

The Cancer Council ACT **27TH ANNUAL REPORT**



2002-03

INFORMATION • EDUCATION • SUPPORT • RESEARCH



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

The Cancer Council ACT

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

Vision

To promote a healthier community by reduction of the incidence and impact of cancer in the Canberra area through information, education, support and research.

Values

- ▶ accepting the principles of the Ottawa Charter
- ▶ provision of quality programs and services
- ▶ working within an evidence-based paradigm
- ▶ working within a 'community/environmental/ecological' approach rather than an 'individual' or 'biomedical' approach
- ▶ ensuring accessibility of services
- ▶ maintaining professional standards



Memberships of Major Cancer Organisations

- ▶ The Cancer Council Australia, together with other member organisations in each state and territory
- ▶ Asian and Pacific Federation of Organisations for Cancer Research and Control
- ▶ International Non-Governmental Coalition Against Cancer
- ▶ International Union For Health Promotion and Education
- ▶ International Union against Cancer (UICC)
The UICC is an international non-governmental association of more than 290 organisations in 90 countries. Its objectives are to advance scientific and medical knowledge in research, diagnosis, treatment and prevention of cancer, and to promote all other aspects of the campaign against cancer throughout the world.

Programs and Services

Information

Cancer Information Service provides information on all aspects of cancer via the Cancer Helpline 13 11 20, written information, e-mail service, lending library and walk in consultation service.

Education

Cancer Prevention and Early Detection Program encompasses: the Adult Smoking Cessation Service which includes the Quitline 131 848, workplace seminars and Quit courses; the Community Cancer Prevention and Early Detection Service promoting cancer prevention behaviours and participation in early detection programs; and the Youth Anti-Tobacco Education Service which aims to prevent or reduce the uptake of smoking in adolescents in the ACT.

Supportive Care

Supportive Care Service provides facilitated support groups, a wig service and a one-to-one volunteer program.

Research

Research grants are awarded regularly and fund cancer research and related projects in the ACT.

Fundraising and Business Development

The Cancer Council ACT raises 63.5% of its total funds through donations, bequests and community events including the well known Daffodil Day, Australia's Biggest Morning Tea and Relay For Life.

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Acknowledgment

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

About this Annual Report

This annual report provides details of The Cancer Council ACT Inc activities, initiatives and achievements for the financial year ended 30 June 2003.

Approximately 500 copies of this comprehensive review are printed and provided to key stakeholders within Australia and overseas, including other state and territory cancer organisations, government, council members, and other interested parties.

The report is the major publication produced by The Council 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.

Cover photos: Hilary Wardhaugh, Relay For Life 2003



Strategic Plan 2002–2004

Prevention and early detection

Macro Goal 1 For people in the ACT to experience a reduction in the incidence of preventable cancers and an increase in the early detection of cancers.

Micro Goals

- 1a) For people in the ACT to be aware of the need to use cancer prevention strategies and be motivated to take responsibility for changing their behaviour.
- 1b) For people in the ACT to be supported to practise healthy behaviours by appropriate legislation and public policy.
- 1c) For related service providers to understand, encourage and support healthy behaviours.
- 1d) For employers, families and communities to understand and support cancer preventing behaviours.
- 1e) For health practitioners and allied health providers to use evidence-based practices in supporting individuals to achieve healthy behaviours.

Cancer information and supportive care

Macro Goal 2 For people in the ACT affected by a cancer diagnosis to have the negative impact of cancer minimised.

Micro Goals

- 2a) 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.
- 2b) For cancer patients to have the negative impact of cancer minimised by legislation and public policy.
- 2c) For cancer patients to have access to adequate medical services which are coordinated and networked in an appropriate manner.
- 2d) For cancer patients and their families to be aware of and able to access relevant community services and support.
- 2e) For health professionals and other service providers to use an evidence-based approach in serving cancer patients.

Enabling goals

Goal 3 For the organisation to raise sufficient funds to fulfil its plans.

Goal 4 For the Board of Directors to govern well.

Goal 5 For the organisation to be managed so that it fulfils the current strategic plan.

Key Achievements 2002–2003

Governance Function

- The Board developed a Strategic Plan to guide The Cancer Council ACT activities until June 30, 2004.
- To assist it with meeting its governance responsibilities, the Board established an Audit Committee comprising all members of the Board.

Client Services

Reducing the incidence of cancer

- The **Adult Smoking Cessation Service** reached 2623 adults in the ACT community, an increase of 15% from the previous year.
- An evaluation of this service this year shows that of 52 course participants contacted six months after completion of a Quit course, 21 or 41% were still quit. A quit rate of 50% was reported at the end of a Quit course for clients of Belconnen Mental Health, an excellent result.
- This service continued its valuable work with some groups suffering specific inequality and has achieved some outstanding successes.
- The Council has won the tender to develop an effective and sustainable local strategy for **youth smoking prevention**. It is to be based on a West Australian model “Smarter Than Smoking” which has been evaluated as one of the more successful anti-smoking strategies. The funding for the project is \$300,000 over 2 years.

Reducing the impact of cancer

- The **Cancer Information Service** reached an estimated 51% of people affected by cancer in the ACT, which compares well to a national figure of 55%
- The **Supportive Care Service** reached an estimated 13% of people living with cancer (patients and carers) in the ACT. The Cancer Council Victoria estimate their Cancer Support Services reached about 16% of those affected.

- Completion of data gathering and commencement of detailed analysis in ‘The Cancer Council ACT Survey of the Reported Supportive Care Needs of People Affected by a Cancer Diagnosis’
- Publication and distribution of ‘Cancer Services ACT 2002’, a directory of cancer services in the ACT.
- Successful pilot of closed (time limited and no new members allowed to join once it was underway) support group ‘Illness and Journey’.

Fundraising and Business Development Function

- The Cancer Council ACT raised the highest amount per head of population for Daffodil Day compared to the other states and territories and the third highest amount nationally for Australia’s Biggest Morning Tea.
- An increase of \$19,334 in revenue raised from special events, despite the heavy impact of ‘donor fatigue’ from the Canberra bushfires. Total revenue raised from special events in 2002–2003 was \$656,308.

Research

- The Council granted \$58,000 to the funding of an ACT cancer research project ‘Coping Styles and Severity of Toxicity from Adjuvant Chemotherapy for Early Breast Cancer’
- The Council has already committed \$32,000 to be spent in the next financial year, to funding cancer clinical trials at The Canberra Hospital.



Treasurer's Report



Oliver Lee
Treasurer

I present my report in respect of The Cancer Council ACT for the year ended 30 June 2003.

The Council reported an operating surplus of \$31,211 (2002: surplus of \$147,380). The surplus has resulted in an increase in member funds from \$944,367 to \$975,578.

Revenue has increased marginally by \$8,117 despite a significant fall in bequest income. In the 2002 financial year, The Council received bequest income of \$78,304. No bequest income was received during the 2003 financial year. Income from the shop sales and special events has improved during the year at \$352,932 (2002: \$324,215*) and \$656,308 (2002: \$636,974*) respectively. Other income has reduced by approximately \$10,000.

Operating expenditure has increased by approximately \$124,000 during the year. Shop merchandise and research grants expenses had increased by \$25,907 and \$54,140 respectively. The increases are consistent with the growth of

income associated with these operating expenses. Staff costs increased by \$84,851 as a result of The Council using more contract and temporary staff.

The current asset ratio of The Council as at 30 June 2003 is 12.01. This ratio is considered to be strong. It represents the ability of The Council to meet current obligations as they become due and payable.

The Council's 2003 Financial Report again reflects good financial and operational performance.

I am pleased that the Executive Officer and her team at The Council have achieved another sound financial outcome for the 2003 financial year and are commended for their efforts. The financial strength of The Council will enable the Committee Members to continue their work within the Canberra region by providing cancer education and support.

Mr Oliver Lee
Treasurer

* In last year's Annual Report the figure for Special Events for 2002 was reported as \$603,249. In 2002–2003 these funds for 2001–2002 are reported as \$636,974. The figure for 2002 of \$636,974 reflects the aggregation of this amount with \$33,725 received through The Cancer Council Australia, reported in last year's Annual Report under the item Other Income. Similarly, the figure reported in last year's Annual Report for Shop Sales included funds from ledger item — Other Products and Services, this amount is now included under the item, Other Income.

President's Report



Kevin White
President

According to the recent World Cancer Report released by the World Health Organisation, global cancer rates could increase by 50% to 15 million cases by 2020. This would mean an increase in the ACT from 995 to nearly 1500 new cases each year. However, the report also provides clear evidence that as many as a third of these cases could be prevented by reducing tobacco consumption, maintaining a healthy lifestyle and diet and through screening for cancers, in particular breast and cervical cancers.

Therefore, The Cancer Council ACT continues to focus on its twin goals of reducing the incidence and impact of cancer. This year I would like to outline a couple of initiatives that are designed to address these goals.

Cancer Prevention and Early Detection Program

One of the main programs The Council operates is the Cancer Prevention and Early Detection Program. Its function is to address the four major cancer prevention risk factors which are outlined in the National Cancer Prevention Policy 2001-03. These are smoking, sun exposure, poor diet and physical inactivity.

The Council was very pleased to be awarded a tender by the ACT Government to develop a youth smoking prevention strategy for the ACT. The Council will receive \$300,000 over two years to develop this strategy. The strategy will be based on the successful Western Australian 'Smarter Than Smoking' campaign, which includes a wide ranging media campaign, intensive qualitative and quantitative research and a school-based education program.

This is an important step in addressing the high prevalence of smoking amongst our young people and particularly young girls, as research has demonstrated that the younger people start smoking cigarettes, the more likely they are to become strongly addicted to nicotine. The ACT currently has a high rate of youth smoking which if not addressed, will translate into increased smoking prevalence over time.

Cancer Information and Supportive Care Program

As reported in last year's annual report, The Council has been conducting research into the reported supportive care needs of people affected by a cancer diagnosis in the ACT. The research focused on the provision of supportive care services for persons with cancer and their families. It will provide an evidence base for the types of supportive care services The Council provides and advocates for in the community.

Quantitative data was collected through questionnaires completed by cancer patients and their carers and

qualitative data, through focus groups which I conducted myself, with six key groups in the ACT. The research was completed in December 2002, and the results are still being analysed with a full report to be published in next year's report and separately as appropriate.

The Board decided to fund an ACT cancer research project "Coping Styles and Severity of Toxicity from Adjuvant Chemotherapy for Early Breast Cancer". This project runs over three years, and The Council has already provided the investigators with \$58,000. The Council has already committed \$32,000, to be spent in the next financial year, to funding cancer clinical trials at The Canberra Hospital.

In other developments, the possibility of The Council moving to new premises, in a central location, remains on the Board's agenda. However, we continue cautiously as it is a big commitment and we are very mindful of the effect the January bushfires had on our income this year, realising that fundraising is an imperfect science.

The Board developed a Strategic Plan to guide The Council's activities until June 30, 2004.

To assist it with meeting its governance responsibilities the Board established an Audit Committee comprising all members of the Board.

The Policy and Planning Committee was disbanded because the Board agreed that this should be the central work of the Board as a whole. The Board also agreed to disband the thirteen member Medical and Scientific Committee in favour of a smaller Research Committee given that The Council's major research grants are now peer reviewed through The Cancer Council Victoria and the local Committee had been relieved of much of this intensive work.

The Council was set a hard task this year in maintaining the level of income needed to provide our services. The bushfires greatly affected the revenue raised from special events this year. However despite this, we did manage a small increase in the funds raised in 2002/03.

I would like to thank my fellow board members for their support and work during the year. I would also like to thank the Executive Officer and all the staff for their achievements this year.

Finally, I would like to thank our funding bodies and sponsors and to all who support The Cancer Council ACT in other ways. I especially would like to thank all the volunteers who generously give their time and, without whom, many of our services would not function, nor would we raise the significant funds that we do.

Dr Kevin White
President



Executive Officer's Report



Joan Bartlett
Executive Officer

Welcome to The Cancer Council ACT's 27th Annual Report.

The last year was a good one for The Cancer Council ACT. Our service delivery increased in size and quality and The Council managed to escape most of the potential negative results of the January bushfires, unlike others in the community sector.

In fact, the year 2002–2003 ended very satisfactorily for The Council when it won the tender to develop the ACT Youth Smoking Prevention Strategy. During the next two years The Council will spend \$300,000 to design and implement a strategy to reduce smoking prevalence among young people.

In last year's Annual Report we set some goals for 2002–2003. I would like to address each of these and assess the degree to which they were achieved.

Cancer Prevention and Early Detection Program

To undertake a 3 year project beginning in July 2002–2003 focussing on preventing smoking uptake in the female adolescent population. The project aims to address the increasing uptake of smoking in females through a targeted stress management and social resistance skills training program.

Unfortunately, problems with implementation, evident before the end of the first year, persuaded The Council that results from the research were likely to be unreliable and the project ceased at the end of the year. Details of the project and the problems are contained in the Youth Anti-Smoking section of this report.

To improve on strategies and instruments used to measure changes in knowledge, attitudes and values of participants in The Council's health promotion activities.

This year we further developed the instruments we had used last year to measure the incidence of hat-wearing behaviours of participants in some outdoor events. Children are the group most seen wearing hats. Consideration of how The Council evaluates the success of its involvement in some of these health promotion activities has led us to examine their value. In the 28th Annual Report we will provide a rationale for those with which we continue.

To expand the program to have a greater emphasis on education and awareness about nutrition and physical activity.

We have achieved this in all our Healthpact sponsorship partnering activities and general cancer prevention sessions. Instead of aiming to educate the community in predominantly one cancer prevention area (eg SunSmart or Smokefree) The Council is now educating the community to be generally "cancer smart".

Cancer Information and Supportive Care

To maintain or exceed the current proportion of clients affected by cancer served by the Information and Support Service.

The Cancer Information Service exceeded last year's total client contacts by 306 or 25%. There were 1008 contacts to the Supportive Care Service this year, which is slightly down on the 1073 contacts made to the service last financial year.

To publish and distribute the "Cancer Services Directory"

The Cancer Services Directory, 'Cancer Services ACT 2002', the first of its kind in the ACT, was published and distributed this year and has been very well received. The Directory is a listing of cancer-related services in the ACT. It is also available on The Council's website where it is regularly updated.

To evaluate existing services, and plan new services based on evidence drawn from the research into "The Unmet Supportive Care Needs of Cancer Patients and their Carers in the ACT"

The data from this research is still being analysed but we have insights into the most important needs of cancer patients. Four out of the top ten are Health System and Information needs. Five out of the top ten needs of carers are Psychologic in nature. It seems as if many male carers, in particular, are in great need of skilled psychological assistance.

To ensure that all patients who lose their hair during cancer treatment are aware of and able to access The Cancer Council Wig Service.

In 2002–2003, 408 women accessed The Council's Wig Service. This figure is down slightly on last year's

figure of 547. The Council is trying to obtain the likely number of women who lose their hair through cancer treatment each year in the ACT in order to measure how many of these women are aware of, and are accessing, the Wig Service. We hope to obtain this information very shortly and be able to report on it in next year's annual report.

Fundraising and Business Development Function

Maintain or exceed the funds raised in the 2001–2002 financial year with an emphasis on developing a successful bequest program and increasing donations.

Donations increased by \$12,097 or 14% this year to \$98,036. Whilst the Bequest Program is in its early stages, since its inception it has generated income of over \$15,000. We are not expecting to see benefits from the bequest program for at least five years.

Continue to seek and develop new fundraising opportunities

Me No Hair, a fundraiser in which participants organise headshaves to raise money was undertaken in a planned way for the first time and resourced in such a way as to maximise results. The Council was thrilled to receive \$43,962.89 from this activity this year.

Establish Relay For Life as the largest event undertaken by The Cancer Council ACT

Unfortunately, this will have to be a goal that is realised in subsequent years. The January bushfires in Canberra meant that fundraising in the first few months of 2003 (Relay For Life was held in March) meant that there was strong competition for funds raised in the ACT community.

Goals For The Cancer Council ACT Shop To exceed this financial year in sales and gross profit

This was the main goal for the Shop during this year. None of the others were relevant without this. Unfortunately, our profit was so little that the Board has decided to close the Shop in Westfield Belconnen in September 2003, and redirect the resources put into this enterprise. In early 2003–04 the Shop will move to The Council's offices in Kaleen and existing

staff will attempt to boost the mail-order and on-line functions. Ideally, the shop in 2003–04 should return a profit of at least \$37,790, the same as this year.

Other Activities

The Council also took responsibility to auspice two projects this year.

Auspicings involve taking the ultimate responsibility to ensure the project is completed on time and within budget, but the day to day management and responsibility is carried by another party. The Council's incorporated status allows it to accept and disburse funds and employ staff in relation to the project, for the other party.

Australian Secondary Schools' Alcohol and Drug Survey (ASSAD) and Healthlink.

As it has done twice before, The Council auspiced the gathering of the data for the ACT component of the ASSAD. This survey is carried out every three years and produces valuable data. Unfortunately, although the same core questions are asked in every state and territory, the supplementary questions asked in each of the jurisdictions vary. As a result, we are told, it is not possible to compare the states and territory results with each other or produce a national result. The Council will do what it can in the next 12 months to try to effect a more satisfactory outcome.

During this year The Council also auspiced *Healthlink* the ACT health promotion journal.

Finally, it is my pleasure and privilege to thank all those who have assisted us in achieving the goals cited in this report. The Board for their leadership and vision; the staff for their skill and conscientiousness; volunteers for their ability and generosity of spirit and all our sponsors and donors without whom The Council would be very much poorer indeed.

Ms Joan Bartlett
Executive Officer



Summary of Services

Reducing the incidence and impact of cancer in the ACT

Programs and Services	Strategies
Cancer Prevention and Early Detection Program	Adult Smoking Cessation Service <ul style="list-style-type: none"> ▶ Quitline 131 848 ▶ Smoking cessation seminars to provide overview and purpose of Quit courses ▶ Capacity building with other community organisations ▶ Consultancy
	General Cancer Prevention and Early Detection Service <ul style="list-style-type: none"> ▶ Health promotion sponsorships with community organisations ▶ Workplace cancer awareness sessions ▶ Health promotion booths at events ▶ SunSmart schools program ▶ Consultancy
	Youth Anti-Tobacco Education Service <ul style="list-style-type: none"> ▶ Smoking prevention projects in schools ▶ Planning general prevention project West Belconnon Schools ▶ Youth smoking cessation education courses ▶ Consultancy
Cancer Information and Supportive Care Program	Cancer Information Service <ul style="list-style-type: none"> ▶ Cancer Helpline ▶ Library and free cancer information resources ▶ E-mail service and Web site ▶ 'The Council Chronicle' newsletter ▶ Consultancy
	Supportive Care Service <ul style="list-style-type: none"> ▶ Facilitated support groups ▶ Wig service — wigs and head wear for loan or sale ▶ One-to-one supportive care/volunteer service ▶ 'Living With Cancer' courses ▶ Consultancy
Research Program	
Fundraising and Business Development Program	<ul style="list-style-type: none"> ▶ Major fundraising special events ▶ The Cancer Council Shop- sale of sun protection merchandise ▶ Bequest program ▶ Donor acquisition ▶ Other activities

Achieved 2002–2003

- Exceeded contractual obligations, 1156 calls Quitline
- 32 seminars with 234 contacts
- Collaboration eg., YWCA, Carers ACT, Winnunga Nimmityjah Aboriginal Health Centre, and Belconnen Mental Health etc.
- Community Events
- World No Tobacco Day

Planned for 2003–2004

- Maintain/exceed Quitline calls this year
- Workplace seminars and seminars to clubs
- Develop course to deliver to more community groups
- Continue to develop in areas of specific inequality
- Seek government support for mass media campaign
- Maintain presence at appropriate community events
- Advocate for smoking cessation in government and community

- Conducted sponsorships with 9 organisations
- Conducted three workplace seminars
- Attended Canberra Show, Summernats, Science Festival, Agriculture Fishing and Forestry Australia Open Day etc.
- Advice to numerous schools & community groups

- Rationalise sponsorships, set measurable goals
- Expand workplace seminar program
- Continue attendance at community events
- Expand SunSmart accreditation to all primary schools
- Expand SunSmart accreditation to Early Childhood Centres

- Conducted "Girls and Stress" smoking prevention project
- Started the West Belconnen Schools project
- Provided courses to Calwell High, Canberra High
- Consulted with schools as required

- Develop/implement Youth Smoking Prevention strategy
- Implement West Belconnen Schools project
- Continue consulting/training at schools on youth smoking
- Continue youth smoking courses

- 1416 calls made to Cancer Helpline
- Published Cancer Services Directory
- 17,670 hits to The Council web site
- Three issues of 'The Council Chronicle' produced
- Reached an estimated 51% of people affected by cancer in the ACT

- Continue to provide Cancer Helpline service
- Provide library resources to all hospitals
- Upgrade and extend the web site
- Publicise the service widely
- Continue to reach over 50% of people affected by cancer in the ACT

- Overall numbers for support groups and wig service down on previous year
- Increase in contacts for one-to-one supportive care
- Conducted second "Living With Cancer" course and the "Illness and Journey" group

- Evaluate and strengthen support services
- Expand Thursday Cancer Support Group
- Provide more "Illness and Journey" groups
- Provide "Living With Cancer" seminars

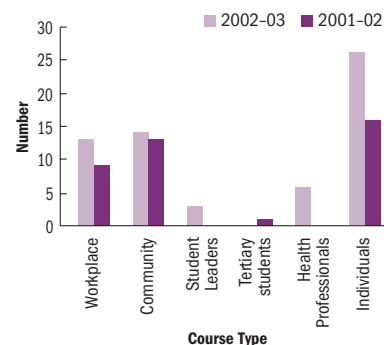
- \$58,000 was provided to fund "Coping Styles and Severity of Toxicity from Adjuvant Chemotherapy for Early Breast Cancer"

- Planned continuation of funding suitable cancer research projects in the ACT

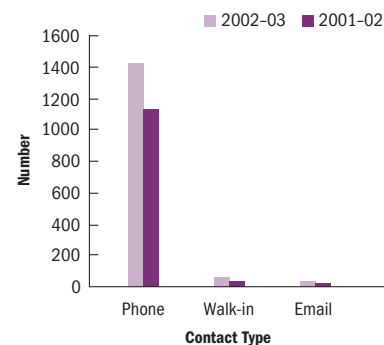
- Raised \$656,308 an increase of \$19,334
- Fundraising impacted by Canberra bushfires
- The Cancer Council ACT Shop net profit of \$37,790.18
- Donations income \$98,036

- Maintain or exceed the funds raised for 2002–03
- Further develop donor appeal acquisition campaigns
- Seek and develop new fundraising opportunities
- Make Relay for Life the largest fundraising event
- Implement marketing plan for SunSmart products
- Launch the online shopping site
- Shop to equal or exceed this year's profit

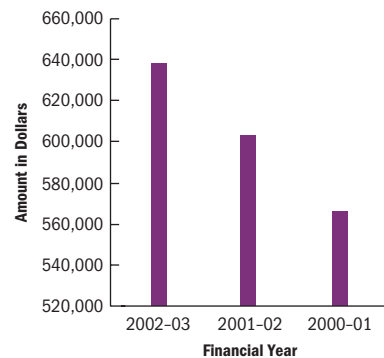
Adult Smoking Cessation Service – Courses



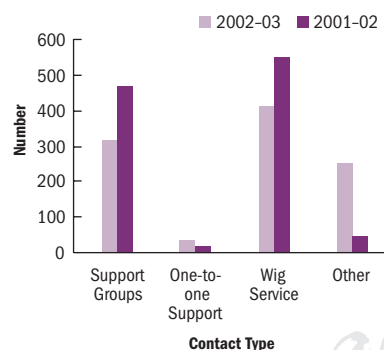
Cancer Information Service – Number of contacts



Total Fundraising Income *See page 4



Supportive Care Service – Number of contacts



Client Services Program



John Thorn
Manager, Client Services

Reducing the incidence and impact of cancer in the ACT

Client Services is responsible for developing, delivering, monitoring and evaluating all client services provided by The Cancer Council ACT.

There are two major components of the Client Services function: the Cancer Prevention and Early Detection Program and the Cancer Information and Supportive Care Program.

The role of the Cancer Prevention and Early Detection Program is to reduce the incidence of cancer in the ACT through educating the community to adopt the behaviours that will minimise the risk of contracting the cancers for which the prevention factors are known.

The role of the Cancer Information and Supportive Care Program is to reduce the impact of cancer in the ACT by providing information and support to people with cancer, their carers and families.

Cancer Prevention and Early Detection Program



Patricia Jones
Adult Smoking Cessation
Officer

Reducing the incidence of cancer in the ACT

Up to one third of cases of cancer can be prevented.

The Cancer Council Australia's National Cancer Prevention Policy 2001–2003 advised the adoption of a number of behaviours, the main ones being to protect oneself from the sun; don't smoke; eat a healthy diet; and be physically active.

The Cancer Council ACT's cancer prevention activities during 2002–2003 were carried out through the following services:

- ▶ Adult Smoking Cessation Service
- ▶ General Cancer Prevention and Early Detection Service
- ▶ Youth Anti-Tobacco Service

Adult Smoking Cessation Service

Smoking tobacco is the single most preventable cause of premature death in Australia. The Cancer Council ACT, through its Adult Smoking Cessation Service, is attempting to reduce this incidence in the ACT.

ACT Health provides a proportion of the funding for this service, which assists in the delivery of Quit courses and seminars and the provision of the Quitline service.

Quit courses comprise either a 1hour session once a week for 8 weeks, or a weekly 2 hour session for 4 weeks. Quit seminars are short, one session, awareness-raising presentations which themselves often result in changed smoking behaviours.

We exceeded our contractual obligations...

This year we again greatly exceeded our contractual obligations. In 2002–03 we conducted 53 Quit courses in varied locations and to widely varied groups, and 45 Quit seminars reaching over 700 contacts. We also recorded a total of 1,156 calls to the Quitline for the year.

There is clearly a lot more effective work that could be done in the ACT in supporting smokers to quit. The Council is currently unable to resource an increase in this activity and is working to achieve sustainable capacity increases to do this work by training health professionals and student leaders to provide quit support and referral within their spheres of influence.

This year we provided six education sessions for health professionals, including drug and alcohol professionals and professionals from a variety of community agencies.

Number of Courses

Participants	2002–03 Courses	2001–02 Courses	2000–01 Courses
Workplace	13	9	8
Community	14	13	9
Tertiary		1	
Student Leaders	3		
Health Professionals	6		
Individuals	26	16	7
TOTAL	62	39	24

Number of Client Contacts

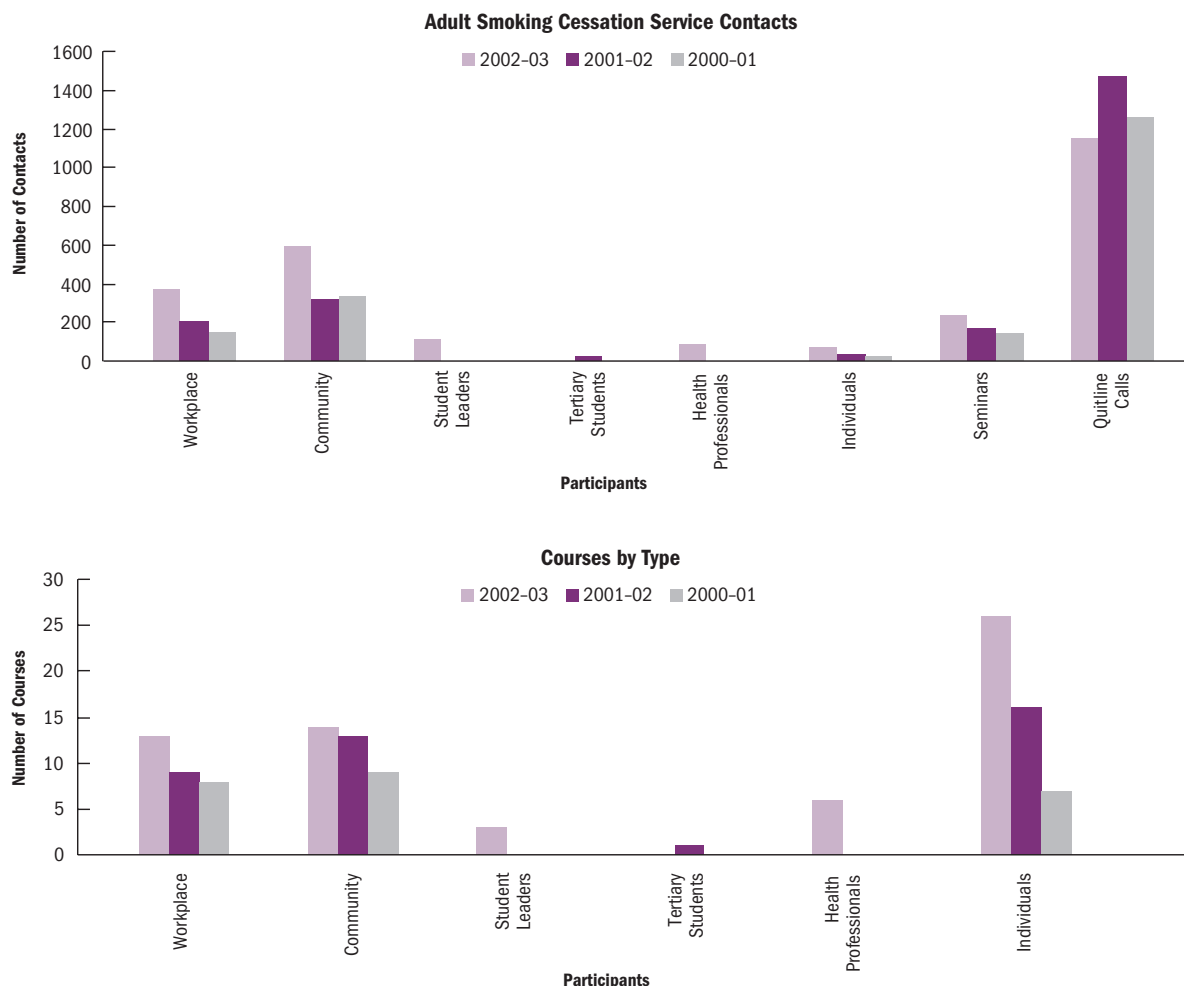
Type	2002–03 Contacts	2001–02 Contacts	2000–01 Contacts
Workplace	372	204	146
Community	589	316	337
Student Leaders	112		
Tertiary		30	
Health Professionals	92		
Individuals	68	32	23
Seminars	234	170	137
Quitline calls	1156	1469	1255
TOTAL	2623	2221	1898

As the tables above show, there has been a steady increase in the number of contacts made by this service over the past four years. Client contact is defined as each separate occasion of contact a client has with staff of the Adult Smoking Cessation Service.

An evaluation of the service this year shows that of 52 course participants contacted six months after completion of a Quit course, 21 or 41% were still quit. Based on best available evidence this is an excellent result.



Cancer Prevention and Early Detection Program



And we continued to address areas of specific inequality...

The Cancer Council Australia has identified some groups as experiencing “specific inequalities” in health status compared to the average Australian. These groups include low-income earners, people with a mental illness, young people and Aboriginal and Torres Strait Islander peoples.

The Adult Smoking Cessation Service continued to be active in this area through provision of Quit courses and seminars to groups including those experiencing mental health problems and Aboriginal groups such as:

- Workplace seminars which included six for disadvantaged groups in the community.
- Participation in Winnunga Nimmityjah Community Wellness Day.

- Courses for Carers ACT (Aboriginal group).
- Training health professionals in preparation for the Community Wellness Day with an attendance of 300 Aboriginal community members.
- Developing a partnership with Belconnen Mental Health and a pharmaceutical company for the provision of free nicotine replacement therapy.
- Information sessions for low income groups including residents of St Vincent de Paul’s Samaritan House where The Council paid for nicotine replacement therapy for some low income clients, in particular one who was unable to have surgery until he quit smoking.
- Providing consultation with Mission Australia ‘Work for the Dole’ youth group making a smoking cessation video for a target audience of young unemployed people.

And we maintained involvement in activities as in previous years...

- Workplace courses where there is currently a high demand. Workplace courses achieved a quit rate of 44% in 2002–03.
- Participation in corporate health weeks.
- Education sessions for corporate OH&S managers.
- Courses in high schools and consulting for school counsellors and teachers who provide quit support for students.
- Two education sessions for University of Canberra students.
- Education session for drug and alcohol professionals and the general public.
- Present at the Royal Canberra Show-providing exposure to a large number of people for the distribution of Quit Kits and the provision of quit information and advice to public.
- Participated in planning for Drug Action Week and provided a display during the week.
- Published educational articles on smoking cessation.
- Provided a free Quit course, which was open to the public, to coincide with World No Tobacco Day on 31 May.

All this activity has generated a large amount of repeat business from a number of organisations as the reputation and results of the Adult Smoking Cessation Service grows.

...But we did this with limited resources which have not had a real increase in 4 years

The Council has one full time staff member to deliver Quit courses and seminars and respond to Quitline calls. As a non-profit organisation we rely on some critical government funding, but we are increasingly dependent on the generosity of our supporters and the public.

Youth Anti-Tobacco Education Service

With partial funding from a Healthpact project grant, the Youth Anti-Tobacco Service embarked on the Girl's Stress and Smoking project at the beginning of the year.

The rationale supporting the initiation of this project was as follows:

- Smoking is widely regarded as the leading preventable cause of death and disease.
- Most adult tobacco smokers commenced smoking tobacco during their school years.
- Preventing young people becoming regular smokers is one of the best strategies for reducing the morbidity and mortality associated with tobacco use.
- Studies indicate that the transition from ACT school years 7 to 8 is a critical time for experimentation with and uptake of regular (at least one a day) tobacco smoking. (One third of year 7 students have tried tobacco, or are regular smokers and up to one-half by the time students are in year 8).
- In each grade and age group more girls than boys smoke regularly.
- A leading ACT researcher postulated that the key difference in the girls' greater smoking rates is that they experience greater levels of stress from a wider range of stressors than their male peers.
- The aim of this project was to provide girls with strategies and skills (i) to change situations that cause stress, (ii) to change their responses to potentially stressful situations, and (iii) to manage the symptoms of stress, when it does occur, in more health promoting ways than using tobacco.

The Cancer Council ACT was very excited to be able to become involved in an innovative project such as this. The project had originally been proposed to continue for three years.

Unfortunately, problems with implementation, evident before the end of the first year, persuaded The Council that results from the research were likely to be unreliable and the project ceased at the end of the year.

The problems included the following:

- All high schools in the ACT system develop and implement their own health and personal development curriculum which meant The Council's intervention could not be integrated into, or complement all, participating schools' curricula in a standardised way.
- The majority of schools chose to allocate the time for the project activities to Physical Education periods, which meant that the participating girls



Cancer Prevention and Early Detection Program

missed out on a number of Physical Education lessons, which was a negative consequence.

- Non-smoking participants believed the project was irrelevant to them.
- Some of the young females who were the target group for this intervention were resentful that they had reduced interaction with the boys as a result.
- Some of the problems cited above caused a further one in that the students were not always cooperative because of their various resentments, and class control became an issue, both because of the familiarity which developed over the 12 sessions with the project officer, and the project officer not being in possession of formal teacher's authority.

Anecdotal evidence suggests that the program was effective for some individuals:

- Parental observations include an increase in assertive behaviour with siblings and reductions in the display of stress symptoms.
- A number of participants reported that they had applied the assertive skills they had learned in the project sessions to refuse cigarettes offered to them.
- Unless prompted to consider where they had learned these assertive skills, most who had refused cigarettes did not link it to the project content, but their parents directly linked the change in behaviour to involvement in the program.
- Participants demonstrating behaviour change were predominantly more socially advantaged and "low risk" students but the program did not appear to confer significantly more benefit on those participants in greatest need.

It may be that the "stress, girls and smoking" hypothesis could be tested successfully in the future under different conditions and with more resources. The Council would be encouraging of efforts to make this happen.

The disappointing outcome of this project, and a review of the recent history of The Council working directly with students on the issue of tobacco control, suggests that there must be a more effective way of tackling this important issue.

While The Council will continue in its work on other projects in schools to include tobacco control as an important component of its general cancer prevention

activities, we are pleased to be working next year in a highly significant project, at Territory level, to develop The ACT Youth Smoking Prevention Strategy.

The ACT Youth Smoking Prevention Strategy 2003–2004

In May 2003 The Council was successful in being awarded the ACT Government contract to develop, implement and evaluate a youth smoking prevention strategy for the ACT. The Council will be expected to report against the following key performance indicators:

Year 1

- Research smoking prevalence, attitudes, values and knowledge about smoking in the target group (pre intervention).
- Market test media messages 'Smarter than Smoking' in the target group and general population.
- Development of local intervention strategies for the target group.
- Implement and evaluate intervention strategies in settings such as schools, colleges and non-traditional settings.

Year 2

- Continuation of evaluation and implementation strategies.
- Research smoking prevalence, attitudes, values and knowledge about smoking in the target group (post intervention).
- Provide a final report including evaluation findings.

The initial work began in June. Qualitative research in six high schools will be conducted in August/September 2003 to establish the suitability of the proposed "Smarter Than Smoking" media campaign followed by quantitative research leading to a mass media campaign in March 2004. How the strategy will be implemented in all ACT Secondary schools will be a decision for ACT Health to make.

General Cancer Prevention and Early Detection Service

This service exists to initiate and respond to health promotion education and awareness needs which may not be covered by the specifically targeted services viz. the Adult Smoking Cessation and Youth Anti-Tobacco Education Services.



Ross Buchanan
Community Educator,
General Cancer Prevention

The program focuses on four of the key cancer risk factors outlined in the National Cancer Prevention Policy 2000–2003. Smoking, sun exposure, poor diet and physical inactivity are significant and modifiable risk factors for cancer.

To address these risk factors, cancer prevention information, awareness and education is provided through the following major activities:

- ▶ Partnerships in Healthpact Health Promotion Sponsorships
- ▶ Workplace General Cancer Prevention Sessions
- ▶ National “SunSmart” Schools Program
- ▶ Outdoor Workers Program
- ▶ Cancer Prevention Strategies in West Belconnen Schools
- ▶ Consultancy and information/resource provision to workplaces, events and the public generally

Healthpact health promotion via sponsorship...

Healthpact is the government funded health promotion body in the ACT. The Cancer Council ACT once again accepted a number of ‘Partnerships’ in Healthpact Sponsorships this year, whereby Healthpact provides financial support — sponsorship — to selected community and sporting organisations. The Council provides its expertise in the area of cancer prevention to support the sponsored organisation to undertake health promotion activities.

The long-term goal of the health promotion sponsorships is behavioural change in relation to the risk factors, but also to shape attitudes and beliefs, so that the community itself becomes educators in relation to cancer prevention. Another objective is to provide an impetus for structural change within the organisation and events through the development, implementation and promotion of relevant policies.

...With sporting and cultural organisations

During 2002–2003 we have been working to improve the strategies and instruments used to measure changes in knowledge, attitudes and values within the sponsored sports and cultural organisations and participants.

Sporting organisations conduct ‘clinics’ in ACT Primary Schools, introducing students to the skills of their particular sport. The Council trains the

Development Officers and Coaches in these organisations to create awareness of and educate the students, in the benefits of physical activity, good nutrition and the importance of sun protection and avoiding tobacco exposure.

Each Development Officer and Coach was supplied with a new booklet *‘Promoting the Cancer Prevention Messages of The Cancer Council ACT — A Handbook for Healthpact Sponsored Agencies’*. This booklet explains how to prepare and deliver a 5–10 minute presentation on behalf of The Council. In addition, visual resources were prepared to assist in presenting the cancer prevention messages.

Sponsorships also provide an opportunity for promotions at sports and cultural events through education, public announcements, signage, and having key participants modelling healthy behaviours.

In the 2002–2003 financial year, the following organisations/groups/events received Healthpact funding to bring about awareness and education in cancer preventing behaviours:

- ▶ ACT Orienteering Association
- ▶ Basketball Canberra
- ▶ Canberra Youth Music
- ▶ Rapid Moves Performance Group
- ▶ Royal National Capital Agricultural Society — Royal Canberra Show
- ▶ Soccer Canberra
- ▶ Street Machine Services (Summernats)
- ▶ Tennis ACT
- ▶ The Science Festival
- ▶ Triathlon ACT

This year we have had cause to reconsider The Council’s future involvement in some of these activities. Triathlon ACT, for example, has the almost impossible task of demonstrating “SunSmart” behaviours in a sport where wearing skimpy clothing is the norm. In our long relationship with Triathlon ACT, the organisation has always fulfilled its contract responsibilities impeccably. While The Council will continue to provide advice on optimal sun protective behaviours to organisations like this, it cannot be involved in any relationship which could be interpreted as endorsing outdoor activity that is not demonstrating all the recommended sun protective behaviours.



Cancer Prevention and Early Detection Program

During 2003–2004 The Council will look closely at the other outdoor sports organisations with which it partners through Healthpact sponsorships and make decisions as to its future involvement.

And at community events...

At the 2003 Summernats event, The Council conducted an observational study to measure patron's hat wearing behaviour. This study was designed to build on hat wearing surveys conducted in previous years. The evaluation process was improved through having a larger sample size (about 6500 patrons were observed over three days) and specified sex and age.

In terms of age, children were the group most likely to be wearing hats which were considered to meet The Council standards. Amongst the adult patrons, a higher proportion of males wore hats of an acceptable standard. Each day there was a slight, yet consistent, increase in the proportion of patrons wearing hats meeting The Council's standards.

An exit survey, conducted by The Royal Agricultural Society, indicated that 80% of respondents recalled a health message promoted at the Royal Canberra Show. The SmokeFree and SunSmart messages were the most highly recalled amongst respondents and 53% correctly answered that sunscreen should be

re-applied after 2 hours. Next year The Council would like to raise the percentage to at least 75%.

During the Royal Canberra Show, The Council was honoured to accept the 2003 award for the "Best Community/Non-Profit Organisation Display".

Cancer Prevention Sessions Delivered in Workplaces

The Council has been delivering its education services in ACT workplaces. This General Cancer Prevention Education Session covers the following four cancer prevention risk factors:

- ▶ Sun protection and early detection of skin cancer
- ▶ The nature of nicotine addiction and tips to quit
- ▶ Eating a healthy diet
- ▶ Taking regular physical exercise

This year The Council provided sessions to:

- ▶ Australian Bureau of Statistics
- ▶ Australian Communications Authority
- ▶ Australian Taxation Office
- ▶ Belconnen Senior Citizens Group
- ▶ Department of Employment and Workplace Relations
- ▶ Environment Australia
- ▶ National Capital Private Hospital



The Cancer Council ACT wins the award for 'Best Community/Non-Profit Organisation Display' at the Royal Canberra Show.

SunSmart awareness sessions were provided to:

- Melrose Primary School
- Ngunnawal Primary School
- Palmerston Day Care Centre
- Spence Family Day Care
- Urambi Primary School
- Weston Creek Play Group

Post-session participant surveys have been very positive.

SunSmart Schools Program

This program promotes sun protection policy and curriculum, and sun safe behaviour and environments, in ACT primary schools. Under the program, minimal standards for sun protection policy and behaviour are met through SunSmart accreditation. A SunSmart accredited school fulfils the same criteria, used nationally for its comprehensive sun protection policy, and standards for insuring sun protection behaviour.

Currently, 28 ACT primary schools are accredited and advice and consultation was provided to ACT schools throughout the year. A major future direction for this service is to target all ACT primary schools for accreditation for 2003–2004.

Cancer Information Booths

The Council provided information booths at the following:

- Agriculture, Fisheries and Forestry Australia, Staff Wellness Day
- Bruce CIT
- Canberra Institute of Technology open days
- Erindale College
- Hawker College Health Fair
- National Skin Cancer Awareness Week at The Canberra Hospital
- Orientation Week at the University of Canberra

Updated cancer information sheets have been produced for dissemination to the public via events, workplace newsletters and workplace intranets.

Specific Goals for 2003–2004 for the Cancer Prevention and Early Detection Program

- Community capacity building — training health professionals and student leaders to provide cessation support to smokers — achieve 12 education sessions over the year.
- Continue to address areas of specific inequality, with at least the same number of courses/activities provided as this year.
- Build on the momentum of the ACT government's SmokeFree legislation by seeking government assistance for a mass media anti-smoking campaign as well as providing more resources for Quit courses and seminars.
- Review ACT primary schools accredited since 1998 to ensure schools are maintaining their sun protection standards and identify any areas of further need.
- Assess needs for more outdoor worker programs and redo 2001 survey.
- Continue the development of the ACT Youth Smoking Prevention Strategy.
- Continue West Belconnen Schools project to cover all three school clusters, auditing all school health curricula, recommend changes as required and present action plans to all school health and executive committees.
- Royal Canberra Show exit survey to have 75% of respondents answering correctly that sunscreen should be re-applied every 2 hours.
- Put smoking prevention back at the top of the public health agenda.
- Achieve 80% SunSmart accreditation for ACT primary schools and Early Childhood Centres and embark on similar accreditation for ACT high schools.
- Work to ensure state/territory/national data from the next Australian Secondary Schools' Alcohol and Drug Survey (ASSAD) in 2005 is comparable.



Cancer Information and Supportive Care Program



Kate Aigner
Cancer Information
Consultant

Reducing the incidence and impact of cancer in the ACT

The Cancer Information and Supportive Care Program comprises the Cancer Information Service and the Supportive Care Service.

The Cancer Information Service

The Cancer Information Service (CIS) aims to reduce the impact of cancer in the ACT and surrounding region through the provision of up-to-date, evidence-based information on all aspects of cancer to those affected by the disease, their families and carers, health professionals and the general public.

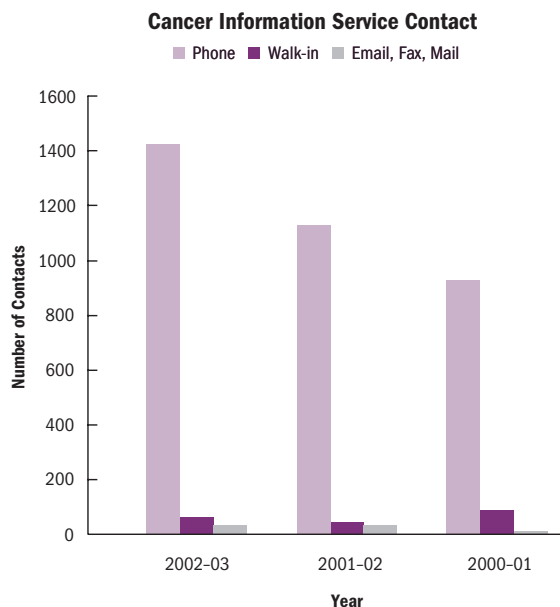
The service does not provide medical advice, but does provide emotional support and can refer clients to The Council's Supportive Care services or other relevant services in the community.

The Council's CIS service is partially funded by ACT Health but, like all our services, is dependent on fundraising to provide the level of service required by the community. Information is provided through:

- The Cancer Helpline on 13 11 20
- An e-mail service
- Written publications
- The Cancer Council ACT website
- A quarterly newsletter, *The Council Chronicle*
- A lending library, and
- A walk in consultation service

There were 1509 contacts made to the Cancer Information Service in the 2002–2003 financial year, 306 more than last year, which is an increase of 25%.

Based on 1999 data, 995 people were diagnosed with cancer in the ACT during the last year. Evidence suggests that for each person diagnosed with cancer, there will be an average of 2 persons affected to the



extent they will seek information. From this information, it is estimated that the Cancer Information Service reached 51% of those people affected by a diagnosis of cancer this year. This compares well to a national figure of 55%.

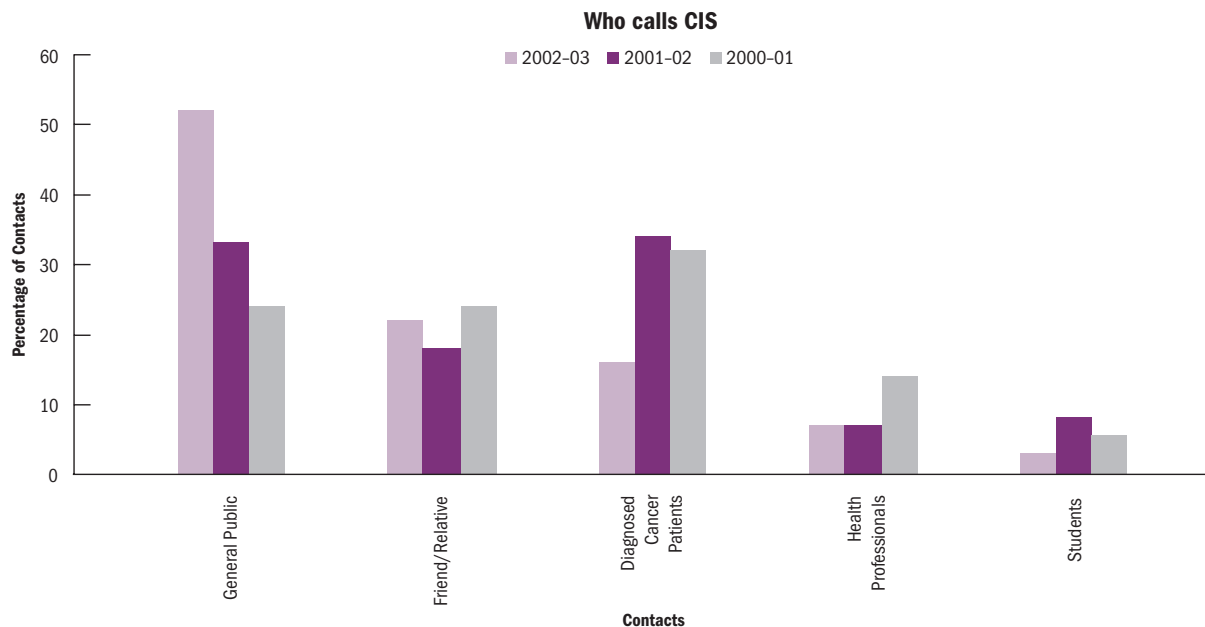
The telephone is far and away the most used tool we have for assisting our clients, it is our core service because it makes a major contribution to the fulfilment of both our major goals, to reduce the incidence and impact of cancer in the ACT.

Who were the calls from...

- The majority of clients came from central Canberra with 20% of calls from surrounding areas of NSW and further interstate.
- 78% of clients were female, 22% male.

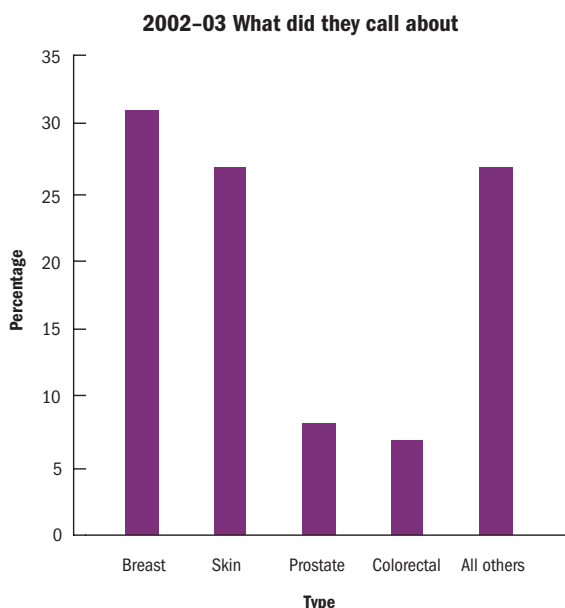
Number of contacts made with the Cancer Information Service

Method of Contact	2002–03 Clients	2001–02 Clients	2000–01 Clients	2002–03 Percentage	2001–02 Percentage	2000–01 Percentage
Telephone	1416	1131	924	94	94	91
Visit	58	41	80	4	3	8
E-mail, fax, mail	35	31	10	2	3	1
Total	1,509	1,203	1014	100	100	100



- 52% of clients were from the general public, 22% were a friend or relative of a cancer patient, 16% were diagnosed cancer patients, 7% were health professionals and 3% were students.
- The majority of clients who contacted the service sought information on breast cancer (31%) followed by skin cancer (27%) then prostate cancer, colorectal cancer and lung cancer.

...and what did they call about



The Cancer Helpline

The Council’s Cancer Helpline, available on 13 11 20, is part of the national Cancer Information Service which is managed in each state and territory by the members of The Cancer Council Australia. During the 2002–2003 financial year, The Council decided to change the name of the Helpline, from Cancer Information Line to Cancer Helpline, as the service is called in the other states and territories.

For the cost of a local call, callers are connected to our experienced cancer information consultant who can provide information on all aspects of cancer and offer support to those affected by the disease. This service is confidential and callers may remain anonymous if they wish. Our Cancer Information Consultant also uses a computerised database, which contains a list of services available for referral in the local region.

The Cancer Helpline received 1416 calls in the 2002–03 financial year, compared to 1131 the previous year. This increase in calls is partly due to the release in July 2002 of a report outlining the increased risk of breast cancer for women taking hormone replacement therapy (HRT). National media coverage of this report and their promotion of the Cancer Helpline as the ‘HRT hotline’ led to 317 calls in July, more than double the average, of 118 calls per month.



Cancer Information and Supportive Care Program

Publications

The Council produces information sheets and pamphlets on various cancer topics as well as providing publications produced by other members of The Cancer Council Australia, and other cancer organisations. Many of these materials are distributed through oncology wards at Canberra treatment centres and community health organisations.

In December 2002, the Cancer Information Service published *Cancer Services ACT 2002*, a directory of cancer related services in the ACT. This publication had long been needed in the ACT and has proven very popular as it provides cancer patients, their families and carers, as well as health professionals, a comprehensive listing of local oncology and community services available in the ACT. The directories are distributed to cancer patients through the oncology wards at Canberra's four hospitals, as well as through the Cancer Information Service.

In the 2002–03 financial year, the Cancer Information Service published 3 editions of the newsletter, *The Council Chronicle*. This is a quarterly publication, which contains news articles on relevant topics relating to cancer as well as updates on The Council's events and programs. The newsletter is distributed to over 400 members and organisations in the ACT.

Library Service

The Council's library has over 1500 publications on cancer and cancer related topics including oncology journals, educational resources, statistical reports, self-help books and meditation/relaxation tapes.

The library continues to be popular amongst cancer patients and their family members, and is often used by students. The most popular publications are from the self-help section, which includes tapes on relaxation and meditation.

A computer in the library, is provided to allow clients unlimited access to the internet, including access to the Cochrane Library — an internet site which reports on meta-analyses of clinical trials. CIS staff are available to assist clients in finding their way through the 'web' and with a list of websites known to provide reliable and authoritative information.

In 2002, The Council assisted The Canberra Hospital in setting up a Cancer Resource Centre at the hospital by donating a set of resources: books; videos; CDs and

tapes; that were popular with our library clients. We have since donated the same set of resources, to the other three hospitals in the ACT, Calvary Hospital, John James Memorial Hospital and The National Capital Private Hospital.

E-mail and Website Services

Clients can access the CIS via e-mail using the e-mail address chl@actcancer.org. In the past year, 29 people accessed the service in this way.

The CIS is also responsible for regularly updating The Council website www.actcancer.org. The website provides descriptions of The Council's services, information on upcoming events and programs, links to other websites with evidence-based cancer information and access to Council publications such as the Annual Report, the Cancer Services Directory and The Council Chronicle.

In the past year there were 17,670 'hits' (visits) to The Council's website, with the most visited page being SunSmart followed by Fundraising, Cancer Information Service, Publications and Supportive Care. Data on the number of hits were not available for the whole of the last financial year, so this figure can not be compared.

The website contacts include clients accessing the service from around the world, but there are no data to specify how many of these are from the ACT. However it is expected that local clients would make up the majority since a large proportion of the Canberra population is connected to the internet and many clients contacting the Cancer Helpline say they found the 13 11 20 number on the website.

Walk-in Consultation Service

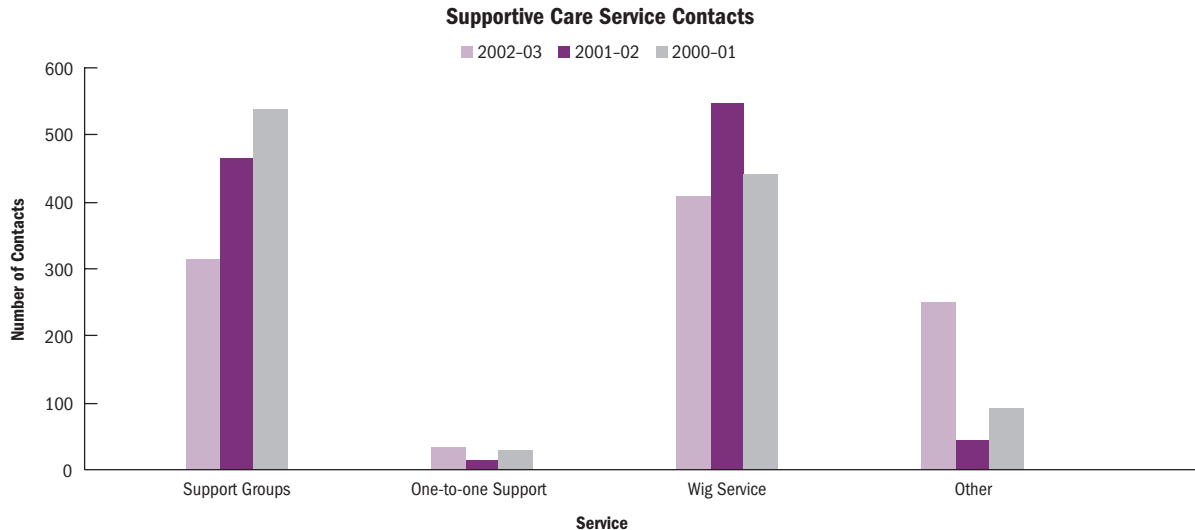
The CIS offers a walk in consultation service, which 58 people accessed during the year. People seeking information on cancer can visit our office in Kaleen during business hours, and speak one-to-one to a Cancer Information Consultant.

Supportive Care Service

The Cancer Council ACT's Supportive Care Service is dedicated to providing support for people with cancer, family members, caregivers and service providers. The current services provided are:



Sybilla Kovacs
Supportive Care
Coordinator



- ▶ Three facilitated support groups
- ▶ The Living with Cancer Education Program
- ▶ The Wig Service
- ▶ One-to-One Support for cancer patients provided both over the phone and on The Council's premises by paid staff
- ▶ One-to-One Service provided by selected and specially trained volunteers

In 2002–2003, 1008 people contacted the Supportive Care services by telephone or in person. This is a slight decrease from 2001–2002, where there were 1073 contacts.

Based on an estimated 500,000 people in Australia living with cancer (patients and carers) in 2001 (The Cancer Council Australia, 2001), approximately 7900 people in the ACT were living with cancer this year. Thus, the Supportive Care Service reached

approximately 13% of people living with cancer in the ACT. There is no national data available with which to compare this figure, however The Cancer Council Victoria estimates their Cancer Support Services reached about 16% of those affected.

Support Groups

The three major support groups, which are all run by an experienced facilitator, are as follows:

Kidscan

This is a playgroup for children under five years of age with cancer or an immune deficiency disease. It runs weekly during school terms and siblings are also welcome to participate in the fun learning and play in a safe environment. The support and friendship provided by Kidscan is invaluable to parents. This is a unique program in Australia.



Blake, Tyson and Nadine playing at Kidscan.



Cancer Information and Supportive Care Program

Thursday Cancer Support Group

This facilitated group meets monthly and is open to people diagnosed with any type of cancer. Carers are also very welcome to attend and do, on occasion, come by themselves. This group has seen a resurgence this year and we are examining new possible formats. This year we invited guest speakers to a number of sessions, which was well received. Based on preliminary results from 'The Cancer Council ACT Survey of Reported Supportive Care Needs of People Affected By a Cancer Diagnosis', we will expand to more fully cater to care-givers.

Breast Cancer Support Group

This group is available to all women with a breast cancer diagnosis. In the first half of the year it was provided twice a month with one session per month focussing on support and the second session on information. A wide range of guest speakers were invited including an oncologist, a dietitian and an art therapist.

This calendar year we offered the "open" group once a month with the first hour devoted to support and the second hour to information.

We also piloted a second group for recently diagnosed women, which was called "Illness and Journey". This group was a 'closed' group meaning that once it started meeting no new participants were admitted. The group explored in depth the impact of the diagnosis and its treatment and dealt with issues such as changes to relationships, grief and role transition all within the context of sharing helpful coping strategies. The feedback received was extremely positive and we will be introducing a second group in the next financial year.

Our new Living With Cancer Education Program expands

The Living With Cancer Education Program is a program that has been provided in Australia for at least fifteen years. It is an accredited and evaluated program developed by The Cancer Council Victoria. The program usually runs over eight weeks and is open to any person with a cancer diagnosis, their family and friends. The main aim of the program is to give participants information and support to enhance their quality of life.

In May 2002 The Council provided the first such program in Canberra. As there was a waiting list, we also gave a seminar in December 2002 similar to the Living with Cancer Program. Guest speakers were invited and the response was very positive.

Early in 2003 we then offered a six week course for fourteen people who had been diagnosed with cancer and their carers. This proved to be very successful. The course requires two facilitators and our second facilitator came from the nursing profession in Southern Area Health Service.

The Wig Service

The Wig Service provides wigs to women who have lost their hair due to a medical condition or due to the drugs used in the treatment of cancer. The service hires out wigs and sells especially designed headwear. The service is provided at two venues with two different methods of service provision giving our clients the widest possible coverage. The Canberra Hospital site is open every weekday morning except Friday as a drop-in service, whereas the service at The Council's main premises in Kaleen is available during office hours by appointment. The Canberra Hospital Wig Service is provided by trained volunteers.

In 2002–2003, The Council's Wig Service was able to assist 408 women with wigs or other headwear, the number being down on last years figure of 547. The Council is trying to obtain the likely number of women who lose their hair through cancer treatment each year in the ACT in order to measure how many of these women are aware of and are accessing the Wig Service. We hope to obtain this information very shortly and be able to report on it in next year's annual report.

Throughout 2002–2003, The Council as co-sponsor, has participated in the ACT workshops of the international program, *Look Good...Feel Better*. This program is dedicated to restoring the self esteem of women undergoing cancer treatment, through professional instruction on make-up techniques and wig/headwear choices. The Supportive Care Coordinator and Wig Service Volunteers have attended each workshop to demonstrate the wigs and headwear available at the service and to assist with wig fittings.

Once again The Council is indebted to the Snow Foundation who have generously supplied \$5000 this year to be spent on wigs. Through this contribution The Council can provide women with fresher, up-to-date wigs at a very difficult time for them.

One-to-one volunteer service

This is a smaller, but extremely important, segment of our services. Volunteers who have had a personal experience with cancer are available to support a person recently diagnosed with cancer. Volunteers have all received training.

The main form of contact is by telephone, though there are occasions where volunteers will visit a client in hospital. When The Council is not able to assist by matching a client to a Canberra volunteer we seek assistance from other state Cancer Councils.

Specific Goals for 2003–2004 for the Cancer Information and Supportive Care Service

- ▶ To strengthen Supportive Care services in line with the findings of 'The Cancer Council ACT Survey of the Reported Supportive Care Needs of People Affected by a Cancer Diagnosis' which was carried out in 2002. It is anticipated that the findings will be available in the second half of 2003.
- ▶ To offer a second Breast Cancer Support Group, "Illness and Journey" program in the second half of 2003 targeting younger women, and a third program in early 2004 following further research on the most appropriate target group.
- ▶ To run the Living With Cancer Education Program in its course format at least annually, with the next course in early 2004.
- ▶ To run a series of seminars based on the Living With Cancer Education Program to assess whether this format will be helpful for people receiving sometimes debilitating treatment which would preclude them from attending a longer program.
- ▶ To recruit further volunteers for the One-to-One Volunteer Service to ensure the fulfilment of service delivery as advertised.
- ▶ To increase the number of carers to which we provide services.
- ▶ To reduce the number of relevant people who, when surveyed, say they have gaps in their knowledge or resources relating to The Council.
- ▶ To move the management and design of The Council website in-house to provide a more responsive and relevant information source.



Research Program

Reducing the incidence and impact of cancer in the ACT

Research is vital to increasing our understanding of cancer and how we can best control it. The Cancer Council ACT is committed to promoting and supporting research into all aspects of cancer control. The Council achieves this through two primary means:

- ▶ Provision of funds, received from public donations, to support researchers in the ACT investigating cancer and related issues
- ▶ By participating in, and providing data for, research being undertaken by other organisations

Each year The Council provides funds, received from public donations, for independent research projects through a research grants scheme. ACT researchers are invited to apply, with applications recommended to the Board by the Research Grant Committee. The most significant applications are then entered into the national peer review scheme, where they are assessed by national experts in each field. This ensures that the most suitable projects are chosen for funding.

In the 2002-03 financial year, one application was received, which after submission to the national peer review program, was chosen for funding. A summary of this project follows.

Project Title: *Coping Styles and Severity of Toxicity from Adjuvant Chemotherapy for Early Breast Cancer.*

Grant Awarded: \$58,000 (\$72,500 3 year grant)

Investigators: *Robin Stuart-Harris, Associate Professor of Medical Oncology, Australian National University Medical School and The Canberra Hospital. Don Byrne, Professor of Psychology, School of Psychology, The Australian National University.*

Generally, chemotherapy has a reputation for causing side effects. These may either be objective (such as problems with the blood count, hair loss, and nerve or kidney damage) or subjective (such as tiredness, nausea and vomiting). There is a well-recognised system for classifying and grading chemotherapy side effects. Although the side effects of chemotherapy are well known, the range and severity of side effects vary significantly between patients. Although it is recognised that abnormalities of liver or kidney function and other chronic illnesses may increase the incidence and/or severity of side effects from chemotherapy, it remains very difficult to predict the degree of chemotherapy side effects that individual patients are likely to experience. We know that there is a strong connection between the mind and the body and it is

possible that chemotherapy side effects may be influenced by the coping style of the patient. We will study the coping styles of patients with early breast cancer who are receiving chemotherapy following surgery, and investigate whether different coping styles are associated with a different range or severity of side effects from chemotherapy.

To perform this project we shall:

- ▶ *Identify the coping styles of women receiving adjuvant chemotherapy after surgery for early breast cancer*
- ▶ *Record the incidence and severity from adjuvant chemotherapy experienced by these women*
- ▶ *Record the presence of other possible factors which might influence the toxicity of chemotherapy e.g. other illnesses, liver or kidney disease, anxiety or depression, lack of social support or poor general health status*

If this research project does identify that coping styles influence the incidence and/or severity of toxicity from chemotherapy, then it may be possible to identify the coping style of individual patients and introduce an intervention to help coping, in order to reduce the severity of side effects of chemotherapy. We are very grateful to The Cancer Council ACT for their support that has enabled this research to proceed.

Associate Professor Robin Stuart-Harris

The Cancer Council ACT Survey of the Reported Supportive Care Needs of People Affected by a Cancer Diagnosis.

In 2001–2002 The Council received funding of \$10,000 from the ACT Department of Health and Community Care to undertake research into the unmet supportive care needs of cancer patients and their carers. To date we estimate the research value of this project is \$50,000. The research was completed in December 2002 and the results will be used to inform existing services and to identify and address gaps in services.

Over 600 cancer patients, their carers, oncology specialists and other health professionals working in oncology in the ACT participated in the study, either by completing a questionnaire, or by taking part in a focus group discussion.

A complete report was not available at the time of printing as the results were still being analysed, however a report on the research will be printed in next year's annual report.

Fundraising and Business Development Program



Nicole Stone
Manager, Fundraising and Business Development

Enabling The Cancer Council ACT to work towards reducing the incidence and impact of cancer in the ACT

The 2002–2003 financial year proved to be a difficult one in which to raise funds. Although the financial year did get off to a good start with the help of Daffodil Day the unexpected Canberra bushfires impacted heavily on event income. Our second largest event, Relay For Life, was held approximately 10 weeks after the bushfires and raised approximately \$20,000 less than the previous financial year and \$60,000 less than budget.

Event income raised this financial year was \$656,308, which is an increase of \$19,334 from the previous year. This is still a wonderful amount, but the increase would have been greater if the Canberra bushfires had not affected the local community so heavily. Donation income for the 2002–2003 financial year was \$98,036.

Natural disasters and events that are out of our control do challenge us and make us reach for new ways to achieve our financial goals. The Canberra bushfires certainly made the fundraising team reassess the events that were to be held in the second part of this financial year and forced us to look at different ways to generate publicity and greater awareness of our events. The results from Australia's Biggest Morning Tea are well deserved and go a long way to making us feel confident that the bushfires have not had a lasting effect on the donor dollar.

Daffodil Day

Canberra certainly turned yellow on Friday, 23rd August when Daffodil Day was in full bloom. Celebrating its ninth year, Daffodil Day continues to grow in popularity and this year \$214,387.02 was raised through the sale of Daffodil Day merchandise and fresh daffodils. An additional \$8,701 was raised through the sale of merchandise in national sponsor outlets. This brings the total amount raised to \$223,088.02, which is \$24,551.02 more than the previous year. When compared to the other states and territories, The Council raised the highest amount per head of population for Daffodil Day 2002.

Australian Air Express were wonderful supporters of Daffodil Day again this year and delivered all merchandise free of charge. Having such a wonderful sponsorship arrangement ensures that the money raised from Daffodil Day can be attributed to cancer

research and education and prevention programs and not spent on administrative costs such as postage.

This year the ACT had 24 shopping centre sites throughout the Canberra region. Of the 24 shopping centre sites five were located inside major shopping centres and the remaining 19 sites were local suburban shopping centres. Approximately 217 volunteers were required to staff these shopping centre sites over a one-week period. Many volunteers generously gave their time to do more than one shift and this year saw many young students volunteer for the first time. Westpac Banking Corporation also provided staff to volunteer on the shopping centre stalls. Daffodil Day is The Council's largest fundraising event and it would not be as successful as it is without this strong volunteer force.

The sale of merchandise through the shopping centre stalls generated \$68,457.99, which is an increase of \$13,215.44 from the 2001 Daffodil Day campaign.

Daffodil Day was officially launched in the ACT at the Tuggeranong Hyperdome. The launch involved local Daffodil Day sponsors, supporters and politicians arranging bunches of daffodils into fantastic floral displays. Each person had only 10 minutes to create his or her masterpiece. Mark Parton from MiX 106.3 hosted the launch and encouraged our budding florists to do their best. The Canberra Times attended the launch of Daffodil Day and printed a large colour



Fran Heskett, John Fenton, Brendan Smyth MLA and Joan Bartlett at the launch of Daffodil Day 2002.
Photo: Hilary Wardhaugh



Fundraising and Business Development Program

photo and story about the event prior to the actual day. This publicity generated additional support for the event from people wishing to display merchandise boxes in their workplace and volunteers wishing to donate their time to sell merchandise.

Australia's Breast Cancer Day

The Council held a breakfast, in association with Australia's Breast Cancer Day, on Friday, 25th October to raise awareness and much-needed funds for Breast Cancer. The breakfast was a huge success with over 60 people attending. Her Excellency Mrs Hollingworth, wife of the Governor General Dr Peter Hollingworth, attended the breakfast and gave a moving speech, as did Ms Anne Kowalski from Kowalski Consulting. Over \$1,300 was raised from the breakfast. As the breakfast was such a success it will become an annual event to be held the Friday before Australia's Breast Cancer Day.

Approximately 80 businesses and individuals participated in Australia's Breast Cancer Day by selling pink ribbon merchandise in their workplaces. A total of \$22,181.39 was raised through the sale of merchandise and the breakfast. This is a wonderful total as our aim was to raise \$8,000.

Relay For Life

The fourth ACT Relay For Life event was held on, 28th and 29th March at the AIS Athletics Track. The event continues to grow each year and we had approximately 80 teams participating in the event this year, which equates to nearly 1,000 participants. The final number of participants was greater than expected as some of the Team Captains and members had lost their houses to the January bushfires.

Many teams who participated in the event this year raised money for both The Council and the Bushfire Appeal. This meant that the income raised for Relay For Life was nearly \$20,000 less than the 2001 event. A total of \$159,156.16 was raised. This is still a wonderful result especially considering the extraordinary circumstances.

Unfortunately, this year the weather was not on our side. Severe thunderstorm and hail warnings were announced one hour before the opening ceremony was due to commence. The rain came down hard but we were very lucky to have a break in the downpour

as Professor Alan Coates, Chief Executive Officer of The Cancer Council Australia, and Chief Minister Jon Stanhope officially opened the proceedings. Nearly 40 cancer survivors walked the very first lap and they were joined by their carers, family members and friends.

The light rain during the candle lighting ceremony didn't dampen the spirit of the occasion and many people gathered around their candle tributes to remember loved ones lost and to honour those family members and friends undergoing treatment. Sing Australia participated in this ceremony again and braved the weather to entertain the participants for over half an hour.

The Belconnen Rotary Club very generously cooked the sausage sizzle breakfast and Hilary Wardhaugh kindly donated her time and services to take team photos throughout the event.

The fundraising team is very positive that Relay For Life income will exceed Daffodil Day next year and become the highest earning fundraising event that The Council conducts each year. We are still aiming to raise \$1 per head of the ACT population but feel that this goal will not be achievable for at least another two or three years.



Australia's Biggest Morning Tea 2003.
Photo: Hilary Wardhaugh.

Australia's Biggest Morning Tea

Thursday, 22nd May marked the tenth anniversary of Australia's Biggest Morning Tea (ABMT). This year 734 people registered to host a morning tea in their home, school or workplace and this is an increase of 74 hosts compared to last year.

Capitol Chilled Foods supported the event this year by donating milk carton advertising. The milk cartons



Dianne Moir
Donor Liaison Officer



Nicole, Laurie and Dianne enjoying Australia's Biggest Morning Tea. Photo: Hilary Wardhaugh.

looked fantastic and certainly encouraged many more people to register and participate in the event. Australian Air Express supported the event by once again delivering all morning tea host kits free of charge. This sponsorship ensures that the money raised from the event is directed towards cancer research, and cancer education, prevention and supportive care programs.

Bushells was the major sponsor of the event and contributed both cash and tea bags. The money was used to help fund the cost of all printed materials associated with the event and each morning tea host received a complimentary bag of tea that could be used at their morning tea.

The target for Australia's Biggest Morning Tea was \$115,000 and as at the 30th June \$114,661.61 had been banked. This figure will continue to rise as outstanding money is banked in the new financial year. Even with an incentive prize to bank funds raised early, it is always very difficult to receive all monies from ABMT before 30th June and we will always receive outstanding money from this event the following financial year.

In 2001-2002, The Council raised the third highest amount per head of population for ABMT, when compared to the other states and territories. Based on the figure above this is likely to be the same for ABMT 2003.

As we are not able to report on the actual figure raised by ABMT and the Terry Fox Fun Run, which is

held in June, each year, in the annual report for that year, here are the final figures for these events for the previous 3 years:

Funds Raised	2001–2002	2000–2001	1999–2000
ABMT	\$111,577	\$103,614	\$77,974
Terry Fox Fun Run	\$26,790	\$22,362	\$11,450

Donor Development and Bequest Program

Since the implementation of the donor development program last year, the donor database has been updated and currently lists 3,000 donors. Whilst the program is in its early stages, since its inception it has generated income of over \$15,000. Two appeal letters are sent annually, one in May and the second, our Christmas appeal, in October. Our supporters receive one appeal letter annually.

Fundraising statistics throughout Australia have proven that supporters who donate on a regular basis are more likely to leave a bequest to the organisation. The Council's acquisition program has received six prospective bequests and one confirmed bequest this year.

The Council received a \$10,000 donation this financial year from Miss E. Daer, who was little known to The Council. Her donation was received only weeks before her death. We are especially grateful for this highly generous decision.

The bequest booklet, which outlines the work of The Council and explains the importance of leaving a will, continues to receive considerable interest in the community. This booklet also contains the suggested wording to use when leaving a bequest to The Council.



Karin Neate before (left) and after (right) shaving her head for *Me No Hair*.



Fundraising and Business Development Program

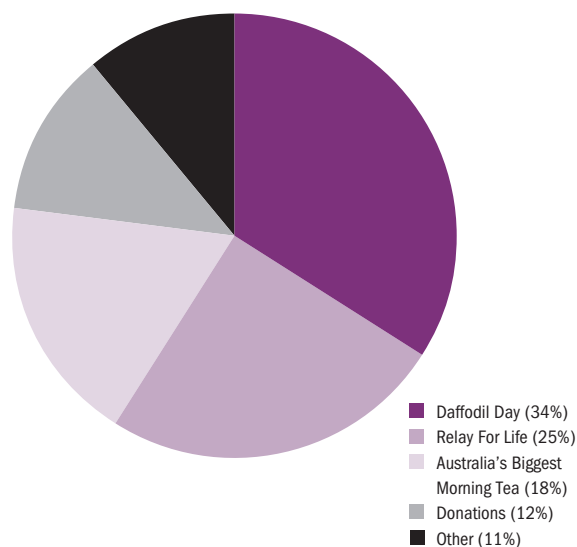
The booklet has been distributed to nine honorary solicitors who have agreed to participate in the bequest program and to Funeral Directors in the ACT and region.

The Council aims to be proactive in building the donor development and bequest program throughout the 2003–2004 financial year.

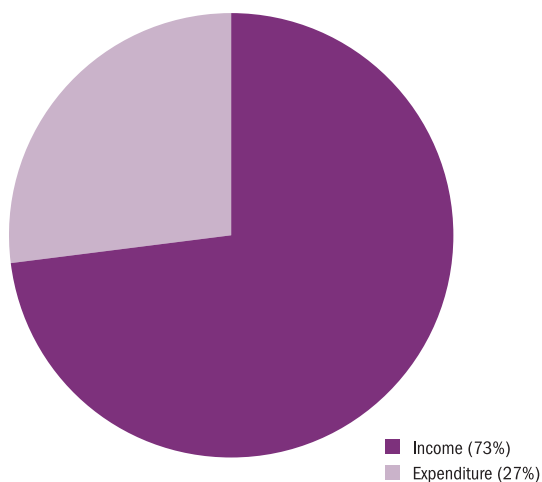
Additional Fundraising Events held throughout the Financial Year

- The Terry Fox Fun Run
- Film Preview Night
- Christmas Cards
- Me No Hair
- British High Commission Spring Ball
- Doug Russell Memorial Golf Day

Fundraising Income 2002–2003



Fundraising Income and Expenditure 2002–2003



Expenditure includes administrative costs, wages and total costs of individual events.

1998 Giving Trends in Australia: O'Keefe and Partners suggests that for an organisation of The Council's size, that is, events fundraising revenue between \$1/2 million to \$2 million, a reasonable benchmark for costs of events fundraising is between 30–70%. The Council's result, costs at 27% of revenue is certainly excellent using this comparison. We will work towards reducing this figure as appropriate in the future.

2002–2003 Event Sponsors

Carnival Cruise Lines

Daffodil Day 2002

- 1626
- Amcal
- ANZ
- Australian Air Express
- Bi-Lo
- Coles
- Cross Roads
- First National Real Estate
- HIC Medicare
- Hilary Wardhaugh Photography
- Katies
- Kmart
- Kowalski Consulting
- Medibank Private
- Millers
- MiX 106.3
- Mobil
- Naked Flowers

Paragon Printers
Rockmans
Quix
Silhouette
Spotlight
The Canberra Times
Tuggeranong Hyperdome
Westpac
WIN Television

Rolfe Mazda Doug Russell Memorial Golf Day 2002

1053 2CA
ACT Rugby Union
Café Cosmo
Canberra RSL Club
Canberra Symphony Orchestra
Chifley's Restaurant
Deakin Health Spa
Gloria Jean's Coffees
Hotel Kurrajong
Hoyts
Insignia Embroidery Design
Kamberra Wines
National Capital Balloon Club
National Gallery of Australia
National Museum of Australia
OZ Design Furniture
Paragon Printers
Pots on the Square
Royal Canberra Golf Club
Royal National Capital Agricultural Society
Rydges Capital Hill
Saville Park Suites
Slaven Mazda/Rolfe Mazda
Sportsmans Warehouse
Table Top
The Cancer Council ACT Shop
The Deep Dish
Tu Tu Tango

Relay for Life 2003

ACT Brumbies
Airforce Band
Audio Solutions
Australian Institute of Sport
Australian Reptile Centre, Gold Creek
Australian Sports Commission
Bagpipes — John Wombley

Bakers Delight Gungahlin
Berri Ltd
Boc Helium Cylinder
Bowl Australia
Buttercup
Canberra Indoor Rockclimbing
Canberra International Bowl
Canberra Milk
Canberra Raiders
Capitol Chilled Foods
Carry on Kareoke
CBR Youth College
Celtic Band
Daramalan College
Delightful Baskets
Donut King Belconnen
Electric Shadows Bookshop
Fyshwick Fresh Food Markets
Goodberry's
Gospel Choir
Grand Prix Karting
Greater Union
Hilary Wardhaugh Photography
Hogs Breath Café
Hoyts
Intencity Westfield
Kellogg (Aust.) Pty Ltd
King O'Malleys
Kowalski Consulting
Mikes Meats
National Zoo & Aquarium
National Dinosaur Museum
Next of Kin
Pace Farm
Paragon Printers
Peter Alexander
Phillip Swimming and Ice-Skating Centre Phillip
Pitch and Putt Queanbeyan
Poetry and Flowers
Putt Putt Golf Dickson
Questacon
Radio Rentals
Schweppes
Scissorman
Sing Australia
Southern Cross Pitch & Putt
Southern Cross Ten
St Johns Ambulance
Steve Usher



Fundraising and Business Development Program



Andrea Hoare
Shop Manager

Superkarts
The Outdoor Oven

Australia's Biggest Morning Tea 2003

Bushells
Australian Air Express
Capitol Chilled Foods

Terry Fox Fun Run 2003

AC&R Catering
Acil Tasman
ActewAGL
Allied Pickfords
Bombadier Transportation
Camp
Campbells Cash and Carry
Canberra Trophy Centre
Can-Weld Contracting Pty Ltd
Canon Australia
Coates Prestige
Corporate Express
City News
De Neefe Signs
Fyshwick Fresh Food Markets
Gutteridge Haskins and Davey
Instant Colour Press
Kell & Rigby Builders
Kent Moving and Storage
King Air Air-Conditioning
Manassen Foods
Morgans Carpets
National Foods
Pacific Waste Management
St John Ambulance
Schweppes
Sing Australian Choirs
Sportsmans Warehouse
Stewart Barlen Hire
The Canberra Times
The Pancake Parlour Restaurant
The Runners Shop
Urban Contractors Pty Ltd Landscaping Specialists

The Cancer Council ACT Shop

The Cancer Council ACT Shop provides affordable sun protection products to the community. All products are approved by The Cancer Council Australia (TCCA) and meet current TCCA standards.

In 2002–2003 the shop reported a net profit of \$37,790.18. This is a decrease of \$7,807.51 compared to the previous financial year. Due to the poor performance of the shop and predictable rental increase The Council's board of directors made the decision, in June 2003, not to renew its lease with Westfield Shopping Town Belconnen and move the shop to the office in Kaleen. The shop will close at the end of August 2003 and will re-open in September 2003 at The Council office.

Once again the shop participated in some of the Healthpact sponsored events including the Summernats in January and the Royal Canberra Show in February/March. The shop also participates in fundraising events including Relay For Life and the Terry Fox Fun Run. Merchandise stalls are set up at each event and carry the Slip Slop Slap message. These stalls are well received by the local community and are a great way of promoting the sun protection products we sell.

The fundraising team is confident that the shop merchandise will continue to sell once the shop has moved away from Westfield Shopping Town. A marketing plan will be implemented towards the end of the calendar year to promote the SunSmart products and an online shopping site is currently under construction and will be fully operational next financial year. The fundraising team is keen to ensure that the shop makes a healthy profit next financial year.

Specific Goals for 2003–2004 the Fundraising and Business Development Program

- ▶ To maintain or exceed the funds raised in the 2002–2003 financial year with an emphasis on developing a successful bequest program and increasing donations.
- ▶ To continue to seek and develop new fundraising opportunities.
- ▶ To establish Relay For Life as the largest event undertaken by The Cancer Council ACT.
- ▶ To have the shop exceed this financial year in net profit.

Other Activities during 2002–2003

Following is a list of some of the other activities The Cancer Council ACT staff were involved in during 2002–2003.

Membership of The Cancer Council Australia Committees/Groups

Australian and Torres Strait Islanders Cancer Issues Sub Committee

Australian Network on Young People and Tobacco

Brand Management Committee

Business Development Committee

Cancer Information Service Network

Chief Executive Officers' Forum

Chief Financial Manager's Meeting

Media Managers Network

Merchandise Managers Committee

National Culturally and Linguistically Diverse Quit Smoking Network

National Schools Working Group

National Skin Cancer Steering Committee

National Special Events Coordinators' Committee

Nutrition and Physical Activity Committee

Patient Support Committee

Relay For Life Coordinators' Committee

Tobacco Issues Committee

Volunteer Managers Network

Membership of other National Committees/Groups

Australian Prostate Cancer Collaboration Education Committee

National Palliative Care Awareness Program Reference Group

Quit Coordinators Group

The National Tobacco Campaign Support Committee

Membership of ACT Committees/Groups

ACT and NSW Mammography Advisory and Quality Management Committee

ACT and SE NSW Breast Cancer Treatment Group

ACT Cancer Advisory Group
Gastrointestinal Tract Tumour Group

ACT Cervical Advisory Committee

ACT Cervical Cytology Register Management Committee

ACT Community Care Cervical and BreastScreen Program Community Reference Group

ACT Schools Canteen Coalition

ACT Tobacco Taskforce

Australian Health Promotion Association —
ACT Branch

Executive Committee, Fundraising Institute of Australia — Chapter 6

Healthlink Editorial Committee

Healthpact Partners Group

Health Promoting Schools Community Network

Health Promotion Website Committee

Oncology Services Network

The Canberra Hospital Consumer Participation Reference Group



Other Activities during 2002–2003



Caroline Jones
Finance and
Personnel Officer



Angela Wallace
Office Coordinator

Attendance at Conferences

ACT Health Summit

ACT Palliative Care Conference

AUSAE — Australian Society of Association
Executives National Conference

COSA — Clinical Oncological Society of Australia
Conference

Clinical Trials in Cancer

Fundraising Institute of Australia Conference

National Cancer Control Initiative Lung Cancer
Workshop

National Health and Medical Research Council —
Ethics in Human Research A Training Day

National Health and Medical Research Council —
Ethics in Human Research Conference

National Tobacco Control Conference

Principles and Practice of Public Health Leadership —
Commonwealth Department of Health and Ageing

Consultations

ACT Health Action Plan Consultation — Development
of ACT Health Action Plan

Financial Membership of Other Organisations

ACT & Region Chamber of Commerce

ACT Council of Social Services

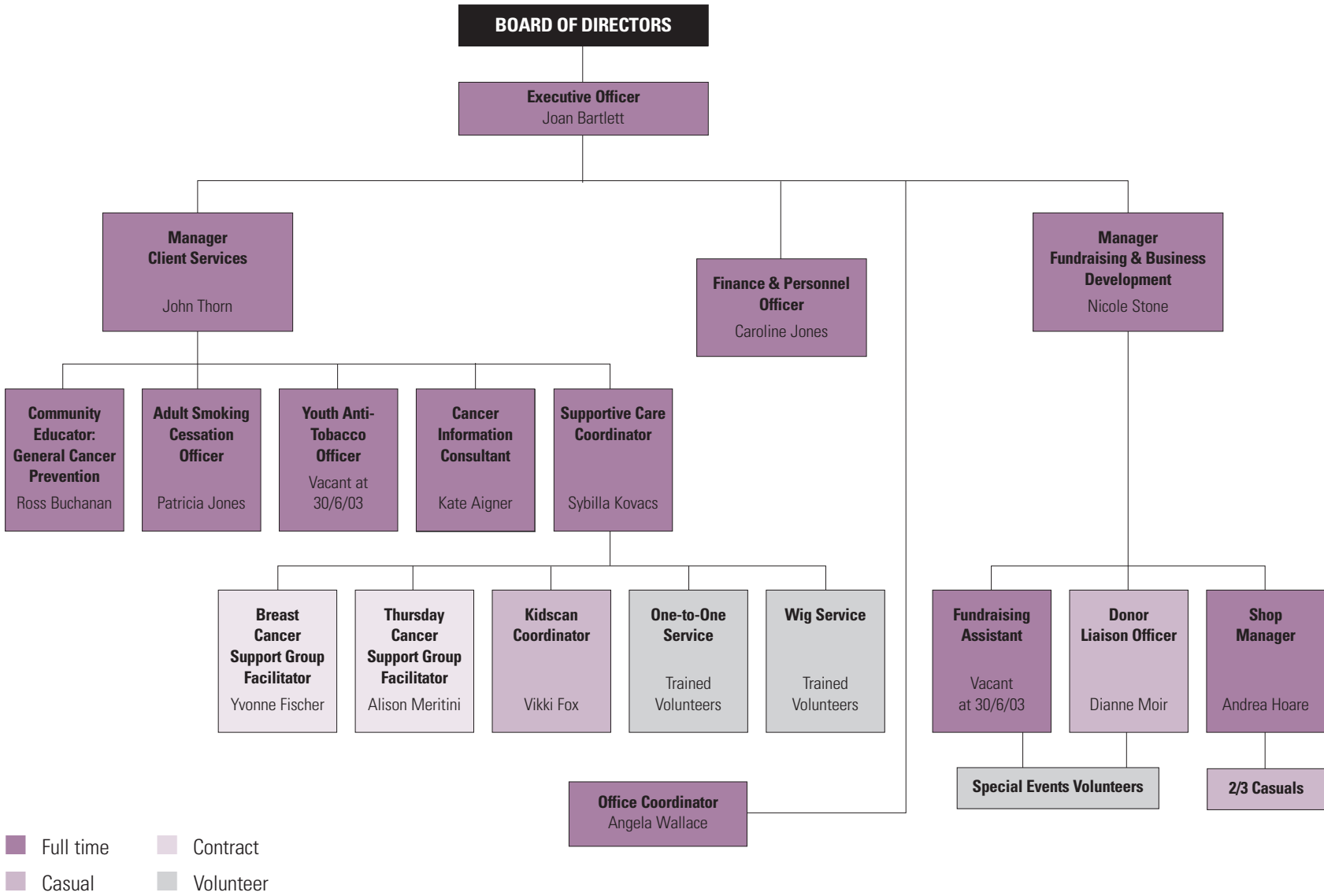
AHPA — Australian Health Promotion Association

AUSAE — Australian Society of Association
Executives

Canberra ASH Inc.

Public Health Association of Australia

Relationships Australia



Staff and Volunteers

2002–2003 Staff

Executive Officer

Joan Bartlett

Client Services

Manager, Client Services

Nicole Druhan McGinn (from 31/7/02 to 28/11/02)

John Thorn (from 6/2/03)

Manager, Cancer Information and Supportive Care Services

Nicole Druhan McGinn (to 30/7/02)

Manager, Education Services

Lindy Butcher-Hawkins (to 2/8/02)

Cancer Prevention Officer

Roz Lemon (to 6/9/02)

Community Educator: General Cancer Prevention

Ross Buchanan (from 2/10/02)

Adult Smoking Cessation Officer

Patricia Jones

Youth Anti-Tobacco Officer

Catherine Moyle (to 26/6/03)

Cancer Information Consultant

Kate Aigner (from 1/7/02)

Supportive Care Coordinator

Sybilla Kovacs (from 1/10/02)

Wig Service Manager (TCH)

Lynne Webb (to 24/10/02, position made redundant)

Thursday Cancer Support Group Facilitator

Alison Meritini*

Breast Cancer Support Group Facilitator

Yvonne Fischer*

Kidscan Coordinator

Vikki Fox*

Fundraising and Business Development

Manager, Fundraising and Business Development

Nicole Stone

Fundraising Assistant

Erin Black (to 28/3/03)

Donor Liaison Officer

Dianne Moir*

Shop Manager

Andrea Hoare

Shop Assistants

Alissa Bocking*

Kylie Breeze*

Charlotte Davis*

Sandra Donda*

Sophie Freeman*

Shannon Jones*

Sam Lonard*

Katrina Mackerras*

Gillian Murray-Prior*

Stephen Parrinder*

Minka Schwabe*

Finance and Administration

Accounts and Personnel Officer

Caroline Jones

Policy and Projects Coordinator

Katrina Butler (to 19/7/02)

Secretary Receptionist

Michelle Hill (to 19/11/02)

Office Coordinator

Angela Wallace (from 30/6/03)

* Contract or Casual staff

2002–2003 Volunteers

Wig Service

Amanda Burton
Diane Carter
Joan Crook
Nola Daley
Anna Dickens
Diana Dobson
Diana Elias
Joyce Howe
Enid Ingpen
Eileen Jones
Joanne Jones
Maija Kepars
Averil Matthews
Perrie Morris
Miriam Mukojid
Linely Slinn
Mary Sutherland

One-to-One Trained Volunteers

Neuza Bertolau
Diane Carter
Ron Christie
David Craig
Margaret Dando
Emilia Della-Torre
Tess Falconer
Suna Fehringer
Sarah Ferguson
Edith Ingpen
Robert Kefford
Valerie Lee
Ellen Mathews
June McDonald
Judy McGlynn
Graham Nicholls
Sigrid Ooi
Ian Penhall
Margaret Pentony
Margaret Pitt
George Redfern
Philip Robertson
Marie Robins
Joan Shepherd
Jan Skorich
Angelica Ulrichsen

Cas VanAggele
Anna Wellings-Booth

Daffodil Day 2002

Janet Adams
Michael & Greta Adams
Mary Aloisi
Robert Arsanis
Michaela Austin
Rosemary Baehnisch
Kirralee Bakeer
Vince Barbatano
Frena Baria
Jean Barnes
Helen Baseden
Judy Bates
K Beaver
Robyn Bedford
Gwen Bendun
Angela Blake
Anne Borger
Nadia Bottari
Annette Boyd
Win Brassel
Mr & Mrs C Broomfield
Sue & Rob Buker
Mathew Bulley
Colin Campbell
Jan Carroll
Eruton Cielo
Jing-Ting Chan
Nadia China
Andrew Clements
Beth Clements
Moirra Clune
Win Collins
Lynne Combe
Ginny Condon
Allison Cox
Elise Crabb
Fiona Crain
Margaret Creed
Trish Creegan
Lucy Cripps
Angela Crombie
Michael Deasey
Clint Deverson

Dianne Dominy
Sandra Donda
Ruth Downing
Annette Drage
Olivia Edgar
Louise Egli
Mary Elliott
Stephanie Elliott
Ann Emerson-Elliott
Ken Enyon
Renee Farmtam
Sarah Ferguson
Daphne Field
Barbara Finn
Max Fitton
Sue Franklin
Robyn Frencham
Helen Fyfe
Christine Galbraith
Marie Gallagher
John Garner
Christine Gault
Sarah Gault
Yvonne Gentry
Beth Gibbs
Linda Giles
Kerry Glover
Penny Gosling
Margaret Goyne
Debra Gradie
Elaine Graham
Jill & Tim Graham
Paul & Patricia Gray
Natalie Griffin
Ursula Gould
Lisa Groves
Rebecca Groves
Mrs Hackett
Lynelle Hamer
Kristen Hannan
Sharron Hannay
Tim Hardy
Donna Harley
Lyn Heidtmann
April Herzag
Erin Hill
Jennifer Hinch

Natalie Holdsworth
Grace Holroyd
Bill & Rosemary Huff-
Johnston
Karin Huckstepp
Katrina Jackson
Helen Jacobs
Rhonda Jamieson
Eve Jarrett
John Jeff
Jane Johnson
Edith Jones
Eileen Jones
Sonia Karouzas
Alina Katauskas
Therese Kelly
Eleanor Kennealy
Claudia Kretschmer
Olive Lambie
Gay Lane
John Langdon
Nicole Lawley
Daryl Lawrence
Mr & Mrs V Liston
Christine Logue
Terry Lovett
Leslie Lovie
Theresa Luff
Brenda McFarlane
Joyce McGuire
Joanne McHugh
Judy McKee
Gemma McLean
Browyn Mackenzie
Robin Macintyre
Celia McKew
Roz Mclennan
Iris McMenami
John Malouf
Krystal Mann
Rafa Marjan
Gay Marshall
Penny Marshall
Alexandra Martyniak
Alice Mason
Angie Mason
Betty Matthews



Staff and Volunteers

Ellen Matthews
Libby Meredyth
Robyn Middleton
Helen Mobbs
Maria Moleirinho
Pat Mooney
Caroline Morris
Ron & Hazel Morris
Sue Muir
Lucy Mullens
Michelle Napoli
Keran & Glenys Niquet
Ruth O'Brien
Joy O'Connor
Megan Olsen
Danielle O'Neill
Kathryn Ogilvy
Janice Page
Jill Parliament
Kal Peljo
Susan Pfanner
Catherine Pitt
Helen Pitt
David Power
Val Pritchard
Bill Quinn
Molly Rand
Mary Rees
Julie Renton
Arthur Riley
Brittany Robbins
Kirsten Rodgers
Mr & Mrs D Roe
Carole Rowe
Janice Rudd
Lynne Sandland
Fleur Scheele
Barbara Schreiner
Larry Schwass
Jane Schwinghamer
Helen Shawe
Joan Sheppard
Louise Slockwitch
Cath Smith
Anne Spencer
Pam Stagg
Judith Stark
Bill Stefaniak
Jessica Stizelecki

Debbie Southwell
Mindy Sutherland
Monica Tate
Sue Taylor
Penny Tfoutouraf
Lachlan Thompson
Bock Thong
Iris & Fred Thorpe
Glenda Tow
Maria Trainor
Jane Turner
Lisa Unwin
Annette Uttley
Margaret Vidler
Sally Vine
Caroyn Walker
Jill Walker
Susan Walker
Hilary Wardhaugh
Shane Weatherstone
Susan White
Carol Williams
Cathy Willis
Trevor & Lyn Willson
Julia Wiltshire
Phillip Woodward
Angela Yorston
Louisa Zardo
Valentina Zarew

Volunteers for the Christmas Card Shop 2002

Helen Baseden
Robyn Bedford
Anne Borger
Julia Braguina
Elizabeth Broomfield
Sue Buker
Jane Cartledge
Ginny Condon
Helen Fyfe
Christine Galbraith
Mrs C.V. Hackett
Erin Hill
Rhonda Jamieson
John Langdon
Margaret Langford
Vin Liston

Judith McKee
Marg Moleirinho
Maria Moleirinho
Sheila Mumberson
Jill Parliament
Molly Rand
Lynne Sandland
Barbara Schreiner
Louise Slockwitch
Maria Trainor
Margaret Vidler
Angela Yorston

Relay For Life 2003

Annabel Agafonoss
Fiona Craine
Rosemary Drabsch
Elaine Graham
Chris Kelart
Sheona Liebster
Joyce McGuire
Bronwyn McKenzie
Kerry McMahon

Volunteers ABMT 2003

Lucy Crisp
Mary Reynolds



Ms Christine Brill
Vice-President



A/Professor Robin Stuart-Harris
Secretary



Mr Ron Christie
Board Member



Mr Michael Deasey
Board Member



Ms Mary Martin
Board Member



Ms Gillian Mitchell
Board Member



Mr Brett Yeats
Board Member

Members of the Board of Directors who served The Cancer Council ACT during 2002–2003

Attendance at regular board meetings

Name	Attended	Eligible
Dr Kevin White <i>President</i>	9	9
Ms Christine Brill <i>Vice President</i>	6	9
Mr Leslie Harley <i>Treasurer</i>	3	5
Mr Oliver Lee <i>Treasurer</i>	1	2
A/Professor Robin Stuart-Harris <i>Secretary</i>	6	9
Mr Ron Christie	6	9
Ms Madeline Clark	3	7
Mr Michael Deasey	6	9
Dr Annie Ghisalberti	0	2
Ms Mary Martin	6	7
Ms Gillian Mitchell	5	7
Ms Margaret Morton	0	2
Mr Chris Soutter	1	2
Mr Brett Yeats	5	7

Public Officer Mr Ron Christie

Committee Membership as at 30 June 2003

Audit Committee

Ms Christine Brill (Chairperson)
All current Board Members of The Cancer Council ACT
Ms Joan Bartlett

Building Committee

Mr Brett Yeats (Chairperson)
Mr Michael Deasey
Mr Les Harley/ Mr Oliver Lee
Dr Kevin White
Ms Joan Bartlett

Honorary Life Members

Mrs R. Grantham
Dr Ronald Mendelsohn
Mrs Heather Wain
Professor Malcolm Whyte

Governance Function: Objectives for 2003–2004

- ▶ Develop Strategic Plan for period 2004–2007
- ▶ Accept Code of Conduct for Board Members
- ▶ Finalise process, policies and Terms of Reference for Research Committee
- ▶ Review/develop governance policies as necessary



1st International Conference on Health Promotion

(Ottawa, Canada, November 1986)

The first International Conference on Health Promotion, meeting in Ottawa this 21st day of November 1986, hereby presents this CHARTER for action to achieve Health for All by the year 2000 and beyond. This conference was primarily a response to growing expectations for a new public health movement around the world. Discussions focused on the needs in industrialized countries, but took into account similar concerns in all other regions. It built on the progress made through the Declaration on Primary Health Care at Alma-Ata, the World Health Organization's Targets for Health for All document, and the recent debate at the World Health Assembly on intersectoral action for health.

Health Promotion

Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being.

Prerequisites for Health

The fundamental conditions and resources for health are:

- peace,
- shelter,
- education,
- food,
- income,
- a stable eco-system,
- sustainable resources,
- social justice, and
- equity.

Improvement in health requires a secure foundation in these basic prerequisites.

Advocate

Good health is a major resource for social, economic and personal development and an important dimension of quality of life. Political, economic, social, cultural, environmental, behavioural and biological factors can all favour health or be harmful to it. Health promotion action aims at making these conditions favourable through advocacy for health.

Enable

Health promotion focuses on achieving equity in health. Health promotion action aims at reducing differences in current health status and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential. This includes a secure foundation in a supportive environment, access to information, life skills and opportunities for making healthy choices. People cannot achieve their fullest health potential unless they are able to take control of those things which determine their health. This must apply equally to women and men.

Mediate

The prerequisites and prospects for health cannot be ensured by the health sector alone. More importantly, health promotion demands coordinated action by all concerned: by governments, by health and other social and economic sectors, by nongovernmental and voluntary organization, by local authorities, by industry and by the media. People in all walks of life are involved as individuals, families and communities. Professional and social groups and health personnel have a major responsibility to mediate between differing interests in society for the pursuit of health.

Health promotion strategies and programmes should be adapted to the local needs and possibilities of individual countries and regions to take into account differing social, cultural and economic systems.

Health Promotion action means:

Build healthy public policy

Health promotion goes beyond health care. It puts health on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health.

Health promotion policy combines diverse but complementary approaches including legislation, fiscal measures, taxation and organizational change. It is coordinated action that leads to health, income and social policies that foster greater equity. Joint action contributes to ensuring safer and healthier goods and services, healthier public services, and cleaner, more enjoyable environments.

Health promotion policy requires the identification of obstacles to the adoption of healthy public policies in non-health sectors, and ways of removing them. The aim must be to make the healthier choice the easier choice for policy makers as well.

Create supportive environments

Our societies are complex and interrelated. Health cannot be separated from other goals. The inextricable links between people and their environment constitutes the basis for a socio-ecological approach to health. The overall guiding principle for the world, nations, regions and communities alike, is the need to encourage reciprocal maintenance — to take care of each other, our communities and our natural environment. The conservation of natural resources throughout the world should be emphasized as a global responsibility.

Changing patterns of life, work and leisure have a significant impact on health. Work and leisure should be a source of health for people. The way society organizes work should help create a healthy society. Health promotion generates living and working conditions that are safe, stimulating, satisfying and enjoyable.

Systematic assessment of the health impact of a rapidly changing environment — particularly in areas of technology, work, energy production and urbanization — is essential and must be followed by action to ensure positive benefit to the health of the public. The protection of the natural and built environments and the conservation of natural resources must be addressed in any health promotion strategy.

Strengthen community action

Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and

implementing them to achieve better health. At the heart of this process is the empowerment of communities — their ownership and control of their own endeavours and destinies.

Community development draws on existing human and material resources in the community to enhance self-help and social support, and to develop flexible systems for strengthening public participation in and direction of health matters. This requires full and continuous access to information, learning opportunities for health, as well as funding support.

Develop personal skills

Health promotion supports personal and social development through providing information, education for health, and enhancing life skills. By so doing, it increases the options available to people to exercise more control over their own health and over their environments, and to make choices conducive to health.

Enabling people to learn, throughout life, to prepare themselves for all of its stages and to cope with chronic illness and injuries is essential. This has to be facilitated in school, home, work and community settings. Action is required through educational, professional, commercial and voluntary bodies, and within the institutions themselves.

Reorient health services

The responsibility for health promotion in health services is shared among individuals, community groups, health professionals, health service institutions and governments. They must work together towards a health care system which contributes to the pursuit of health.

The role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services. Health services need to embrace an expanded mandate which is sensitive and respects cultural needs. This mandate should support the needs of individuals and communities for a healthier life, and open channels between the health sector and broader social, political, economic and physical environmental components.

Reorienting health services also requires stronger attention to health research as well as changes in professional education and training. This must lead to



a change of attitude and organization of health services which refocuses on the total needs of the individual as a whole person.

Moving into the future

Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. Health is created by caring for oneself and others, by being able to take decisions and have control over one's life circumstances, and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members.

Caring, holism and ecology are essential issues in developing strategies for health promotion. Therefore, those involved should take as a guiding principle that, in each phase of planning, implementation and evaluation of health promotion activities, women and men should become equal partners.

Commitment to health promotion

The participants in this Conference pledge:

- to move into the arena of healthy public policy, and to advocate a clear political commitment to health and equity in all sectors;
- to counteract the pressures towards harmful products, resource depletion, unhealthy living conditions and environments, and bad nutrition; and to focus attention on public health issues such as pollution, occupational hazards, housing and settlements;
- to respond to the health gap within and between societies, and to tackle the inequities in health produced by the rules and practices of these societies;

- to acknowledge people as the main health resource; to support and enable them to keep themselves, their families and friends healthy through financial and other means, and to accept the community as the essential voice in matters of its health, living conditions and well-being;
- to reorient health services and their resources towards the promotion of health; and to share power with other sectors, other disciplines and, most importantly, with people themselves;
- to recognize health and its maintenance as a major social investment and challenge; and to address the overall ecological issue of our ways of living.
- The Conference urges all concerned to join them in their commitment to a strong public health alliance.

Call for international action

The Conference calls on the World Health Organization and other international organizations to advocate the promotion of health in all appropriate forums and to support countries in setting up strategies and programmes for health promotion.

The Conference is firmly convinced that if people in all walks of life, nongovernmental and voluntary organizations, governments, the World Health Organization and all other bodies concerned join forces in introducing strategies for health promotion, in line with the moral and social values that form the basis of this CHARTER, Health For All by the year 2000 will become a reality.

The Cancer Council ACT Financial Report for the Year Ended 30 June 2003

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The Cancer Council ACT Financial Report for the Year Ended 30 June 2003

The Cancer Council ACT Incorporated

ABN. 51 581 057 949

STATEMENT OF THE BOARD

The names of each person who held a position as a director of the board during the year ended 30 June 2003 or at the date of this statement were:

Kevin White	Madeline Clark
Christine Brill	Annie Ghisalberti
Ron Christie	Michael Deasey
Chris Soutter	Oliver Lee
Robin Stuart-Harris	Les Harley
Margaret Morton	Mary Martin
Gillian Mitchell	Brett Yeats

The principal activity of the Cancer Council ACT during the year ended 30 June 2003 was to reduce the incidence and impact of cancer in the Australian Capital Territory. There was no significant change in activities during the financial year.

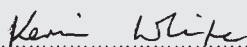
The net surplus of the Association for the year ended 30 June 2003 was \$31,211 (2002: \$147,380 surplus).


In the opinion of the board of directors, the attached financial report, comprising the statement of financial performance, statement of financial position, statement of cash flows and notes 1 to 20:

- ▶ present fairly the financial position of The Cancer Council ACT as at 30 June 2003 and its performance and cash flows for the year then ended
- ▶ are prepared in accordance with the Associations Incorporation Act 1991 of the Australian Capital Territory, accounting standards and other mandatory professional reporting requirements in Australia

At the date of this statement, there are reasonable grounds to believe that the Cancer Council ACT will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the board.


.....
Kevin White, President


.....
Oliver Lee, Treasurer

Dated: 26/8/03.

26/8/03

The Cancer Council ACT Incorporated

ABN. 51 581 057 949

	Notes	2003 \$	2002 \$
STATEMENT OF FINANCIAL PERFORMANCE FOR THE YEAR ENDED 30 JUNE 2003			
REVENUE			
<i>Operating activities:</i>			
Shop sales		352,932	324,215
Grants	3	305,279	266,124
Membership fees		1,698	1,758
Training and education fees		14,101	13,289
Donations		98,036	85,939
Bequests		-	78,304
Special events		656,308	636,974
		<u>1,428,354</u>	<u>1,406,603</u>
<i>Non-operating activities:</i>			
Interest		26,408	31,332
Unrealised gain on shares		1,455	1,228
Royalties		6,774	5,083
Other		15,946	26,574
		<u>50,583</u>	<u>64,217</u>
<i>Total revenue</i>		<u>1,478,937</u>	<u>1,470,820</u>
EXPENSES			
Staff costs		(734,647)	(649,796)
Shop merchandise		(176,388)	(150,481)
Events costs		(85,538)	(123,937)
Research grants		(61,216)	(7,076)
Occupancy costs		(56,126)	(63,253)
General costs		(262,263)	(206,492)
Other costs		(1,088)	(7,061)
Project costs		(44,969)	(82,400)
Cancer Council Australia membership		(25,491)	(32,944)
<i>Total expenses</i>		<u>(1,447,726)</u>	<u>(1,323,440)</u>
<i>Net surplus for the financial year</i>		<u>31,211</u>	<u>147,380</u>
<i>Total changes in accumulated surplus</i>		<u>31,211</u>	<u>147,380</u>

The accompanying notes form part of these financial statements.

The Cancer Council ACT Financial Report for the Year Ended 30 June 2003

The Cancer Council ACT Incorporated

ABN. 51 581 057 949

	Notes	2003 \$	2002 \$
STATEMENT OF FINANCIAL POSITION			
AS AT 30 JUNE 2003			
CURRENT ASSETS			
Cash assets	5	840,031	858,380
Receivables	6	26,573	18,487
Inventories	7	79,699	64,196
Other financial assets	8	37,805	36,350
Other	9	29,211	3,606
<i>Total current assets</i>		<u>1,013,319</u>	<u>981,019</u>
NON CURRENT ASSETS			
Property, plant and equipment	10	52,115	46,553
<i>Total non current assets</i>		<u>52,115</u>	<u>46,553</u>
<i>Total assets</i>		<u>1,065,434</u>	<u>1,027,572</u>
CURRENT LIABILITIES			
Payables	11	21,269	23,742
Provisions	12	38,595	33,785
Unearned revenue	13	24,475	16,460
<i>Total current liabilities</i>		<u>84,339</u>	<u>73,987</u>
NON CURRENT LIABILITIES			
Provisions	12	5,517	9,218
<i>Total non current liabilities</i>		<u>5,517</u>	<u>9,218</u>
<i>Total liabilities</i>		<u>89,856</u>	<u>83,205</u>
<i>Net assets</i>		<u>975,578</u>	<u>944,367</u>
ACCUMULATED FUNDS			
Retained surplus	14	975,578	944,367
<i>Total accumulated funds</i>		<u>975,578</u>	<u>944,367</u>
STATEMENT OF CASH FLOWS			
FOR THE YEAR ENDED 30 JUNE 2003			
OPERATING ACTIVITIES			
Receipts from donations, special events and all other income		807,068	880,351
Receipts from sale of merchandise		387,167	350,789
Grants received		344,625	266,124
Payments to suppliers and employees		(1,551,796)	(1,340,968)
Interest received		26,408	31,332
<i>Net cash relating to operating activities</i>	20(b)	<u>13,472</u>	<u>187,628</u>
INVESTING ACTIVITIES			
Purchases of property, plant and equipment		(31,821)	(17,471)
<i>Net cash relating to investing activities</i>		<u>(31,821)</u>	<u>(17,471)</u>
<i>Net movement in cash and cash equivalents</i>		(18,349)	170,157
<i>Cash and cash equivalents at beginning of year</i>		858,380	688,223
<i>Cash and cash equivalents at end of year</i>	20(a)	<u>840,031</u>	<u>858,380</u>

The accompanying notes form part of these financial statements.

The Cancer Council ACT Incorporated

ABN. 51 581 057 949

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2003

Note 1: Statement of significant accounting policies

This general purpose financial report has been prepared in accordance with Australian accounting standards, Urgent Issues Group Consensus Views and other authoritative pronouncements of the Australian Accounting Standards Board and the requirements of the Associations Incorporation Act 1991. They have been prepared in accordance with the historical cost convention. Cost in relation to assets represents the cash amount paid or the fair value of assets given in exchange. The accounting policies have been consistently applied unless otherwise stated. The following is a summary of significant accounting policies adopted by the Council in the preparation of the financial report.

Income tax

The Council is income tax exempt as a public benevolent institution under sub-division 30-B of the Income Tax Assessment Act 1997.

Inventories

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

Investments (other financial assets)

Bonds and debentures are carried at the lower of cost or net realisable value. Shares are carried at current market value at balance date with any fluctuations in market value being recognised as unrealised gains or losses on shares (revenue).

Property, plant and equipment

Property, plant and equipment is valued at cost. Depreciation is provided on all property, plant and equipment at rates calculated to allocate the cost less estimated residual value at the end of the useful lives of the assets against revenue over those estimated useful lives. The depreciation methods and rates for each category of property, plant and equipment are:

Furniture, plant and equipment	7.5% - 30% prime cost or 11.25% - 40% diminishing value
Motor vehicles	22.5% diminishing value
Building improvements	20% prime cost

Employee entitlements

Provision is made for the Council's liability for employee entitlements arising from services rendered by employees to balance date. Employee entitlements expected to be settled within one year together with entitlements arising from salaries and annual leave that will be settled after one year, have been measured at their nominal amount at the remuneration rates expected to apply at the time of settlement. Other employee entitlements payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those entitlements. Contributions made to employee superannuation funds by the Council are charged as expenses when incurred.

Cash

For the purposes of the statement of cash flows, cash includes cash on hand and in banks, in deposits at call and investments in money market instruments convertible to cash within 45 days, net of outstanding bank overdrafts.

Research grants

Research grants are recognised as expenses at the time the funds are disbursed to the research body.

Revenue recognition

(a) 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.

(b) Donations, bequests and membership fees

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

(c) Grants

Operational grants are recognised as revenue progressively over the period of the grant. Operational grants received in respect of future financial years 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).

The Cancer Council ACT Financial Report for the Year Ended 30 June 2003

The Cancer Council ACT Incorporated

ABN. 51 581 057 949

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2003

Note 1: Statement of significant accounting policies

(d) 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.

Goods and Services Tax

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

Comparative information

The classification of comparative figures has been changed where the change improves the understandability of the financial information.

Changes in accounting policies

In prior years, the amount advanced to the Cancer Council Australia for purchase of Daffodil Day merchandise has been recognised as an expense in the period advanced. In the current year, the amounts advanced have been recognised as a prepaid expense at year end to enable the expenses to be matched against the related revenue, resulting in an increase in other current assets and operating surplus of \$25,495. In addition, in prior years, employee benefits liability was recognised net of employee on-costs and no provision was made for long service leave entitlements. In the current year, the employee benefits liability incorporates 9% superannuation guarantee contributions and the discounted value of expected long service leave entitlements have been recognised to improve compliance with AASB 1028 'Employee Benefits', resulting in an increase in employee related provisions and a decrease in operating surplus of \$8,704.

	Notes	2003 \$	2002 \$
Note 2: Surplus From Ordinary Activities			
Net surplus has been determined after:			
<i>(a) Expenses</i>			
Operating lease rentals - office premises		49,994	54,823
Depreciation of non-current assets:			
▶ furniture, plant and equipment		14,954	22,997
▶ building improvements		5,323	-
▶ motor vehicles		5,982	1,771
Total depreciation		26,259	24,768
Write down of assets:			
▶ receivables - bad debts		-	821
Total write down of assets		-	821

Note 3: Grants Revenue

Funding body:	Unexpended funds at 1 July	Grants received during the year (excluding GST)	Grants utilised during the year	Unexpended funds at 30 June
<u>ACT Dept of Health and Community Care:</u>				
▶ Australian Secondary School Alcohol and Drug Survey 2002	-	26,961	11,239	15,722
▶ Information, Supportive Care and Referral Services	-	83,255	83,255	-
▶ Smoking Cessation Program	-	53,229	53,229	-
▶ Resources	-	1,180	1,180	-
<u>Healthpact:</u>				
▶ Reducing the initiation and escalation of tobacco in young females	-	35,000	35,000	-
▶ Smokefree & Sunsmart Sponsorships	2,500	80,000	82,500	-
▶ Healthlink Journal	13,960	29,125 a	34,332	8,753
<u>The Snow Foundation Limited</u>				
▶ Wig Service	-	4,545	4,545	-
	16,460	313,295	305,280	24,475

(a) Healthlink Journal income received includes income from other sources than from the ACT Dept. of Health and Community Care.

The Cancer Council ACT Incorporated

ABN. 51 581 057 949

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2003

	2003 \$	2002 \$
Note 4: Auditors' Remuneration		
Remuneration of the auditor for:		
▶ Auditing or reviewing the financial report	3,350	3,900
▶ Other services	554	-
▶ Other services provided by a related practice of the auditor	-	-
Note 5: Cash Assets		
Cash on hand	528	650
Cash at bank	564,847	594,183
Deposits at call	274,656	263,547
	<u>840,031</u>	<u>858,380</u>
Note 6: Receivables		
CURRENT		
Trade debtors	19,410	7,855
Amounts receivable from TCCA	1,659	7,476
Allowance for doubtful debts	-	-
	<u>21,069</u>	<u>15,331</u>
Other debtors	5,504	3,156
	<u>26,573</u>	<u>18,487</u>
Note 7: Inventories		
Shop merchandise	<u>79,699</u>	<u>64,196</u>
Note 8: Other Financial Assets		
Share in other corporations - at market value	12,195	10,740
Debentures - at cost	25,610	25,610
	<u>37,805</u>	<u>36,350</u>
Note 9: Other Current Assets		
Prepayments - Daffodil Day	25,495	-
Prepayments - other	2,549	2,439
Security deposit	1,167	1,167
	<u>29,211</u>	<u>3,606</u>
Note 10: Property, Plant and Equipment		
Furniture, plant and equipment - at cost	117,311	106,553
Accumulated depreciation	(89,165)	(74,210)
	<u>28,146</u>	<u>32,343</u>
Motor vehicles - at cost	40,186	19,122
Accumulated depreciation	(19,006)	(13,024)
	<u>21,180</u>	<u>6,098</u>
Building improvements - at cost	49,379	49,379
Accumulated depreciation	(46,590)	(41,267)
	<u>2,789</u>	<u>8,112</u>
Total Property, Plant and Equipment	<u>52,115</u>	<u>46,553</u>

The Cancer Council ACT Financial Report for the Year Ended 30 June 2003

The Cancer Council ACT Incorporated

ABN. 51 581 057 949

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2003

Note 10: Property, Plant and Equipment

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

	2003 Furniture, plant and equipment	2003 Motor vehicles	2003 Building improvements
	\$	\$	\$
Opening Balance	32,343	6,098	8,112
Additions	10,757	21,064	-
Depreciation expense	(14,954)	(5,982)	(5,323)
Closing Balance	<u>28,146</u>	<u>21,180</u>	<u>2,789</u>

Note 11: Payables

CURRENT

Unsecured liabilities:

Creditors and accrued expenses

	2003 \$	2002 \$
Creditors and accrued expenses	<u>21,269</u>	<u>23,742</u>

Note 12: Provisions

CURRENT

Employee benefits:

- ▶ Annual leave
- ▶ Long service leave (vested)

Annual leave	38,595	33,785
Long service leave (vested)	-	-
	<u>38,595</u>	<u>33,785</u>

NON-CURRENT

- ▶ Long service leave (non-vested)

Long service leave (non-vested)	<u>5,517</u>	<u>9,218</u>
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Aggregate employee benefits liability

Aggregate employee benefits liability	<u>44,112</u>	<u>43,003</u>
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Number of employees at year end

Number of employees at year end	<u>19</u>	<u>20</u>
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Note 13: Unearned Revenue

Unexpended project grants

Unexpended project grants	Note 3	<u>24,475</u>	<u>16,460</u>
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Note 14: Retained Surplus

Retained surplus at the beginning of the year

944,367

796,990

Net surplus

31,211

147,377

Retained surplus at the end of the year

975,578

944,367

Note 15: Segmental Reporting

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

Note 16: Association Details

The Cancer Council ACT Incorporated is an association incorporated under the Associations Incorporation Act 1991 of the Australian Capital Territory, Association No. A 435. The principal place of business of the association is 159 Maribyrnong Avenue, Kaleen. The Council also operates a shop at Westfield Belconnen Shoppingmall.

The Cancer Council ACT Incorporated

ABN. 51 581 057 949

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2003

	2003 \$	2002 \$
Note 17: Commitments for Expenditure		
(a) Research grants commitments		
The Council has entered into a 3 year contract for the performance of a cancer-related scientific research project. The contract specifies funding to be provided progressively during the term of the contract.		
Payable:		
▶ not later than 1 year	-	31,900
▶ later than 1 year but not later than 5 years	15,950	15,950
Minimum lease payments	<u>15,950</u>	<u>47,850</u>
(b) Operating lease commitments		
Non-cancellable operating leases contracted for but not capitalised:		
Rentals payable:		
▶ not later than 1 year	16,237	32,195
▶ later than 1 year but not later than 5 years	6,615	5,088
Minimum lease payments	<u>22,852</u>	<u>37,283</u>

General description of leasing arrangements:

The Council has commitments in respect of two leases for rental of premises and one for rental of photocopier:

- ▶ Lease for Shop 165 at Westfield Belconnen Shoppingmall, ACT that expires 24 September 2003.
- ▶ Lease for 159 Maribyrnong Avenue, Kaleen, ACT that expires 30 September 2003, with annual options to renew for one year until the ultimate termination date 30 September 2007.
- ▶ Lease for rental of photocopier that expires 11 October 2005.

Note 18: Related Parties

(a) Directors

The names of the persons who were Directors of the Council during the financial year are:

Kevin White	Madeline Clark
Christine Brill	Annie Ghisalberti
Ron Christie	Michael Deasey
Chris Soutter	Oliver Lee
Robin Stuart-Harris	Les Harley
Margaret Morton	Mary Martin
Gillian Mitchell	Brett Yeats

(b) Transactions with director related entities

The Directors did not receive any remuneration directly or indirectly from the Council or any related body corporate for management of the Council, other than reimbursements of expenses incurred on behalf of the Council. With the exception of the transactions listed below, there were no transactions during the year with entities that were related to directors:

- ▶ Research grants totalling \$58,000 were provided to the Australian National University in respect of a scientific research project to be undertaken by Associate Professor Robin Stuart-Harris. This research funding was provided on terms and conditions similar to those normally funded by the Council.
- ▶ The Council is a member of The Cancer Council Australia. This involves the Council and other membership organisations in each state and territory contributing annual membership fees, purchasing fundraising merchandise and receiving net fundraising income from the Cancer Council Australia.

The Cancer Council ACT Financial Report for the Year Ended 30 June 2003

The Cancer Council ACT Incorporated

ABN. 51 581 057 949

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2003

	2003 \$	2002 \$
Note 19: Cash Flow Information		
(a) Reconciliation of net cash relating to operating activities to operating surplus		
Operating surplus	31,211	147,377
Non-cash flows in operating surplus:		
Unrealised gain on shares	(1,455)	(1,228)
Depreciation and amortisation	26,259	24,768
Changes in assets and liabilities:		
Receivables	(8,086)	(14,204)
Inventories	(15,503)	(7,929)
Other current assets	(25,605)	2,153
Payables	(2,473)	7,327
Unearned revenue	8,015	12,941
Provisions	1,109	16,423
Net cash relating to operating activities	<u>13,472</u>	<u>187,628</u>

(b) Non-cash transactions

There were no non-cash transactions during the financial year.

(c) Unused credit facilities

The Council maintains a business card facility for the Executive Officer. The credit card has a limit of \$4,000 of which \$3,292 was available at year end.

Note 20: Financial Instruments

(a) Interest rate risk

Interest rate risk is the risk that the value of a financial asset or liability will change due to interest rate fluctuations. The interest rate applicable to each class of financial asset and liability are as follows:

- ▶ Variable rate cash deposits at the average rate of 3.75%.
- ▶ Fixed rate deposits maturing within one year at the average rate of 4.46%.

(b) Credit risk

The maximum exposure to credit risk at balance date to recognised financial assets is the carrying amount as disclosed in the statement of financial position and notes to the financial statements. With the exception of cash deposits with the Commonwealth Bank of Australia totalling \$822,934, the Council does not have any material credit risk exposure to any single debtor or group of debtors.

(c) 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.

INDEPENDENT AUDIT REPORT

To the Members
The Cancer Council ACT Incorporated (ABN 51 581 057 949)

Qualification regarding donations and fundraising revenue

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 of \$98,036 and \$656,308 respectively was limited to the amounts recorded as being banked.

Audit Opinion

In our opinion, except for the effects on the annual financial report of the matter referred to in the qualification paragraph above, the annual financial report of The Cancer Council ACT Incorporated:

- gives a true and fair view of the financial position of the Council at 30 June 2003, and of its performance for the year ended on that date, and
- is presented in accordance with the Associations Incorporation Act 1991 of the Australian Capital Territory, Accounting Standards and other mandatory professional reporting requirements in Australia.

Independence

In conducting our audit, we followed applicable independence requirements of Australian professional ethical pronouncements.

Scope

The annual financial report and directors' responsibility

The annual financial report comprises the statement of the board, statement of financial position, statement of financial performance, statement of cash flows and accompanying notes 1 to 20 for The Cancer Council ACT Incorporated (the Council), for the year ended 30 June 2003.

The directors of the Council are responsible for the preparation and true and fair presentation of the annual financial report in accordance with the *Associations Incorporation Act 1991 of the Australian Capital Territory (the Act)*. This includes responsibility for the maintenance of adequate accounting records and internal controls that are designed to prevent and detect fraud and error, and for the accounting policies and accounting estimates inherent in the annual financial report.

Audit approach

We conducted an independent audit in order to express an opinion to the members of the Council. Our audit was conducted in accordance with Australian Auditing and Assurance Standards, in order to provide reasonable assurance as to whether the annual financial report is free of material misstatement. The nature of an audit is influenced by factors such as the use of professional judgement, selective testing, the inherent limitations of internal control, and the availability of persuasive rather than conclusive evidence. Therefore, an audit cannot guarantee that all material misstatements have been detected.

We performed procedures to assess whether in all material aspects the annual financial report presents fairly, in accordance with the Act, Accounting Standards and other mandatory financial reporting requirements in Australia, a view that is consistent with our understanding of the Council's financial position, and of its performance as represented by the results of its operations and cash flows.

We formed the audit opinion on the basis of these procedures, which included:

- examining, on a test basis, information to provide evidence supporting the amounts and disclosures in the annual financial report, and
- assessing the appropriateness of the accounting policies and disclosures used and the reasonableness of significant accounting estimates made by management and the board.

While we considered the effectiveness of management's internal controls over financial reporting when determining the nature and extent of our procedures, our audit was not designed to provide assurance on internal controls.

Our audit did not involve an analysis of the prudence of business decisions made by the board or management.

FIELDEN HUMMER & CO



Eric Hummer
Partner
Canberra, 26 August 2003.

The Cancer Council ACT Financial Report for the Year Ended 30 June 2003

The Cancer Council ACT Incorporated

ABN. 51 581 057 949

	2003 \$	2002 \$
DETAILED STATEMENT OF FINANCIAL PERFORMANCE FOR THE YEAR ENDED 30 JUNE 2003		
<i>(To be read in conjunction with the attached Independent Review Report)</i>		
REVENUE		
OPERATING ACTIVITIES		
Shop sales	352,932	324,215
Grants	305,279	266,124
Membership fees	1,698	1,758
Training and education fees	14,101	13,289
Donations	98,036	85,939
Bequests	-	78,304
Special events	656,308	636,974
	<u>1,428,354</u>	<u>1,406,603</u>
NON-OPERATING ACTIVITIES		
Interest	26,408	31,332
Unrealised gain on shares	1,455	1,228
Royalties	6,774	5,083
Other	15,946	26,574
	<u>50,583</u>	<u>64,217</u>
<i>Total revenue</i>	<u>1,478,937</u>	<u>1,470,820</u>
EXPENSES		
STAFF COSTS		
FBT Expense	1,578	1,137
Workers Compensation insurance	15,435	15,409
Professional Development	30,237	20,274
Wages & Salaries	541,482	560,992
Temp Staff	49,762	6,613
Contract Staff	35,178	4,882
Superannuation	48,087	42,124
Provision for Annual Leave	4,810	(10,852)
Provision for Long Service Leave	(3,701)	9,218
Recruitment fees	11,780	-
Total Staff Costs	<u>734,647</u>	<u>649,796</u>
SHOP MERCHANDISE		
Shop Merchandise	176,388	150,481
Total Shop Merchandise	<u>176,388</u>	<u>150,481</u>
EVENTS COSTS		
Consultancy Fees	11,242	29,071
Volunteers Amenities	519	938
Fundraising Purchases of Services	47,203	43,369
Fundraising Merchandise	26,575	50,559
Total Events Costs	<u>85,538</u>	<u>123,937</u>
OCCUPANCY COSTS		
Electricity	6,132	8,430
Rent	49,994	54,823
Total Occupancy Costs	<u>56,126</u>	<u>63,253</u>
RESEARCH GRANTS		
Grants for cancer research	61,216	7,076
Total Research Grants	<u>61,216</u>	<u>7,076</u>

The Cancer Council ACT Incorporated

ABN. 51 581 057 949

	2003 \$	2002 \$
DETAILED STATEMENT OF FINANCIAL PERFORMANCE		
FOR THE YEAR ENDED 30 JUNE 2003 (continued)		
<i>(To be read in conjunction with the attached Independent Review Report)</i>		
GENERAL COSTS		
Advertising & Promotion	35,507	24,526
Audit & Accounting	3,904	3,900
Bad Debts	-	821
Bank Charges	7,432	7,064
Board Amenities	2,218	1,343
Capital Equipment	190	370
Cleaning, Supplies & Services	11,974	10,044
Clients Amenities	448	751
Committee Amenities	649	800
Computer Software	2,519	1,004
Depreciation Expense	26,259	24,768
Freight & Postage	17,810	13,436
Legal Expenses	4,718	5,765
Local Travel Expenses	9,776	15,785
Major Meetings	6,563	7,840
Memberships & Subscriptions	6,503	4,603
Motor Vehicle Expenses	7,557	7,757
Other Insurance	16,283	4,950
Photocopier	5,249	1,528
Printing	51,216	25,908
Repairs & Maintenance	10,135	5,912
Staff amenities	512	-
Stationery	11,653	16,740
Telephone & Fax	23,187	20,877
Total General Costs	<u>262,263</u>	<u>206,492</u>
OTHER COSTS		
Discretionary	1,088	1,143
Correction of prior year	-	5,918
Total Other Costs	<u>1,088</u>	<u>7,061</u>
PROJECT COSTS		
Cancer Information & Support Services Merchandise	6,618	13,380
Health Promotion Giveaways	16,821	38,495
Library Supplies, Tapes & Printed Support Materials	6,583	3,569
Nicotine Replacement Therapy	429	-
Other Products & Services	12,384	13,548
Projects	-	9,868
Resources	2,135	3,540
Total Project Costs	<u>44,969</u>	<u>82,400</u>
TCCA MEMBERSHIP FEES		
The Cancer Council Australia Membership Fees	25,491	32,944
Total TCCA Membership Fees	<u>25,491</u>	<u>32,944</u>
<i>Total expenses</i>	<u>1,447,726</u>	<u>1,323,440</u>
<i>Net surplus for the financial year</i>	<u>31,211</u>	<u>147,380</u>

The Cancer Council ACT Financial Report for the Year Ended 30 June 2003

fieldenhummer
fielden hummer & co • chartered accountants

INDEPENDENT REVIEW REPORT

To the Members
The Cancer Council ACT Incorporated (ABN 51 581 057 949)

Statement

Based on our review of the detailed statement of financial performance of The Cancer Council ACT Incorporated, that is not an audit:

- the information contained in the detailed statement of financial performance for the year ended 30 June 2003 agrees to the financial records of the Council; and
- nothing has come to our attention that causes us to believe that the detailed statement of financial performance for the year ended 30 June 2003 does not present fairly the revenue and expenditure of The Cancer Council ACT Incorporated for the year then ended in accordance with the basis of preparation described above.

Basis of preparation

The detailed statement of financial performance is a special purpose financial report that has been prepared from the financial books and records of the Council and in accordance with the specific accounting policies, accounting standards and other mandatory professional reporting requirements set out in Note 1 to the audited financial report.

Scope of Review

We have reviewed the detailed statement of financial performance of The Cancer Council ACT Incorporated for the year ended 30 June 2003. The Board of the Council is responsible for the preparation and presentation of the detailed statement of financial performance and the information contained therein. We have performed the review of the detailed statement of financial performance 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 basis of preparation described below.

The detailed statement of financial performance has been prepared for distribution to the members of The Cancer Council ACT Incorporated. We disclaim any assumption of responsibility for any reliance on this review report or on the detailed statement of financial performance to which it relates to any person other than the members of The Cancer Council ACT Incorporated.

Our review has been conducted in accordance with Australian Auditing Standards applicable to review engagements. A review is limited primarily to inquiries of Council 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 statement of financial performance and, accordingly, we do not express an audit opinion.

FIELDEN HUMMER & CO



Eric Hummer
Partner

Canberra, 26 August 2003

2 napier close deakin act 2600

fax (02) 6282 2404

partners

adrian kelly	tel (02) 6124 2302	akelly@fieldenhummer.com
eric hummer	tel (02) 6124 2301	ehummer@fieldenhummer.com
steven kouparitsas	tel (02) 6124 2312	skouparitsas@fieldenhummer.com
selina stanford	tel (02) 6124 2309	sstanford@fieldenhummer.com

How You Can Support The Cancer Council ACT

You can make a real contribution to reducing the incidence and impact of cancer in the ACT by supporting The Cancer Council ACT.

You can support The Cancer Council ACT by:

- ▶ Making a regular donation
- ▶ Taking part in one of our fundraising events
- ▶ Making a bequest in your will
- ▶ Enlisting as a volunteer
- ▶ Becoming a member

For further information or to make a donation visit www.actcancer.org or please call The Cancer Council ACT on (02) 6262 2222.

I would like to support The Cancer Council ACT by making the following donation:

Amount (please enter) \$

Please make Cheque/Money Order payable to THE CANCER COUNCIL ACT or charge my:

Bankcard Mastercard Visa AMEX

Card No:

Expiry Date: / / Signature

Name:

Address:

Thank you for your kind donation. Your tax deductible receipt will be sent to you.

Please forward your donation to:

The Cancer Council ACT
PO Box 84
Jamison Centre ACT 2614

The Cancer Council ACT
159 Maribyrnong Ave
Kaleen ACT 2617

Phone: (02) 6262 2222
Fax: (02) 6262 2223
www.actcancer.org



Simple Steps to Preventing Cancer

Avoid tobacco smoke

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

Protect your skin from the sun

- ▶ Minimise direct exposure to the sun between 10am and 2pm (11am and 3pm during daylight saving)
- ▶ Slip on a long sleeved collared shirt, and protect your skin with clothes when outside
- ▶ Slap on broad spectrum SPF 30+ sunscreen 20 minutes before going outside and reapply every two hours
- ▶ Slap on a hat with a wide brim to cover your neck, face and ears
- ▶ Wrap on sunglasses to protect your eyes. They should be close fitting, wrap-around and conform to the Standards Association of Australia standard (AS 1067)
- ▶ Use shade to protect yourself from the sun when outside

Eat a healthy diet

- ▶ Lots of fruit and vegetables
- ▶ Eat plenty of breads and cereals preferably wholegrain
- ▶ Drink alcohol in moderation, if at all
- ▶ Avoid charred meat
- ▶ Less fat and salt

Exercise regularly

- ▶ At least 30 mins of moderate physical activity daily, if inactive then any increase is beneficial

Early Detection

- ▶ Be aware of the signs of bowel cancer: bleeding or a change in usual bowel pattern persisting for more than two weeks. If you have any unusual bowel symptoms, see your doctor immediately.
- ▶ Check your body for any new skin spots, or a spot that has changed in size, colour or shape. See your doctor if you notice any changes.

Women

- ▶ Have a Pap test every two years
- ▶ Become familiar with the normal look and feel of your breasts, and talk to your doctor if you notice any new change
- ▶ Have a doctor check your breasts about once a year
- ▶ Have a screening mammogram every two years if you are over 50

Men

- ▶ Check for any changes (a lump or anything unusual) in your testicles. Talk to your doctor if you notice anything or have any concerns.

Street address

159 Maribyrnong Avenue
KALEEN ACT 2617

Postal address

PO Box 84
JAMISON CENTRE ACT 2614

Phone: (02) 6262 2222

Fax: (02) 6262 2223

Email: reception@actcancer.org

Website: www.actcancer.org

