison Brice  
Felicity Chivas  
Fiona Chivas  
Loren Davis  
Gavin Ford  
Chris Freemantle  
Shea-Cara Hammond  
Tim Hardy  
Nicola Harrod  
Rosemary Huff-Johnson  
George Jacob  
Joanne Jones  
Jan Knight  
Tracey Knight  
Kristine Lawler  
Rachel Lelbach  
Katie McGuinness  
Joyce McGuire  
Bernadette Mitchell  
Bronwen Robinson  
Sarah Shafir  
Lorna Vaessen  
Peter Vaessen  
Laurel Watt  
Julie Wilson  
David Ward

# Cancer Council ACT Directors 2010–11

Ms Christine Brill  
President

Ms Sue Hart  
Vice President

Mr David Sly (to 22/07/10)  
Treasurer

Mr Robert Hunt (from 01/08/10 to 22/11/10)  
Treasurer

Mrs Lucyanne Boom (from 22/11/10)  
Treasurer

Mr Kelvin Watt  
Honorary Secretary

Mr Wayne Berry

Mr Brian Loftus

Mr David Nolan

Dr Ian Pryor

Dr Deborah Thornton

Dr Kevin White



*Ms Sue Hart, Vice President*



*Mr Wayne Berry, Director*

## COMMITTEE MEMBERSHIP AS AT 30 JUNE 2011

### Audit Committee

Ms Christine Brill (Chairperson)

All current directors of the Cancer Council ACT

Ms Joan Bartlett

### Research Grant Committee

Ms Christine Brill (Chairperson)

Ms Kate Aigner

Ms Joan Bartlett

Ms Sue Hart

Mrs Lucyanne Boom



*Mr Brian Loftus, Director*



*Mr David Nolan, Director*



*Dr Ian Pryor, Director*



*Dr Kevin White, Director*

# Financial Report

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**The Cancer Council ACT**  
**ABN 33 113 296 601**

**Report of the Directors**

Your directors present their report with respect to the result of the company for the year ended 30 June 2011 and the state of the company's affairs at that date.

**DIRECTORS**

The following persons held office during the year ended 30 June 2011 or at the date of this report:

Director	Date of Appointment, Occupation, and Other Directorships	Responsibility
Ms Christine Brill JP (ACT)CAE* *Certified Association Executive Grad Cert Management Grad Dip Employment Relations Master Human Resource Mgt FSAE, FAHRI, AFACHSM, MAICD	Appointed: 26 April 2005 Occupation: Chief Executive Officer AMA ACT Other Directorships: AMA Member Services; Company Secretary of Australian Medical Association (ACT); Australian Society of Association Executives; Cancer Council Australia	President Board Nominee
Mr David Sly BEc, FCPA	Appointed: 26 April 2005 Deceased 22 July 2010 Occupation: Consultant Other Directorships: David Sly Consulting Pty Ltd	Treasurer Board Nominee
Mr Robert Hunt Certified Practising Accountant (CPA) B Comm (Acctg)	Appointed: 1 August 2010 Resigned: 22 November 2010 Chief Executive Officer, Australian Institute of Building	Treasurer Board Nominee
Ms Lucyanne Boom B Comm (Acc); Certified Practising Accountant (CPA)	Appointed: 22 November 2010 Occupation: Senior Manager, CSIRO	Treasurer Board nominee
Ms Sue Hart BA, FAICD	Appointed: 26 April 2005 Occupation: Company Director Other Directorships: Commerce Management Services; Canberra Girls' Grammar School; Director, Canberra Yacht Club; Canberra Yacht Club Sailing School (chair)	Vice President Board nominee
Mr Kelvin Frank Watt BA	Appointed: 3 November 2008 Occupation: Private contractor - communications and project management Other Directorships: Canberra Dragon Boats Association; Australian Dragon Boats Federation; Adrenaline Edge	Board nominee Honorary Secretary
Mr Brian Loftus Graduate Diploma in Law (GradDipLaw), Reserve Forces Decoration (BAB, RFD)	Appointed: 2 December 2005 Occupation: Retired Solicitor Other Directorships: RSL National Trustee, Australian Veterans Childrens Assistance Trust (AVCAT), National Legal Adviser RSL, Member (part-time) ACT Administrative and Civil Tribunal (ACAT)	Board Nominee
Mr David Nolan JP, Commissioner for Declarations	Appointed: 20 September 2006 Occupation: Retired Public Servant	Board Nominee

## The Cancer Council ACT ABN 33 113 296 601

### Report of the Directors (cont'd)

Mr Wayne Berry	Appointed: 3 November 2008 Occupation: Former Speaker and Member of the Legislative Assembly for the ACT and former ACT Government Health Minister Other Directorships: Canberra Labor Club	Board nominee
Dr Ian Pryor MBBS (Melb), Dip RACOG	Appointed: 3 November 2008 Occupation: Medical practitioner Other Directorships: AMA Commercial Pty Ltd; Smart Health Solutions Pty Ltd.	Board nominee
Dr Kevin White BA, Dip Soc Sci, PhD	Appointed 3 August 2009 Occupation: Reader in Sociology, ANU	Board Nominee
Dr Deborah Thornton MB ChB, FRCR, FRANZCR, DRCOG, Post Grad Diploma Travel Medicine	Appointed: 10 May 2010 Occupation: Travel Medicine (current), former Radiation Oncologist	Board Nominee

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated above.

During the financial year, ten meetings of directors were held. The number of meetings attended and number of meetings eligible to attend were:

Director	Number of Possible Meetings	Number of Meetings Attended
Christine Brill (Chair)	8	7
David Sly (Treasurer to 22 July 2010)	0	0
Robert Hunt (Treasurer from 1 August 2010 to 22 November 2010)	3	2
Lucy Boom (Treasurer from 22 November 2010)	4	3
Sue Hart (Vice President)	8	7
Kel Watt (Honorary Secretary)	8	5
Brian Loftus	8	6
Wayne Berry	8	6
Ian Pryor	8	7
Dr Deborah Thornton	8	7
David Nolan	8	5
Kevin White	8	7

**The Cancer Council ACT**  
**ABN 33 113 296 601**

**Report of the Directors (cont'd)**

---

**OBJECTIVES AND STRATEGIES**

**Vision:** The wellbeing of the broader Canberra community is enhanced as a result of health promotion actions which have reduced the incidence and impact of cancer.

**Strategy 1:** Use the most appropriate evidence-based activities and tools to ensure The Cancer Council ACT realises its vision.

**Target Outcome 1: A reduction in the incidence of cancer**

- a) For people in the ACT, generally, to be aware of the need to use cancer prevention strategies and be motivated to take responsibility for changing their behavior.
- b) For people in the ACT to be supported to practise healthy behaviours by appropriate legislation and public policy.
- c) For related service providers such as schools, early childhood centres, youth centres etc. to understand and encourage and support healthy behaviours.
- d) For employers, and community infrastructure authorities to understand and support cancer preventing behaviours.
- e) For health practitioners and allied health providers to use evidence-based practices in supporting individuals to achieve healthy behaviours.
- f) For quality research into reducing the incidence of cancer to be supported.

**Target Outcome 2: Reducing the Impact of Cancer**

- a) For people in the ACT affected by a cancer diagnosis to have the negative impact of cancer minimised.
- b) For people in the ACT to experience a reduction in the impact of cancer through prudent early detection and the provision of appropriate services following diagnosis.
- c) For cancer patients and their families to have sufficient information and skill to reduce anxiety and have a satisfactory level of control during their cancer experience.
- d) For cancer patients and their families, to have the negative impact of cancer minimised by legislation and public policy.
- e) For cancer patients to have ready access to high quality, coordinated medical and ancillary cancer services.
- f) For cancer patients and their families to have ready access to appropriate community support services.
- g) For health professionals to use evidence-based information as the basis for their treatment of cancer patients.
- h) For quality research into reducing the impact of cancer to be supported.

**Strategy 2:** Maintain a portfolio of fundraising activities which engages those who share our vision by matching their capacity and motivation to donate.

**Strategy 3:** Build and maintain a range of skills in The Cancer Council ACT's workforce which will enable it to deliver high quality services to its clients and customers.

**PRINCIPAL ACTIVITIES AND ALIGNMENT WITH OBJECTIVES:**

1. Cancer Information Service (*Target Outcome 2 of Strategy 1*)
2. Cancer Prevention and Early Detection Program (*Target Outcome 1 of Strategy 1*)
3. Supportive Care Service (*Target Outcome 2 of Strategy 1*)
4. Providing funds to cancer research projects in the ACT (*Target Outcomes 1 and 2 of Strategy 1*)
5. Fundraising and Business Development Program (*Strategy 2*)

**PERFORMANCE MEASURES**

**Strategy 1:** The Cancer Council ACT uses the Outcomes, Outputs and Performance Indicators agreed with ACT Health as minimum performance indicators for activities for which any funding is received from the ACT Government. We aim to exceed any quantitative Performance Indicators as our services to the community are also partly funded by the Cancer Council's fundraising initiatives. For its Research Program, performance is measured by providing an amount of funding as determined by the Board of Directors to one or more research projects that are undertaking cancer research.

**Strategy 2:** The performance of the Fundraising and Business Development Program is measured by frequent reporting of revenue and expenses against the annual budget as approved by the Board of Directors and monitoring and evaluating feedback from fundraising supporters and the community.

## The Cancer Council ACT ABN 33 113 296 601

### Report of the Directors (cont'd)

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#### COMPANY SECRETARY

Joan Bartlett has been company secretary since 26 April 2005. She has been the Chief Executive Officer of the company since 27 January 1999.

#### ACTIVITIES

The principal activities of the company were to provide cancer management and education services.

#### RESULTS AND REVIEW OF OPERATIONS

The net result of operations of the company was an operating loss of \$72,824 compared to a surplus of \$142,032 for the prior year.

#### STATE OF AFFAIRS

There was no significant change in the state of affairs of the company during the financial year.

#### DIVIDENDS

The company is limited by guarantee and is prohibited by its objects from distributing any surplus to the members. Accordingly no dividend has been paid or declared by the company since the end of the previous financial year and up to the date of this report.

#### EVENTS SUBSEQUENT TO BALANCE DATE

There has not arisen in the interval between the end of the financial year and the date of this report any item, transaction or event of a material and unusual nature likely, in the opinion of the directors, to affect substantially the operations of the company, the results of those operations or the state of affairs of the company in subsequent financial years.

#### DIRECTORS' BENEFITS

Since the end of the previous financial year, no director has received or become entitled to receive a benefit by reason of a contract made by the company or a related corporation with the director or with a firm of which he/she is a member, or with a company in which he/she has a substantial financial interest, except any benefit that may be deemed to accrue by reason of professional costs paid in the ordinary course of business.

#### INDEMNIFICATION OF OFFICERS OR AUDITORS

Every member of the Board, Auditor, Secretary and other officer for the time being of the company shall be indemnified out of the assets of the company against any liability arising out of the execution of the duties of their office which is incurred by them in defending any proceedings, whether civil or criminal, in which judgement is given in their favour or in which they are acquitted or in connection with any application under the Law in which relief is granted to them by the Court in respect of any negligence default breach of duty or breach of trust.

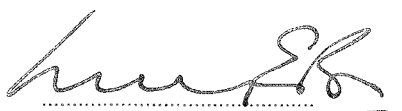
The company has paid a premium of \$2,865 (GST-incl) during the financial year in respect of an insurance contract insuring the directors and officers against a liability incurred as an officer for the costs or expenses to defend legal proceedings.

#### AUDITORS' INDEPENDENCE DECLARATION

A copy of the auditor's independence declaration as required under section 307C of the Corporations Act 2001 is set out on the following page.

Signed at Canberra this 19 day of September 2011 in accordance with a resolution of the Directors.

  
Director

  
Director

1st Floor, 65-67 Constitution Avenue  
Campbell ACT 2612

PO Box 27, Campbell ACT 2612

+61 (0)2 6245 3300

+61 (0)2 6230 6161

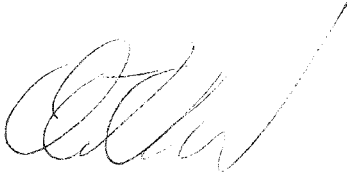
[www.moorestephens.com.au](http://www.moorestephens.com.au)

**AUDITOR'S INDEPENDENCE DECLARATION  
UNDER SECTION 307C OF THE CORPORATIONS ACT 2001**

To The Directors  
The Cancer Council Act Limited  
(ABN: 33 113 296 601)

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2011 there have been:

- i. no contraventions of the auditor independence requirements as set out in the *Corporations Act 2001* in relation to the audit; and
- ii. no contraventions of any applicable code of professional conduct in relation to the audit.



Ian Hollow  
Director  
Moore Stephens

Direct: 02-6245-3340  
Mobile: 0423-500-522  
Email: [ihollow@moorestephens.com.au](mailto:ihollow@moorestephens.com.au)

Canberra  
Date of declaration: 13<sup>th</sup> of September 2011

## The Cancer Council ACT ABN 33 113 296 601

### Directors' Declaration


---

The directors of the company declare that:

1. The financial statements and notes are in accordance with the Corporations Act 2001, and
  - (a) comply with Accounting Standards and the Corporations Regulations 2001; and
  - (b) give a true and fair view of the company's financial position as at 30 June 2011 and of its performance for the year ended on that date;
2. In the directors' opinion, there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

Signed at Cadell this 19 day of September 2011 in accordance with a resolution of the directors.

  
.....  
Director

  
.....  
Director



### *Basis for Qualified Opinion*

As is common for organisations of this type, it was not practical to maintain an effective system of internal control over the completeness of revenue from donations and fundraising until its initial entry into the accounting records. Accordingly, our audit in relation to donations, bequests and special events (fundraising) revenue totalling \$1,324,849 for the financial year (2009-10: \$1,311,367) was limited to the amounts recorded as being banked.

### *Qualified Opinion*

In our opinion, except for the effects on the annual financial report of the matter referred to in the qualification paragraph above, the financial report of The Cancer Council ACT Limited is in accordance with the Corporations Act 2001, including:

- i. giving a true and fair view of the company's financial position as at 30 June 2011 and of its performance for the period ended on that date; and
- ii. complying with Australian Accounting Standards and the *Corporations Regulations 2001*.



Ian Hollow  
Director  
Moore Stephens

Dated at Canberra: 19<sup>th</sup> of September 2011

**THE CANCER COUNCIL ACT**  
**ABN: 33 113 296 601**

**STATEMENT OF COMPREHENSIVE INCOME**  
**FOR THE YEAR ENDED 30 JUNE 2011**

	Notes	2011 \$	2010 \$
Operating Revenue	2	1,964,638	1,902,191
Gain on disposal of non current assets		1,356	-
Shop merchandise		(75,057)	(70,002)
Employee benefits	3	(989,817)	(872,697)
Events costs		(321,714)	(218,563)
Project costs		(20,000)	-
Research grants	3	(58,148)	(59,390)
Occupancy costs		(115,018)	(106,771)
Other administrative costs		(365,289)	(348,419)
Loss on disposal of non current assets		(1,351)	(38)
Cancer Council Australia membership		<u>(92,424)</u>	<u>(84,279)</u>
Net surplus/(loss)		<u><u>(72,824)</u></u>	<u><u>142,032</u></u>
Other comprehensive income			
Gain/(loss) on investments		-	(43)
Total comprehensive income for the year		<u><u>(72,824)</u></u>	<u><u>141,989</u></u>

The accompanying notes form part of these financial statements.

**THE CANCER COUNCIL ACT**  
**ABN: 33 113 296 601**

**STATEMENT OF FINANCIAL POSITION**  
**AS AT 30 JUNE 2011**

	Notes	2011 \$	2010 \$
<b>CURRENT ASSETS</b>			
Cash and cash equivalents	6	1,143,152	1,168,745
Receivables	7	43,140	28,553
Inventories	8	79,920	70,419
Investments	9	1,033	992
Other	10	23,846	25,051
<i>Total current assets</i>		<u>1,291,091</u>	<u>1,293,760</u>
<b>NON CURRENT ASSETS</b>			
Property, plant and equipment	11	110,524	108,901
<i>Total non current assets</i>		<u>110,524</u>	<u>108,901</u>
<i>Total assets</i>		<u>1,401,615</u>	<u>1,402,661</u>
<b>CURRENT LIABILITIES</b>			
Payables	12	176,642	106,427
Unearned revenue	13	-	540
<i>Total current liabilities</i>		<u>176,642</u>	<u>106,967</u>
<b>NON CURRENT LIABILITIES</b>			
Provisions	14	12,340	10,237
<i>Total non current liabilities</i>		<u>12,340</u>	<u>10,237</u>
<i>Total liabilities</i>		<u>188,982</u>	<u>117,204</u>
<i>Net assets</i>		<u>1,212,633</u>	<u>1,285,457</u>
<b>EQUITY</b>			
Reserves		(468)	(468)
Retained earnings		1,213,101	1,285,925
<i>Total equity</i>		<u>1,212,633</u>	<u>1,285,457</u>

The accompanying notes form part of these financial statements.

**THE CANCER COUNCIL ACT**  
**ABN: 33 113 296 601**

**STATEMENT OF CHANGES IN EQUITY**  
**FOR THE YEAR ENDED 30 JUNE 2011**

	Retained earnings	Financial assets reserve	Total
	\$	\$	\$
<b>Balance at 1 July 2009</b>	1,143,893	(425)	1,143,468
Other comprehensive income	-	(43)	(43)
Net surplus for the year	142,032	-	142,032
Total comprehensive income for the period	142,032	(43)	141,989
<b>Balance at 1 July 2010</b>	1,285,925	(468)	1,285,457
Other comprehensive income	-	-	-
Net loss for the year	(72,824)	-	(72,824)
Total comprehensive income for the period	(72,824)	-	(72,824)
<b>Balance at 30 June 2011</b>	1,213,101	(468)	1,212,633

The accompanying notes form part of these financial statements.

**STATEMENT OF CASH FLOWS**  
**FOR THE YEAR ENDED 30 JUNE 2011**

	Notes	2011 \$	2010 \$
<b>OPERATING ACTIVITIES</b>			
Receipts from donations, special events and other income		1,458,429	1,440,368
Receipts from sale of merchandise		134,882	141,066
Grants received		401,328	258,174
Payments to suppliers and employees		(2,028,635)	(1,811,933)
Interest received		52,798	62,436
<i>Net cash provided by operating activities</i>	19(a)	<u>18,802</u>	<u>90,111</u>
<b>INVESTING ACTIVITIES</b>			
Purchases of property, plant and equipment		(52,595)	(78,415)
Proceeds on disposal of property, plant and equipment		8,200	-
<i>Net cash used in investing activities</i>		<u>(44,395)</u>	<u>(78,415)</u>
<i>Net movement in cash and cash equivalents</i>		(25,593)	11,696
<i>Cash and cash equivalents at beginning of year</i>		1,168,745	1,157,049
<i>Cash and cash equivalents at end of year</i>	6	<u>1,143,152</u>	<u>1,168,745</u>

The accompanying notes form part of these financial statements.

## THE CANCER COUNCIL ACT

ABN: 33 113 296 601

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2011

The financial report covers The Cancer Council ACT Limited ("the Company") as an individual entity. The Cancer Council ACT Limited is a Company limited by guarantee incorporated and domiciled in Australia.

#### Note 1: Summary of significant accounting policies

##### Basis of Preparation

This general purpose financial report of the Company has been prepared in accordance with Australian Accounting Standards (including Australian Accounting Interpretations) and the *Corporations Act 2001*.

The financial report covers The Cancer Council ACT Limited as an individual entity. The Cancer Council ACT Limited is a Company limited by guarantee incorporated and domiciled in Australia.

The financial report complies with Australian Accounting Standards, which include Australian equivalents to International Financial Reporting Standards (AIFRS). A statement of compliance with International Financial Reporting Standards cannot be made due to the Company applying the not-for-profit sector specific requirements contained in the AIFRS.

Any new Accounting Standards that have been issued but are not yet effective at balance date have not been applied in the preparation of this financial report. The possible impacts of the initial application of these Accounting Standards have not been assessed.

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

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

##### Accounting Policies

###### (a) Income tax

The Company is income tax exempt as a health promotion charity under the *Income Tax Assessment Act 1997*.

###### (b) Inventories

Shop and wig merchandise are measured at the lower of cost and net realisable value. Costs are assigned on a first-in first-out basis.

THE CANCER COUNCIL ACT

ABN: 33 113 296 601

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2011

### Note 1: Summary of significant accounting policies (cont'd)

#### **(c) Financial Instruments**

##### *Recognition*

Financial instruments are initially measured at fair value on trade date, which includes transaction costs, when the related contractual rights or obligations exist. Subsequent to initial recognition these instruments are measured as set out below.

##### *Receivables*

Receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are stated at amortised cost using the effective interest rate method.

##### *Held-to-maturity investments*

These investments have fixed maturities, and it is the Company's intention to hold these investments to maturity. Any held-to-maturity investments held by the Company are stated at amortised cost using the effective interest rate method.

##### *Available-for-sale financial assets*

Available-for-sale financial assets include any financial assets not included in the above categories. Available-for-sale financial assets are reflected at fair value. Unrealised gains and losses arising from changes in fair value are taken directly to equity.

##### *Financial liabilities*

Non-derivative financial liabilities are recognised at amortised cost, comprising original debt less principal payments and amortisation.

#### **(d) Property, plant and equipment**

Each class of property, plant and equipment is carried at cost less, where applicable, any accumulated depreciation or impairment write-offs. The carrying amount of property, plant and equipment is reviewed annually by the Company to ensure it is not in excess of the remaining service potential of these assets. All classes of property, plant and equipment are depreciated using the straight line or diminishing balance methods.

Depreciation is charged at the following rates:

Furniture, plant and equipment	2.5% - 37.5% straight line or 11.25% - 37.5% diminishing balance
Motor vehicles	22.5% diminishing balance
Building improvements	20% - 33% straight line

#### **(e) Employee benefits**

Provision is made for the Company's liability for employee benefits arising from services rendered by employees to balance date. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled, plus related on costs. Employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits.

Contributions are made by the Company to employees' superannuation funds and are charged as expenses when incurred.

#### **(f) Cash and cash equivalents**

Cash and cash equivalents include cash on hand and deposits held at call with banks or financial institutions.

#### **(g) Research grants**

Research grants are recognised as expenses at the time the funds are disbursed to the research body. Research grants that have been contracted but not yet paid are disclosed as commitments payable.

## THE CANCER COUNCIL ACT

ABN: 33 113 296 601

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2011

#### Note 1: Summary of significant accounting policies (cont'd)

##### *(h) Revenue recognition*

###### *Goods and services*

Revenue from the sale of merchandise is recognised upon delivery of the goods to customers. Revenue from the rendering of a service is recognised upon the delivery of the service to the customers.

###### *Donations, bequests and membership fees*

Donations, bequests and membership fees are recognised as revenue when received.

###### *Grants*

Operational grants are recognised as revenue on receipt or entitlement to receive except for operational grants received in respect of future financial years which are recognised as income received in advance (liabilities, unearned revenue). Project grants are recognised as revenue to the extent that the monies have been applied in accordance with the conditions of the grant. Project grants received prior to the year end but unexpended as at that date are recognised as unexpended project grants (liabilities, unearned revenue).

###### *Fundraising events*

Revenue and costs from fundraising events is recognised as revenue and expense on completion of the event. Income received and expenses incurred prior to event are recognised as income in advance (liabilities, unearned revenue) and prepayments (other current assets) respectively.

###### *Interest income*

Interest income is recognised on a proportional basis taking into account the interest rates applicable to the financial assets.

###### *Dividend and royalty income*

Dividend and royalty income is recognised when received.

##### *(i) Goods and Services Tax*

All revenue and expenses are stated net of the amount of goods and services tax (GST).

##### *(j) Impairment*

At each reporting date, the Company reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying value. As a not-for-profit entity, value in use for the Company, according to *AASB 136 Impairment of Assets*, is depreciated replacement cost. Any excess of the asset's carrying value over its recoverable amount is expensed to the statement of comprehensive income.

##### *(k) Critical accounting judgement and estimates*

The directors evaluate estimates and judgements incorporated into the financial report based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the Company.

###### **Key Estimates - Impairment**

The Company assesses impairment at each reporting date by evaluating conditions specific to the Company that may lead to impairment of assets. Should an impairment indicator exist, the determination of the recoverable amount of the asset may require incorporation of a number of key estimates. No impairment indicators were present at 30 June 2011.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2011

**Note 1: Summary of significant accounting policies (cont'd)**

**(l) Leases**

Lease payments for operating leases, where substantially all the risk and benefits incidental to the ownership of the asset remain with the lessor, are charged as expenses in the periods in which they are incurred.

*Lease incentives*

In the event that lease incentives are received to enter into non-cancellable operating leases, such incentives are recognised as a liability and amortised on a straight line basis over the lease term. Lease payments are allocated between rental expense, reduction of the liability and, where appropriate, interest expense over the term of the lease.

**(m) Comparative information**

Where necessary, comparative figures have been adjusted to conform to changes in presentation in this financial report.

		2011	2010
		\$	\$
<b>Note 2: Revenue</b>			
Special events		1,034,128	1,083,428
Grants	4	401,868	351,217
Donations		239,478	208,589
Shop sales		134,882	141,066
Interest		51,030	39,068
Royalties		28,856	24,342
Training and education fees		15,849	20,982
Bequests		51,243	19,350
Other products and services		5,830	13,058
Membership fees		1,474	1,091
		<u>1,964,638</u>	<u>1,902,191</u>

## THE CANCER COUNCIL ACT

ABN: 33 113 296 601

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2011

	2011 \$	2010 \$
<b>Note 3: Surplus From Ordinary Activities</b>		
Net surplus has been determined after:		
<i>(a) Expenses</i>		
Operating lease rentals - office and shop premises	<u>102,215</u>	<u>95,379</u>
Depreciation of non-current assets:		
▶ furniture, plant and equipment	34,485	18,427
▶ motor vehicles	8,292	6,415
Total depreciation	<u>42,777</u>	<u>24,842</u>
Employee benefits expense:		
▶ salaries, wages and workers compensation	899,812	791,134
▶ defined contribution superannuation plan	69,974	65,436
▶ movements in employee provisions	20,031	16,127
Total employee benefits	<u>989,817</u>	<u>872,697</u>
Research grants provided	<u>58,148</u>	<u>59,390</u>

### Note 4: Grants Revenue

Funding body:	Unexpended funds at 30 June 2010	Grants received during the year (excluding GST)	Grants utilised during the year	Unexpended funds at 30 June 2011
<u>ACT Dept of Health and Community Care:</u>				
▶ Cancer Support Service	-	106,372	106,372	-
▶ Smoking Cessation Program	-	68,007	68,007	-
▶ Sun Smart Program	-	97,516	97,516	-
▶ Reducing Chronic Disease Risk Factors	-	124,973	124,973	-
<u>The Snow Foundation Limited</u>				
▶ Wig Service	-	5,000	5,000	-
		<u>401,868</u>	<u>401,868</u>	<u>-</u>

	2011 \$	2010 \$
<b>Note 5: Auditors' Remuneration</b>		
Remuneration of the auditor for:		
▶ Auditing or reviewing the financial report	9,100	10,735
▶ Other services	4,300	5,123
	<u>13,400</u>	<u>15,858</u>

### Note 6: Cash and cash equivalents

Cash on hand	1,005	950
Cash at bank	1,142,147	1,131,285
Deposits at call	-	36,510
	<u>1,143,152</u>	<u>1,168,745</u>

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2011

	2011	2010
	\$	\$
<b>Note 7: Receivables</b>		
CURRENT		
Trade debtors	9,824	4,923
Interest receivable	7,116	8,925
Amounts receivable from related party - Cancer Council Australia	26,200	14,705
	<u>43,140</u>	<u>28,553</u>
No receivables were overdue at balance date.		
No impairment indicators were present in respect of receivables at 30 June 2011.		
<b>Note 8: Inventories</b>		
Shop merchandise	78,240	68,139
Wig merchandise	1,680	2,280
	<u>79,920</u>	<u>70,419</u>
No impairment indicators were present in respect of inventories at 30 June 2011.		
<b>Note 9: Investments</b>		
<i>Available for sale financial assets</i>		
Shares in listed corporation - at fair value	1,033	992
	<u>1,033</u>	<u>992</u>
The Company currently participates in the dividend reinvestment plan available to shareholders of the listed corporation.		
<b>Note 10: Other Current Assets</b>		
Prepayments	<u>23,846</u>	<u>25,051</u>
<b>Note 11: Property, Plant and Equipment</b>		
Furniture, plant and equipment – at cost	198,983	186,900
Accumulated depreciation	<u>(118,517)</u>	<u>(100,174)</u>
	80,466	86,726
Motor vehicles – at cost	43,797	40,992
Accumulated depreciation	<u>(13,739)</u>	<u>(18,817)</u>
	30,058	22,175
Building improvements - at cost	105,000	105,000
Accumulated depreciation	<u>(105,000)</u>	<u>(105,000)</u>
	-	-
Total Property, Plant and Equipment	<u>110,524</u>	<u>108,901</u>

## THE CANCER COUNCIL ACT

ABN: 33 113 296 601

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2011

#### Note 11: Property, Plant and Equipment (continued)

(a) Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current and prior financial year

	Furniture, plant and equipment	Motor vehicles	Building improvements	Total
	\$	\$	\$	\$
Balance at 1 July 2009	26,776	28,590	-	55,366
Additions	78,415	-	-	78,415
Depreciation expense	(18,427)	(6,415)	-	(24,842)
Disposals	(38)	-	-	(38)
Balance at 30 June 2010	86,726	22,175	-	108,901
Additions	30,577	22,018	-	52,595
Depreciation expense	(34,485)	(8,292)	-	(42,777)
Disposals	(2,351)	(5,844)	-	(8,195)
Balance at 30 June 2011	80,467	30,057	-	110,524

2011	2010
\$	\$

#### Note 12: Payables

##### CURRENT

##### Unsecured liabilities:

Employee benefits payable	39,200	33,218
Other creditors and accrued expenses	66,620	16,125
Amounts payable to related parties (Note 18)	6,285	763
Annual leave	49,510	32,145
Portable long service leave liability	3,313	-
Long service leave (vested)	11,714	24,176
	<u>176,642</u>	<u>106,427</u>

#### Note 13: Unearned Revenue

##### CURRENT

Unexpended project grants	Note 4	-	-
Other		-	540
		<u>-</u>	<u>540</u>

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2011

	2011	2010
	\$	\$
<b>Note 14: Provisions</b>		
NON-CURRENT		
Employee benefits:		
▶ Long service leave (non-vested)	<u>12,340</u>	<u>10,237</u>

**Note 15: Company Details**

*(a) Locations*

The registered office and principal place of business of the Company is:  
 The Cancer Council ACT Limited  
 5 Richmond Avenue  
 Fairbairn ACT 2609

*(b) Activities*

The Company operates in the Canberra and surrounding region providing health management and education services.

**Note 16: Commitments for Expenditure**

*Operating lease commitments*

Non-cancellable operating leases contracted for but not capitalised:

*Payable:*

▶ not later than 1 year	64,749	120,002
▶ later than 1 year but not later than 5 years	<u>22,572</u>	<u>50,001</u>
	<u>87,321</u>	<u>170,003</u>

▶ Lease for 5 Richmond Avenue, Fairbairn, ACT expires on 5 December 2011 with no options to renew. Potential lease offer letter has been received from Canberra Airport, up to the date of the Auditor's Report date, there has no official lease agreement been signed.

▶ Lease commitments payable also includes the IMIS hosting lease payable.

*Capital commitments*

Non-cancellable capital purchases contracted for but not yet paid:

*Payable:*

▶ not later than 1 year	9,015	9,015
▶ later than 1 year but not later than 5 years	<u>18,030</u>	<u>27,045</u>
	<u>27,045</u>	<u>36,060</u>

## THE CANCER COUNCIL ACT

ABN: 33 113 296 601

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2011

#### Note 17: Key Management Personnel

##### (a) Details of Key Management Personnel

Names and positions held of key management personnel in office at any time during the financial year are:

(i) *Directors of The Cancer Council ACT Limited :*

Ms Christine Brill  
Mr David Sly  
Mr Robert Hunt  
Ms Lucyanne Boom  
Ms Sue Hart  
Mr Brian Loftus  
Mr Wayne Berry  
Dr Ian Pryor  
Mr Kelvin Watt  
Dr Deborah Thornton  
Mr David Nolan  
Dr Kevin White

(ii) *Executive Officers*

Joan Bartlett, Chief Executive Officer

##### (b) Compensation of Key Management Personnel

	Short-term benefits \$
<b>2011</b>	
Total compensation	<u>118,743</u>
<b>2010</b>	
Total compensation	<u>112,900</u>

#### Note 18: Related Party Transactions

During 2011, all transactions during the year were on normal commercial terms and conditions unless otherwise stated.

► The Company is a member of and has a common director with The Cancer Council Australia. The Company and other membership organisations in each state and territory contribute annual membership fees, purchase fundraising merchandise and receive net fundraising income from the Cancer Council Australia.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2011

	2011	2010
	\$	\$
<b>Note 19: Cash Flow Information</b>		
(a) Reconciliation of net cash relating to operating activities to net surplus		
Net surplus/(loss)	(72,824)	142,032
Non-cash flows in operating surplus:		
Depreciation and amortisation	42,777	24,842
Dividend reinvestments	(41)	(42)
Net Loss/(Gain) on disposal of non-current assets	(5)	38
Changes in assets and liabilities:		
Receivables	(14,587)	10,170
Inventories	(9,501)	(13,816)
Other current assets	1,205	(692)
Payables	70,215	19,564
Unearned revenue	(540)	(93,043)
Provisions	2,103	3,141
Lease incentives	-	(2,083)
Net cash relating to operating activities	<u>18,802</u>	<u>90,111</u>

## THE CANCER COUNCIL ACT

ABN: 33 113 296 601

### NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2011

#### **Note 20: Financial Instruments**

##### *(a) Financial Risk Management Policies*

The Company's principal financial instruments comprise cash at bank, receivables and accounts payable. These financial instruments arise from the operations of the Company.

The Company does not have any derivative instruments at 30 June 2011. It is, and has been throughout the period under review, the Company's policy that no trading in financial instruments shall be undertaken.

##### *i. Financial Risk Exposures and Management*

The main risks arising from the Company's financial instruments are interest rate risk, liquidity risk, and credit risk. The Company has no exposure to foreign currency risk. The policies for managing each of these risks are summarised below.

##### *Interest rate risk*

The Company's exposure to market risk for changes in interest rates relates primarily to the Company's holdings of cash and cash equivalents. The interest rate applicable to each class of financial asset and liability are as follows:

- ▶ Variable rate cash deposits totalling \$419,841 at the average rate of 3.79% (2010: 4.13%).
- ▶ Fixed rate deposits totalling \$722,306 maturing within one year at the average rate of 5.8% (2010: 5.4%).

The Company's policy is to manage its interest income is through regularly reviewing the interest rate being received on cash and cash equivalents and comparing this return to the market.

##### *Liquidity risk*

The Company has no external funding or facilities in place. The Company manages its liquidity to ensure that it has sufficient cash and cash equivalent holdings to meet all short, medium and long term requirements.

##### *Credit risk*

The Company does not provide credit. With respect to credit risk arising from the other financial assets of the Company, which comprise cash and cash equivalents, the Company's exposure to credit risk arises from default of the counter party, with a maximum exposure equal to the carrying amount of these instruments.

With the exception of cash deposits with the Commonwealth Bank of Australia totalling \$1,151,051, the Company does not have any material credit risk exposure to any single debtor or group of debtors.

The Company manages credit risk by maintaining cash deposits with the Commonwealth Bank of Australia.

##### *(b) Net fair values*

The net fair value of financial assets and liabilities approximates the values shown in the statement of financial position and the notes thereto.

#### **Note 21: Capital Management**

The directors manage cash to ensure that adequate cash flows are generated to fund the operations of the Company. Management procedures include estimation of operating cash flows and future cash requirements.

#### **Note 22: Subsequent Events**

The financial report of the Company was authorised for issue on the date of signing of the attached Directors' Declaration by the directors.

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## **INDEPENDENT REVIEW REPORT**

### **TO THE MEMBERS OF THE CANCER COUNCIL ACT LIMITED**

#### **Scope of Review**

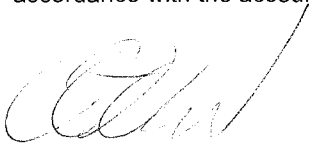
We have reviewed the detailed income statement of The Cancer Council ACT Limited for the year ended 30 June 2011. The management of the Company are responsible for the preparation and presentation of the detailed income statement and the information contained therein. We have performed the review of the detailed income statement in order to state whether, on the basis of the procedures described, anything has come to our attention that would indicate that it is not presented fairly in accordance with the accounting policies adopted in the annual financial report of the Company.

The detailed income statement has been prepared for distribution to the members of the Company. We disclaim any assumption of responsibility for any reliance on this review report or on the detailed income statement to which it relates to any person other than the members of the Company.

Our review has been conducted in accordance with Australian Auditing Standards applicable to review engagements. A review is limited primarily to inquiries of Company personnel and analytical procedures and limited sample testing applied to the financial data. These procedures do not provide all the evidence that would be required in an audit, thus the level of assurance provided is less than given in an audit. We have not performed an audit on the detailed income statement and, accordingly, we do not express an audit opinion.

#### **Statement**

Based on our review, which is not an audit, nothing has come to our attention that causes us to believe that the detailed income statement of The Cancer Council ACT Limited for the year ended 30 June 2011 does not present fairly the financial performance of the Company for the year then ended in accordance with the accounting policies adopted in the annual financial report of the Company.



Ian Hollow  
Director  
Moore Stephens

Dated at Canberra: 19<sup>th</sup> of September 2011

## THE CANCER COUNCIL ACT

ABN: 33 113 296 601

### DETAILED STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2011

(To be read in conjunction with the attached Independent Review Report)

	2011	2010
	\$	\$
<b>REVENUE</b>		
<b>OPERATING ACTIVITIES</b>		
Shop sales	134,882	141,066
Grants	401,868	351,217
Membership fees	1,474	1,091
Training and education fees	15,849	20,982
Donations	239,478	208,589
Bequests	51,243	19,350
Special events	1,034,128	1,083,428
Other products and services	5,830	13,058
	<u>1,884,752</u>	<u>1,838,781</u>
<b>NON-OPERATING ACTIVITIES</b>		
Interest	51,030	39,068
Royalties	28,856	24,342
Gain on disposal of non-current asset	1,356	-
	<u>81,242</u>	<u>63,410</u>
<i>Total revenue</i>	<u>1,965,994</u>	<u>1,902,191</u>
<b>EXPENSES</b>		
<b>EMPLOYEE BENEFITS</b>		
FBT Expense	2,878	4,133
Workers compensation insurance	12,023	12,157
Professional development	23,151	19,692
Wages & Salaries	815,630	734,119
Contract staff	32,533	15,544
Superannuation	69,974	65,436
Provision for annual leave	17,365	8,283
Provision for long service leave	2,666	7,844
Recruitment fees	13,597	5,489
Total Employee Benefits	<u>989,817</u>	<u>872,697</u>
<b>SHOP MERCHANDISE</b>		
Shop merchandise	75,057	70,002
Total Shop Merchandise	<u>75,057</u>	<u>70,002</u>

**THE CANCER COUNCIL ACT**  
**ABN: 33 113 296 601**

**DETAILED STATEMENT OF COMPREHENSIVE INCOME**  
**FOR THE YEAR ENDED 30 JUNE 2011 (continued)**

*(To be read in conjunction with the attached Independent Review Report)*

	2011	2010
	\$	\$
<b>EVENTS COSTS</b>		
Fundraising purchases of services	158,193	134,895
Fundraising merchandise	62,789	82,866
Fundraising face to face	99,382	-
National events	1,350	802
<b>Total Events Costs</b>	<u>321,714</u>	<u>218,563</u>
<b>RESEARCH GRANTS</b>		
Grants for cancer research	58,148	59,390
<b>Total Research Grants</b>	<u>58,148</u>	<u>59,390</u>
<b>OTHER ADMINISTRATIVE COSTS</b>		
Advertising & promotion	53,573	29,747
Staff and Committee amenities	1,511	1,757
Audit & accounting	13,473	17,338
Bad debts	135	202
Bank charges	13,012	10,144
Cleaning, supplies & services	10,672	10,695
Client resources	48,254	38,681
Consultancy fees	440	26,072
Depreciation	42,777	24,842
Freight & postage	25,096	25,432
Hire of equipment and premises	1,814	4,430
IT support	21,407	20,972
Legal	-	707
Local travel	4,474	4,330
Major meetings	14,912	9,851
Memberships & subscriptions	4,635	3,056
Miscellaneous	3,317	2,331
Motor vehicle	22,361	17,234
Other insurance	36,475	33,140
Photocopier	6,134	4,485
Printing	8,562	10,266
Repairs & maintenance	2,784	2,165
Stationery	12,001	16,738
Surveys	2,214	13,127
Telephone & fax	14,639	19,880
Security	617	797
<b>Total Other Administrative Costs</b>	<u>365,289</u>	<u>348,419</u>

## THE CANCER COUNCIL ACT

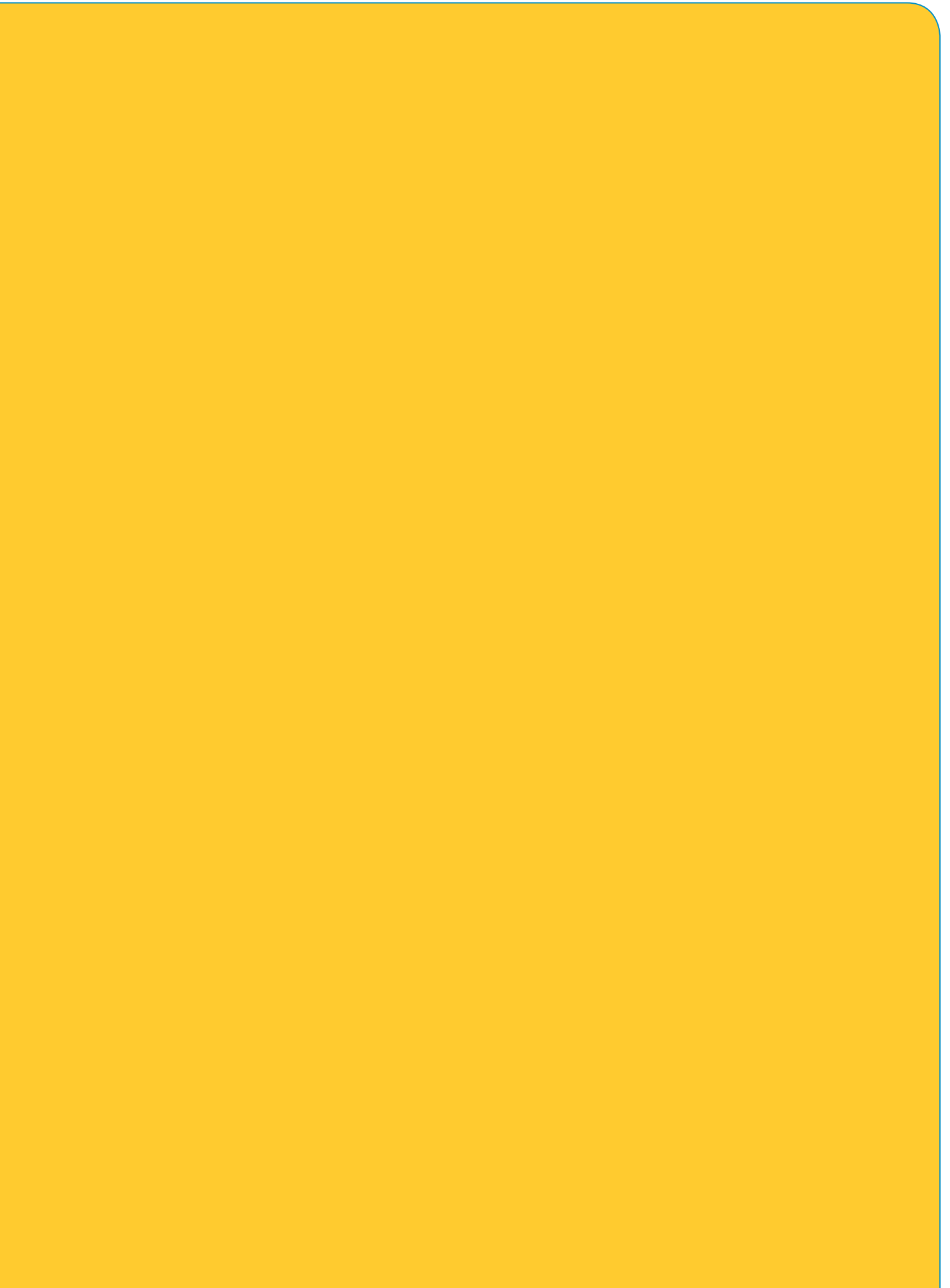
ABN: 33 113 296 601

### DETAILED STATEMENT OF COMPREHENSIVE INCOME

FOR THE YEAR ENDED 30 JUNE 2011 (continued)

(To be read in conjunction with the attached Independent Review Report)

	2011	2010
	\$	\$
<b>OCCUPANCY COSTS</b>		
Utilities	12,803	11,392
Rent	102,215	95,379
Total Occupancy Costs	<u>115,018</u>	<u>106,771</u>
<b>LOSS ON DISPOSAL OF ASSETS</b>		
Loss on disposal of assets	1,351	38
Total loss on disposal of assets	<u>1,351</u>	<u>38</u>
<b>TCCA MEMBERSHIP FEES</b>		
The Cancer Council Australia membership fees	92,424	84,279
Total TCCA Membership Fees	<u>92,424</u>	<u>84,279</u>
<b>PROJECT COSTS</b>		
Evaluations	20,000	-
Total Project costs	<u>20,000</u>	<u>-</u>
<i>Total expenses</i>	<u>2,038,818</u>	<u>1,760,159</u>
<i>Net surplus / (loss) for the financial year</i>	<u>(72,824)</u>	<u>142,032</u>



# Simple Steps to Minimise Your Cancer Risk

## Avoid tobacco smoke

- Quit smoking
- If a non-smoker, try to avoid other people's smoke

## Protect your skin from the sun

- Sun protection is recommended when UV levels reach 3 and above
- Slip on some sun-protective clothing that covers as much skin as possible
- Slap on SPF30+ broad-spectrum sunscreen. Always use in combination with the other sun protection measures
- Slap on a hat that protects your face, head, neck and ears.
- Slide on some sunglasses. A close fitting, wrap-around style will offer best protection. Sunglasses should meet AS1067
- Seek shade whenever possible
- Take particular care between 10am and 3pm. (During daylight savings minimise time outdoors between 11am and 3pm as much as practicably possible)
- For the majority of people, sun protection is not necessary in the ACT during June and July

## Maintain a healthy body weight

by getting the balance right between what you eat and how physically active you are.

## Eating a healthy diet

- Lots of fruit and vegetables, five or more servings of vegetables and two or more servings of fruit per day
- Plenty of breads and cereals preferably wholegrain
- Have moderate amounts of lean red meat and limit or avoid processed meat
- Limit or avoid drinking alcohol
- Choose foods low in salt, sugar and fat, particularly saturated fat

## Be physically active

- Aim to have one hour of moderate activity or 30 minutes of vigorous activity on most days. Activity can be done in 10 minute sessions throughout the day.
- If currently inactive, then any increase in activity is beneficial

## Early Detection

Finding cancer early offers one of the best chances to cure the disease. Be aware of what is normal for your body and visit your doctor if you notice any changes or have any concerns. Look for:

- lumps or sores that don't heal
- coughs or hoarseness that won't go away
- unexplained weight loss
- a mole or skin spot that changes shape, size or colour
- changes in your toilet habits or blood in a bowel motion
- unusual changes in your breasts
- for women, any loss of blood, even if it is a few spots between your periods or after they have stopped

## Screening

- Women 50–69 years of age should have a mammogram to screen for breast cancer every two years
- Women 18–70 years of age should have a Pap test for cancer of the cervix every two years
- Men and women 50 years and over should test for bowel cancer using a bowel cancer testing kit every two years
- Individuals who have a mother, father, sister or brother who has had cancer should see their doctor to discuss their individual risk
- Men concerned about prostate cancer should speak to their doctor to make an informed decision about whether testing is right for them

## Immunisation

As well as having a regular Pap test, girls and women can help prevent cancer of the cervix by having the cervical cancer vaccine, which is most effective for girls before the start of sexual activity.



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