



Australian Government
Cancer Australia

Annual Report

2023-24

Statement of Acknowledgement

Cancer Australia acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of Country throughout Australia. We pay our respects to Elders, past and present.

We celebrate the ongoing connections of Aboriginal and Torres Strait Islander peoples to Country, culture, community, family and tradition and recognise these as integral to health, healing and wellbeing.

Cancer Australia acknowledges great diversity among Aboriginal and Torres Strait Islander peoples, and the contribution of the many voices, knowledge systems and experiences that guide all efforts to create a culturally safe and responsive cancer system that is equitable to all.

About this report

The annual report is available online at canceraustralia.gov.au/about-us/accountability-and-reporting

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All information in this publication is correct as at 14 October 2024.

Letter of Transmittal

14 October 2024



Australian Government

Cancer Australia

Dear Minister,

I am pleased to present Cancer Australia's Annual Report for the year ended 30 June 2024.

This Report has been prepared in accordance with section 46 of the *Public Governance, Performance and Accountability Act 2013*, which requires that an annual report be given to the entity's responsible Minister for presentation to the Parliament. It reflects the requirements for Annual Reports approved by the Joint Committee of Public Accounts and Audit under sections 63(2) and 70(2) of the *Public Service Act 1999*.

The Report has also been prepared to be consistent with the requirements for annual reporting of the *Cancer Australia Act 2006*.

In compliance with section 10 of the Public Governance Performance and Accountability Rule 2014, I certify that:

- i. a fraud risk assessment and fraud control plan has been prepared for Cancer Australia;
- ii. appropriate mechanisms for preventing, detecting, investigating or otherwise dealing with and reporting of fraud that meet the needs of Cancer Australia are in place; and
- iii. all reasonable measures have been taken to deal appropriately with fraud relating to Cancer Australia.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'D Keefe'.

Professor Dorothy Keefe PSM MD
Chief Executive Officer
Cancer Australia

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1



Overview

The background features a series of overlapping, semi-transparent geometric shapes. A large light blue shape is at the top, followed by a teal shape below it, and a small orange shape at the bottom left corner. The overall aesthetic is clean and modern.

Chief Executive Officer's Review

It is my great pleasure to deliver Cancer Australia's Annual Report for 2023–24 and reflect on the past year of Cancer Australia. And what a year it has been!

In November, following nearly 2 years of planning, extensive consultation and development, the Minister for Health and Aged Care, the Hon Mark Butler MP, launched the Australian Cancer Plan at the 50th Annual Scientific Meeting of the Clinical Oncology Society of Australia (COSA). This landmark initiative is a testament to the Australian Government's commitment to deliver world-class cancer outcomes and experiences for all Australians, regardless of their background or location. The Plan is available as a website to maximise access by the entire cancer control sector and to enable it to evolve over the next decade.

The Plan was developed by Cancer Australia with extensive input from our colleagues across the cancer sector, government agencies, support organisations, Aboriginal and Torres Strait Islander communities and especially people affected by cancer. It aims to improve prevention, screening, treatment, and management of all cancers for all people in Australia regardless of their background or where they live. It gives first priority to achieving equity for Aboriginal and Torres Strait Islander peoples, and to work in synergy with the National Aboriginal Community Controlled Health Organisation (NACCHO) Cancer Plan to deliver this ambition.

At launch, the Government also announced 2 significant partnerships to deliver some of the Plan's 2-year and 5-year goals. Cancer Australia is partnering with the Movember Foundation to integrate patient-reported experiences and outcomes into service performance monitoring. We are also partnering with Cancer Council Australia and the Australian Institute of Health and Welfare to develop Australia's first national cancer data framework to improve the accessibility, consistency and comprehensiveness of cancer data.

We've also made good progress on implementing key actions identified in the Plan.

Australian Comprehensive Cancer Network

Minister Butler formally launched the Australian Comprehensive Cancer Network (ACCN) at the ACCN Innovations Showcase on 21 May. Attended by over 400 clinicians, policymakers and consumers, the Showcase demonstrated examples of best practice cancer care, research and networking to improve cancer experiences and outcomes. Following the event, we received over 200 new Network registrations, demonstrating the sector's appetite and engagement.

The ACCN is voluntary and self-governing. It will provide strategic leadership and drive excellence in cancer care across the sector, and aims to improve equitable access to comprehensive cancer care, by creating and strengthening linkages and sharing expertise. It is informed by the ACCN Framework, which identifies the role of comprehensive cancer centres as centres of excellence, the principles of networked comprehensive cancer care, and governance arrangements.

The ACCN will also be a vehicle to support the delivery of the Plan's other priorities, including the uptake of Optimal Care Pathways (OCP) through the OCP Framework, and championing the National Cancer Data Framework and National Framework for Genomics in Cancer Control.



The Plan was developed by Cancer Australia with extensive input from our colleagues across the cancer sector, government agencies, support organisations, Aboriginal and Torres Strait Islander communities and especially people affected by cancer.

National Optimal Care Pathways Framework

OCPs outline consistent, safe, high-quality, and evidence-based care for people with cancer. However, their implementation is varied across jurisdictional and local health services. They aim to improve patient outcomes by setting the benchmark for quality cancer care and ensuring that all people affected by cancer receive the best care, irrespective of who they are or where they live.

Cancer Australia has been developing a National OCP Framework to support the integration of OCPs into clinical practice, assisting health professionals and health services to deliver optimal care, and working to ensure OCPs are available to, and resonate with, people affected by cancer. This year, we have undertaken significant consultation and received feedback from across the sector to inform the development of the Framework, with the intention to publish the Framework in late 2024 once it is endorsed by jurisdictions through the Cancer and Population Screening Committee.

The National Framework for Genomics in Cancer Control

Genomic medicine and precision oncology are rapidly evolving, with huge potential to transform equitable outcomes for Australians with cancer. Yet, there are significant risks that genomic technologies and novel high-cost genomics-informed treatments will contribute to further disparity. These risks will be addressed by the guiding principles of the National Framework for Genomics in Cancer Control. The Framework will span the cancer care continuum including personalised prevention, risk-stratified screening, diagnosis and treatment, supportive care, and foundations for an agile system specific to cancer care (models of care, research and data, quality and safety, and funding considerations). Cancer Australia has established an Indigenous Governance Group to provide strategic advice on engaging with Aboriginal and Torres Strait Islander people in the development of the Framework, and guide culturally safe engagement during its development. We will be releasing the Framework for broad consultation in 2024, with the final Framework due to be delivered to the Minister in 2025.

National Cancer Data Framework

Cancer Australia, in partnership with the Australian Institute of Health and Welfare (AIHW) and Cancer Council Australia, is leading the development of Australia's first National Cancer Data Framework to guide the collection, reporting, and appropriate use of comprehensive data across the cancer care continuum. We have been working closely with the sector, the Department of Health and Aged Care, and with Australian Government and state and territory data custodians to develop the Data Framework. We have also consulted broadly with the sector, including clinicians, public and private health providers, non-for-profit cancer organisations, clinical trials and research groups, and people affected by cancer. The National Cancer Data Framework will be completed in 2024–25.

Improving health outcomes for Aboriginal and Torres Strait Islander people

Achieving equity for Aboriginal and Torres Strait Islander people is an urgent priority. Aboriginal and Torres Strait Islander people are 14% more likely to be diagnosed with cancer and 45% more likely to die from cancer than non-Indigenous people¹. Collaboration and engagement with Aboriginal and Torres Strait Islander health organisations, health professionals, researchers and consumers underpin Cancer Australia's work.

¹ Australian Institute of Health and Welfare (2021) [Cancer in Australia 2021](#), AIHW, Australian Government, accessed 20 June 2024. doi:10.25816/ye05-nm50

The year commenced with landmark funding announcement in the 2023–24 Budget of \$238.5 million under the Improving First Nations Cancer Outcomes budget measure. Of this, \$38.6 million was appropriated to Cancer Australia to ensure cancer services are culturally safe and accessible for Aboriginal and Torres Strait Islander people, and to support the growth of Aboriginal and Torres Strait Islander leadership and participation in research, policymaking and workforce.

Cancer Australia has made good progress towards the 4 activities we are leading under this budget measure:

1. Aboriginal and Torres Strait Islander postgraduate scholarship program
2. Aboriginal and Torres Strait Islander research grants
3. Partnerships for culturally safe cancer care
4. Refresh of the *Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer*.

Cancer Australia's engagement approach

Cancer Australia is committed to establishing and strengthening collaborative partnerships with Aboriginal and Torres Strait Islander communities and organisations and ensuring that community perspectives are embedded in our priority setting and decision making. We have engaged closely with a diverse representation of Aboriginal and Torres Strait Islander people in the design and implementation of all activities that have an impact on Aboriginal and Torres Strait Islander cancer outcomes. Mechanisms to facilitate community input are tailored to each program and have included: close engagement with Indigenous expert advisors; a formal partnership agreement with an Indigenous organisation; Indigenous participation in working groups, assessment and review panels; Indigenous-led research; and ongoing community consultation.

Aboriginal and Torres Strait Islander postgraduate scholarship program

This year, Cancer Australia has been developing a new postgraduate scholarship program aiming to grow the cohort of Aboriginal and Torres Strait Islander people who lead and contribute to cancer control research, planning and service delivery. A key highlight has been the establishment of a partnership with the Aurora Education Foundation to deliver these scholarships. The scholarships will provide funding of up to \$120,000 per year and culturally appropriate mentoring to support Aboriginal and Torres Strait Islander graduates, health professionals and early career researchers as they complete postgraduate degrees in areas of study relevant to improving Aboriginal and Torres Strait Islander cancer outcomes.

Aboriginal and Torres Strait Islander research grants

Through these grants, Cancer Australia aims to build sector capacity and knowledge to address inequity in cancer outcomes for Aboriginal and Torres Strait Islander peoples, in line with the Australian Cancer Plan. The program is being co-designed by a dedicated Working Group. Membership comprises Indigenous leaders in the research, community-controlled and cancer control sectors. The research funding commences in 2024–25.

Partnerships for culturally safe cancer care

These grants are a \$16.86 million, 3-year, targeted competitive national grants program and will fund partnerships between cancer services and Aboriginal and Torres Strait Islander-led organisations, to deliver activities which enhance culturally safe care in mainstream cancer services. This year, Cancer Australia has developed the grant program and guidelines, informed and co-designed through a Working Group comprised of Aboriginal and Torres Strait Islander stakeholders with relevant expertise, and representing diverse locations and settings. The grant opportunity opened in late July 2024, with recipients to be announced in December.



Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer

The refresh of the *Optimal Care Pathway (OCP)* for Aboriginal and Torres Strait Islander people is nearing completion, following extensive consultation with the sector. Funding of \$220,000 was allocated in the 2023–24 budget to this refresh, to ensure that the OCP remains fit for purpose, and reflects the current evidence and available resources. The second edition of the OCP has been informed by a rapid review of published evidence and strengthened through national consultation workshops, including yarning circles, feedback from our advisory groups, input from Cancer Australia’s Leadership Group on Aboriginal and Torres Strait Islander Cancer Control, and clinical and cultural subject matter expert reviews.

Cancer Australia Enterprise Agreement 2024-27

This year, I also signed Cancer Australia Enterprise Agreement 2024–27, which came into effect on 14 March 2024. The renewed agreement provides staff members with a pay increase in line with whole of government bargaining, as well as a bias towards flexible work arrangement requests, increased parental leave benefits, and removal of associated qualifying periods.

Looking ahead

For 2024 to 2027, Cancer Australia will focus on the following strategic priorities:

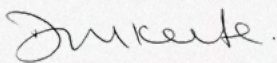
- Drive Australian Cancer Plan implementation, elicit cross-sector partnerships and monitor and evaluate progress to deliver better outcomes for all Australians affected by cancer.
- Provide national leadership and technical support to improve the national collection, reporting and use of cancer data, including filling key data gaps through the development and implementation of the National Cancer Data Framework.
- Co-design and partner to deliver improved outcomes for Aboriginal and Torres Strait Islander people affected by cancer.
- Support the Department of Health and Aged Care to implement the National Lung Cancer Screening Program by delivering technical aspects of the Program including clinical guidelines, information and education materials, and guidance on program monitoring and evaluation.
- Continue to build the ACCN to drive excellence across the cancer control sector.
- Publish and promote the National OCP Framework to standardise the development, update and uptake of OCPs.
- Finalise the National Framework for Genomics in Cancer Control.
- Continue to invest in priority cancer research, including co-investment with philanthropic donors, and to support cancer clinical trials with a focus on addressing unmet needs and improving equity of cancer outcomes for priority populations.
- Lead Australia’s engagement with global cancer control partners, particularly in the Asia-Pacific region, and facilitate the flow of international expertise and information to priority areas of work.
- Lead national cancer control communications and health promotion.

In closing, I would like to thank the many organisations and individuals that have supported Cancer Australia's work this year. In particular, to the Minister for Health and Aged Care, the Hon Mark Butler MP, for his support of Cancer Australia and its work. I would also like to extend my gratitude to the Advisory Council, its Chair, Associate Professor Chris Milross and to members whose terms are concluding with us this year.

I would also like to acknowledge our Priority-driven Collaborative Cancer Research Scheme (PdCCRS) funding partners in 2023–24: Australian Lions Childhood Cancer Research Foundation, Bowel Cancer Australia, Can Too Foundation, Cooper Rice-Brading Foundation, Leukaemia Foundation, Lung Foundation Australia, My Room Children's Cancer Charity Limited, National Breast Cancer Foundation, Neuroblastoma Australia, Ovarian Cancer Research Foundation, and The Kids' Cancer Project.

I extend my thanks to the executive and staff of the Department of Health and Aged Care for their continued support, partnership, and contribution to Cancer Australia's achievements. I would also like to acknowledge our fellow Health agencies, the Australian Institute of Health and Welfare (AIHW), the National Health and Medical Research Council (NHMRC), Australian Digital Health Agency, and the Australian Commission on Safety and Quality in Health Care for their support and collaboration throughout the year.

And finally, to the Executive and staff of Cancer Australia for their extraordinary efforts, professionalism and commitment to cancer control, enabling us to deliver Australia's first national cancer plan; thank you and I am looking forward to the good work to come.



Professor Dorothy Keefe PSM MD

And finally, to the Executive and staff of Cancer Australia for their extraordinary efforts, professionalism and commitment to cancer control, enabling us to deliver Australia's first national cancer plan; thank you and I am looking forward to the good work to come.

Advisory Council Chair Review

In 2023–24, the Cancer Australia Advisory Council provided strategic advice and guidance to Cancer Australia to strengthen the agency's ability to provide national leadership in cancer control.

Council members were engaged in and provided advice across the areas of focus for the agency, including towards:

- the launch, implementation and evaluation of the Australian Cancer Plan, in particular progress towards addressing its 2-year goals including frameworks to improve national cancer data collection, develop optimal care pathways, enable networked comprehensive cancer care and incorporate genomics in routine care
- Cancer Australia's activities to review its research and supportive care grants programs towards achieving the ambitions of the Australian Cancer Plan
- work supporting the implementation of a National Lung Cancer Screening Program
- Cancer Australia's future strategic directions in the context of global health and the impact of cancer
- initiatives and strategic directions in Aboriginal and Torres Strait Islander cancer control.

Thank you to all Council members for the valuable guidance, advice and insights they provided throughout 2023–24. Members bring a wealth of knowledge and expertise to the work of the Council, and make a significant contribution to Cancer Australia and its role in leading national cancer control.

I would like to thank and acknowledge the valued contributions of outgoing members Associate Professor Penny Blomfield, Dr Benjamin Brady, Professor Timothy Hughes, Ms Lillian Leigh, Associate Professor Liz Marles, Dr Serena Sia, The Hon Jillian Skinner AM and Dr Ranjana Srivastava. Their input has helped shape the national approach to improving outcomes for all Australians affected by cancer.



Thank you to all
Council members
for the valuable
guidance, advice and
insights they provided
throughout 2023-24

Finally, I am pleased to acknowledge Cancer Australia's CEO, Professor Dorothy Keefe PSM MD, for her exceptional leadership of Cancer Australia in 2023–24. Under her stewardship, Cancer Australia has continued to deliver on its program of work and in its role as the national cancer control agency. I also commend the agency's senior management, staff, and expert advisors for their hard work, dedication and professionalism.

I particularly want to acknowledge and commend the Cancer Australia team on the launch and implementation of the Australian Cancer Plan, which aims to make the vision of world-class cancer outcomes and experience a reality for all Australians, regardless of their background or where they live.

The Council looks forward to working with Professor Keefe and her team in 2024–25 to support the agency in its efforts to drive this major reform agenda and reduce the impact of cancer, address disparities, and improve outcomes for people affected by cancer.

A handwritten signature in blue ink that reads "Chris Milross".

Associate Professor Christopher Milross MD FRANZCR FRACMA

Cancer Australia Advisory Council

Establishment and Function

The Advisory Council is established under the *Cancer Australia Act 2006* to 'give advice to the Chief Executive Officer about the performance of Cancer Australia's functions'. During 2023–24, the Advisory Council comprised one chair and 12 members, as appointed by the Minister for Health and Aged Care. The Advisory Council met 3 times during the year and provided valuable advice in relation to Cancer Australia's work.

Council members bring to their role considerable breadth and depth of expertise, including in cancer research, translation science, clinical practice (epidemiology, radiation oncology, surgical oncology, medical oncology and primary care), health policy, health service delivery, Aboriginal and Torres Strait Islander cancer control and an understanding of the experience of cancer.

Membership

The 2023–24 members of the Advisory Council were:

- Associate Professor Chris Milross – Chair
- Professor Joanne Aitken
- Associate Professor Penny Blomfield
- Dr Benjamin Brady*
- Professor Alex Brown*
- Professor Shelley Dolan
- Ms Deborah Henderson OAM
- Professor Timothy Hughes *
- Ms Lillian Leigh
- Associate Professor Liz Marles*
- Dr Simone Raye*
- Dr Serena Sia
- The Hon Jillian Skinner AM
- Dr Ranjana Srivastava OAM

*Partial membership for 2023–24

Advisory Council members are appointed for a term of no more than 3 years. Members' remuneration is governed by the Cancer Australia Act (section 30) and determined by the Remuneration Tribunal.

2

About Cancer Australia

The background of the page is an abstract composition of overlapping, semi-transparent geometric shapes, primarily triangles and quadrilaterals. The color palette is diverse, featuring shades of deep red, warm orange, vibrant green, and bright blue. The shapes are arranged in a way that creates a sense of depth and movement, with some areas appearing lighter due to the overlapping effect. The overall aesthetic is modern and clean.

About Cancer Australia

Cancer Australia is the Australian Government's national cancer control agency; it is a specialist agency within the Health and Aged Care portfolio. Cancer Australia aims to reduce the impact of cancer and improve outcomes for all people affected by cancer.

Cancer Australia achieves its purpose by providing national leadership in cancer control, developing and promoting evidence-based best practice cancer care, providing consumer and health professional cancer information, funding priority cancer research, and strengthening national cancer data capacity.

In 2024, an estimated 169,478 new cases of cancer will be diagnosed in Australia, excluding basal and squamous cell carcinomas of the skin.² Cancer remains a leading cause of death in Australia, with 52,671 people expected to die from cancer in 2024.² Cancer is also the leading cause of total disease burden in Australia, accounting for 17% of the burden of disease in 2023.³

This notwithstanding, it should be noted that more people in Australia are living longer after a diagnosis with cancer. Australia has seen the 5-year relative survival for all cancers combined increase from 54.5% in 1991–95 to 71.2% in 2016–20.²

Cancer Australia works collaboratively across the entire cancer control ecosystem with Australians affected by cancer, health professionals, researchers, policymakers and service providers. The agency is a respected thought leader in the sector and is uniquely positioned to provide robust, world-leading advice to the Australian Government on cancer policy priorities.

Cancer Australia works closely with Aboriginal and Torres Strait Islander people to co-design improved cancer outcomes for Aboriginal and Torres Strait Islander people. It fulfills its statutory obligations to fund cancer research by building research capability and addressing emerging priorities for cancer research and data. Cancer Australia lends its expertise to inform international cancer control activity.

Cancer Australia uses its position as a trusted collaborator to facilitate a unity of purpose across the sector in setting priorities for action for cancer control in Australia.

Cancer Australia leverages its stakeholder relationships to cost-effectively harness eminent advice on any issues relating to cancer control at short notice.

² Australian Institute of Health and Welfare 2024. Cancer data in Australia. Cat. no. CAN 122. Canberra: AIHW. Accessed August 2024; <https://www.aihw.gov.au/reports/cancer/cancer-data-in-australia/data>

³ Australian Institute of Health and Welfare 2023. Australian Burden of Disease Study 2023. Cat. no. BOD 39. Canberra: AIHW. Accessed June 2024; <https://www.aihw.gov.au/reports/burden-of-disease/australian-burden-of-disease-study-2023/contents/about>

Purpose

Cancer Australia's purpose is to minimise the impact of cancer, address disparities, and improve the health outcomes of people affected by cancer in Australia by providing national leadership in cancer control.

Functions and role

Cancer Australia was established by the Cancer Australia Act and is a non-corporate Commonwealth Entity under the *Public Governance, Performance and Accountability Act 2013* (PGPA Act).

Cancer Australia is subject to the *Auditor-General Act 1997*, and its staff are employees of the Australian Public Service (APS) under the *Public Service Act 1999*.

The role and functions of Cancer Australia are set out in the Cancer Australia Act. Its functions, as prescribed by the Act, are:

- to provide national leadership in cancer control
- to guide scientific improvements to cancer prevention, treatment and care
- to coordinate and liaise between the wide range of groups and health care providers with an interest in cancer
- to make recommendations to the Australian Government about cancer policy and priorities
- to oversee a dedicated budget for research into cancer
- to assist with the implementation of Commonwealth Government policies and programs in cancer control
- to provide financial assistance, out of money appropriated by the Parliament, for research into cancer covered by the dedicated budget, and for the implementation of policies and programs referred to above
- any functions which the Minister, by writing, directs Cancer Australia to perform.

Cancer Australia's CEO reports to the Minister for Health and Aged Care.

Organisational structure

Cancer Australia is led by the CEO, Professor Dorothy Keefe PSM MD. Professor Keefe is supported by the Deputy CEO, Ms Claire Howlett.

The Senior Executive team is as follows:

Clinical Policy Advice Branch – Medical Director: Professor Vivienne Milch

Cancer Control Strategy Branch: Mr David Meredyth

Evidence, Priority Initiatives and Communications Branch: Ms Cindy Toms

Corporate Operations Branch: Mr Elmer Wiegold. Mr Wiegold is also the agency's Chief Financial Officer.

At 30 June 2024, Cancer Australia had 78 employees, of whom 68 were ongoing.

Cancer Australia has structures, systems and processes in place to ensure that its governance, compliance and accountability responsibilities are met (see Part Four of this report). Cancer Australia's head office is located in Sydney. Cancer Australia also maintains an office in Canberra.

Cancer Australia Advisory Council

Cancer Australia draws on the broad diversity of expertise, skills and experience that Advisory Council members bring to the organisation. The Advisory Council consists of a Chair and up to 12 members appointed by the Minister for Health and Aged Care. The Advisory Council Chair's review is in Part One of this report.

Audit and Risk Committee

Cancer Australia benefits from advice and counsel provided through a standing Audit and Risk Committee, whose members are Ms Gayle Ginnane (Chair), Ms Roslyn Jackson, and Ms Belinda Small. Membership also included Ms Carol Lilley to September 2023, and Adjunct Associate Professor Christine Giles to 31 March 2024.

Advisory Groups

Cancer Australia acknowledges the significant input and valuable advice extended to the agency by strategic and project-specific advisory groups. Appendix E provides further information about the roles of these groups.

Outcome and program structure

The outcome of Cancer Australia's work in the 2023–24 Portfolio Budget Statements (PBS) is:

Minimised impacts of cancer, including through national leadership in cancer control with targeted research and clinical trials; evidence informed clinical practice; strengthened national data capacity; community and consumer information and support (PBS 2023–24 p.262)

The program attached to this outcome is Program 1.1: Improved cancer control.

The full agency Portfolio Budget Statement for 2023–24 is available at:

[2023–24_portfolio_budget_statement_health_and_aged_care.pdf \(transparency.gov.au\)](https://transparency.gov.au/2023-24_portfolio_budget_statement_health_and_aged_care.pdf)

3

Report on performance

The background of the page is composed of several overlapping, semi-transparent geometric shapes, primarily triangles and quadrilaterals, that meet at a central point. The color palette includes various shades of teal and green, warm orange and terracotta tones, and light beige or cream colors. The overall effect is a modern, layered, and abstract composition.

2023-24 Highlights



Launched the first national cancer plan

The Australian Cancer Plan was launched in November 2023 at the 50th Annual Scientific Meeting of the COSA in Melbourne. The Plan is a once-in-a-generation reform opportunity to deliver world class cancer outcomes and experience for all Australians affected by cancer irrespective of their background or location.

On launch, Cancer Australia hosted a webinar that attracted over 140 attendees from across the cancer sector. Cancer Australia has also engaged directly with over 80 stakeholders to discuss activities under the Plan and seek commitment to its implementation.



Provided international leadership in cancer control

Increased our global presence, including through participation in G7 Cancer, an initiative to promote international cooperation on cancer control between Australia, Canada, France, Germany, UK and USA. Cancer Australia is a co-lead of a working group on cancer outcome inequities, to gather and share information on priority populations that experience inequities in cancer outcomes.

Professor Keefe was also appointed Vice-Chair of the World Health Organization (WHO) International Agency for Research on Cancer (IARC) Governing Council for its 66th Session in 2023–24 and reappointed for 2024–25.



Supported networked cancer care

Attracted over 480 people (138 in-person and 349 online) to the ACCN Innovations Showcase, which celebrated the launch of the Network and the ACCN Framework. The Framework, a 2-year goal under the Australian Cancer Plan was delivered to the Minister in November 2023, and outlines key elements of networked comprehensive cancer care in Australia.



Supported priority research and care

Awarded 17 research grants worth \$6.9 million through the Priority-driven Collaborative Cancer Research Scheme.

Awarded over \$500,000 in grants to 5 Aboriginal and Torres Strait Islander and community organisations to reduce the impact of cancer and better support people affected by cancer. Two of these grants are aimed at reducing impacts of cancer on Aboriginal and Torres Strait Islander communities.



Strengthened national data capacity

Updated data on the National Cancer Control Indicators (NCCI) website for 16 prevention and screening measures. The NCCI website is a dynamic national cancer resource that brings together data from 15 authoritative sources and covers 31 key indicators across the cancer care continuum.



Promoted cancer awareness and provided evidence-based information

Undertook a comprehensive review of over 50 cancer information topics on the Cancer Australia website.

Completed 113 cancer awareness campaigns, achieving over 8,961,517 digital impressions (social media and Google Ad campaigns combined).

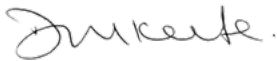


Translated evidence to inform best practice cancer care

Developed a Strategy for equitable access to Proton Beam Therapy (PBT) for cancer patients in Australia, under the guidance of jurisdictional policy and clinical representatives. The report provides recommendations to ensure the safe, equitable, and cost-effective implementation of PBT into cancer care.

Annual Performance Statements

As the accountable authority of Cancer Australia, I present the 2023–24 Annual Performance Statements of Cancer Australia, in accordance with paragraph 39(1)(a) of the PGPA Act. In my opinion, these Annual Performance Statements are based on properly maintained records, accurately reflect the performance of the entity and comply with subsection 39(2) of the PGPA Act.



Professor Dorothy Keefe PSM MD

These Annual Performance Statements are presented in the context of Cancer Australia's purpose and program objectives. They demonstrate the outcomes achieved by the agency against the intended outcomes outlined in the 2023–24 PBS and 2023–24 Corporate Plan.

Purpose

Cancer Australia's purpose is to minimise the impact of cancer, address disparities and improve the health outcomes of people affected by cancer in Australia by providing national leadership in cancer control (Outcome 1: Health Policy, Access and Support).

Cancer Australia's program of work contributes toward the achievement of the following outcome: Minimised impacts of cancer, including through national leadership in cancer control with targeted research and clinical trials; evidence informed clinical practice; strengthened national data capacity; community and consumer information and support. (PBS 2023–24; page 262).

Cancer Australia's program objectives for 2023–24 were:

- a. Provide national leadership in cancer control.
- b. Develop and promote evidence-based best practice cancer care.
- c. Fund cancer research and drive efforts to strengthen national data capacity in consultation with relevant agencies.
- d. Provide consumer and health professional cancer information and resources.
(2023–24 PBS page 264; 2023–24 Corporate Plan page 3)

Cancer Australia's performance in relation to these program objectives, and the performance criteria associated with them, is provided in the tables below. There is a separate table for each program objective. The agency has substantially met its 2023–24 reference points or targets.

A. Provide national leadership in cancer control

Performance criterion	2023-24 Target	Criterion Source	Result
Lead the implementation of the Australian Cancer Plan (the Plan)	<p>Engage with the cancer sector to communicate and promote uptake of the Plan's objectives, goals and ambitions.</p> <p>Develop a monitoring and evaluation framework that will capture sector wide activities to achieve the Plan's objectives, goals and ambitions.</p> <p>Progress activities to achieve priority 2-year actions in the Plan.</p>	<p>2023-24 Corporate Plan, page 11</p> <p>Program 1.1</p> <p>Portfolio Budget Statements 2023-24, page 265.</p>	Achieved. See below.

The Australian Cancer Plan was launched in November 2023 by the Minister for Health and Aged Care, The Hon Mark Butler MP. Since the launch of the Plan, Cancer Australia has undertaken and continues extensive engagement with stakeholders to promote uptake of the Plan's objectives, goals and ambitions; and to discuss implementation of the Plan, potential partnerships and collaborations.

A public webinar on implementation of the Plan was held in December 2023 and attracted over 140 attendees from across the sector.

Cancer Australia has met with over 80 stakeholders to discuss areas in which their activities and objectives align with the Plan's goals and actions, and to seek their commitment to its implementation. Stakeholders include jurisdictions, non-government organisations, peak bodies, Aboriginal and Torres Strait Islander organisations and services, private health providers and consumer groups. These interactions have shown positive interest amongst stakeholders to partner with Cancer Australia on achieving the goals of the Plan.

An initial Implementation Plan was published alongside the Plan, outlining actions for which the Australian Government is taking a leadership role. All Australian Government activities shown in the Implementation Plan have been funded in the 2023-24 Budget or previous Budgets. The Implementation Plan will continue to be populated over time, as implementation partners and stakeholders commit to actions, and updates will be published to demonstrate progress against the goals and actions in the Plan.

A Monitoring and Evaluation Framework has been developed to capture sector-wide activities which contribute to achieving the Plan’s objectives, goals and ambitions. The Framework will be published in 2024 and will be used as a tool to evaluate the Plan against the 2-year and 5-year goals and actions for each Strategic Objective. Further actions for Strategic Objectives may be considered to ensure the Plan is on track to meet its 10-year ambitions. Cancer Australia is progressing implementation projects in line with the Plan, including:

- the ACCN
- a National OCP Framework
- a National Cancer Data Framework
- a National Framework for Genomics in Cancer Control
- a strategy for building the Aboriginal and Torres Strait Islander cancer care workforce.

Cancer Australia hosted an ACCN Innovations Showcase on 21 May 2024 to highlight examples of best practice cancer care, research, and networking. During this event, the Hon Mark Butler MP, Minister for Health and Aged Care, formally launched the ACCN to the cancer control sector.

To support the establishment of the ACCN, Cancer Australia brought together key leaders in the sector, to develop an ACCN Framework. The Framework outlines the key elements for networked comprehensive cancer care in Australia, including the anchoring role of Comprehensive Cancer Centres; principles of high quality networked comprehensive cancer care; and governance arrangements. This Framework supports the Plan’s 2-year goal under the strategic objective *World Class Health Systems for Optimal Care*.

Performance criterion	2023-24 Target	Criterion Source	Result
Drive the implementation of the Australian Brain Cancer Mission to improve outcomes for Australians diagnosed with brain cancer.	Implementation of the Australian Brain Cancer Mission’s initiatives.	2023–24 Corporate Plan, page 11.	Achieved. See below.

In 2023–24 Cancer Australia continued to work in partnership with the Department of Health and Aged Care to deliver the Australian Brain Cancer Mission (Mission) and drive improved outcomes for Australians diagnosed with brain cancer.

The Australian Government has now allocated \$82.07 million to the Mission and brain cancer research initiatives through the Medical Research Future Fund (MRFF), and 12 Funding Partners have committed \$76.4 million. Funding partners include ACT Health and Canberra Health Services, Carrie's Beans 4 Brain Cancer, Children's Hospital Foundation Queensland, Cure Brain Cancer Foundation, Financial Markets Foundation for Children, Mark Hughes Foundation, Minderoo Foundation Collaboration Against Cancer Initiative, Neurosurgical Research Foundation, Robert Connor Dawes Foundation, The Kid's Cancer Project, the State of New South Wales and the State of Victoria.

In 2023–24, following a mid-term review of the Mission, Cancer Australia worked with the Department of Health and Aged Care to renew the governance of the Mission through the establishment of an Expert Advisory Panel (EAP) by the Minister of Health and Aged Care. The EAP first met in June 2024 and will refresh the Mission Roadmap and develop an Implementation Plan for the Mission.

Cancer Australia continues to engage with funding partners to progress implementation of Mission initiatives to 2027 and engage across the philanthropic sector to expand investment in the Mission to complement MRFF funding and deliver enhanced outcomes.

Performance criterion	2023-24 Target	Criterion Source	Result
Partner with Aboriginal and Torres Strait Islander people to co-design and deliver improved cancer care for Aboriginal and Torres Strait Islander people.	Priority Aboriginal and Torres Strait Islander cancer control initiatives led and co-designed by Aboriginal and Torres Strait Islander people.	2023–24 Corporate Plan, page 11 Program 1.1 Portfolio Budget Statements 2023–24, page 266.	Achieved. See below.

Improving experience and outcomes for Aboriginal and Torres Strait Islander people affected by cancer is a key priority for Cancer Australia. Collaboration and engagement with Aboriginal and Torres Strait Islander health organisations, health professionals, researchers and consumers underpins Cancer Australia's work.

Throughout 2023–24 Cancer Australia has partnered with Aboriginal and Torres Strait Islander people to co-design programs and deliver improved cancer care across a range of priority policy initiatives and programs. This includes activities funded through the 2023 Improving First Nations Cancer Outcomes budget measure and early implementation priorities of the Australian Cancer Plan. In line with the objectives of the Australian Cancer Plan, Cancer Australia is developing initiatives that will embed Aboriginal and Torres Strait Islander voices into cancer policy making, service delivery and research.

Cancer Australia received \$38.6 million over 4 years through the Improving First Nations Cancer Outcomes budget measure to ensure mainstream cancer services are culturally safe and accessible for Aboriginal and Torres Strait Islander people. Funding was also received to support national cancer research to improve the health outcomes of Aboriginal and Torres Strait Islander people and build the capacity of the Aboriginal and Torres Strait Islander research sector.

In 2023–24 Cancer Australia commenced development of the Partnerships for culturally safe cancer care (PCSCC) Grant Program that focuses on improving culturally safe, responsive and accessible cancer care in cancer services through partnerships with Aboriginal and/or Torres Strait Islander community-controlled organisations. Development of the PCSCC program has been co-designed through a Working Group comprised of Aboriginal and Torres Strait Islander stakeholders with relevant expertise and representing diverse locations and settings, including from the community-controlled sector, Aboriginal and Torres Strait Islander people affected by cancer, and jurisdictional health networks.

During 2023–24 Cancer Australia developed a new postgraduate scholarship program to build the cohort of Aboriginal and Torres Strait Islander people who will lead future cancer control research, planning and service delivery. Cancer Australia is partnering with a leading First Nations organisation, the Aurora Education Foundation (Aurora) to co-design, implement, monitor, and evaluate the scholarship program. Aurora will provide culturally appropriate mentoring, wrap around support and network building to underpin students' completion of their studies.

Development of a new Aboriginal and Torres Strait Islander research grants program has progressed substantially during 2023–24. This initiative will support targeted cancer research to improve outcomes for Aboriginal and Torres Strait Islander people. Cancer Australia has convened a Working Group of Aboriginal and Torres Strait Islander research leaders to inform the development of key components of the Aboriginal and Torres Strait Islander research grants program.

In 2023–24 Cancer Australia refreshed the *Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer* to strengthen guidance around health equity and culturally safe cancer care. In collaboration with a First Nations owned consultancy group, the refresh was informed through a series of national consultations with Aboriginal and Torres Strait Islander stakeholders.

Throughout 2023–24 Cancer Australia continued to support the National Centre for Aboriginal and Torres Strait Islander Wellbeing at the Australian National University to undertake the Kulay Kalingka Study. This study is Aboriginal and Torres Strait Islander designed and led, and will investigate Aboriginal and Torres Strait Islander people’s understanding of cancer, participation in health promotion and cancer screening programs, exposure to risk factors, and patient and carer experiences of cancer, including cancer treatment and participation in clinical trials. The Kulay Kalingka study will collect data to report on indicators identified on the National Cancer Control Indicators website that currently have no data.

Cancer Australia continued to convene the Leadership Group on Aboriginal and Torres Strait Islander Cancer Control to drive a national, shared, Indigenous-led approach to improving outcomes for Aboriginal and Torres Strait Islander people with cancer. Strategic oversight and input were also provided by Cancer Australia’s Advisors on Aboriginal and Torres Strait Islander Cancer Control.

Cancer Australia engaged with the NACCHO across 2023–24 to ensure alignment between the Australian Cancer Plan and its Aboriginal and Torres Strait Islander Cancer Plan. There is strong alignment between the 2 plans, especially in relation to co-design of services, delivering place-based cancer care, and partnering with Aboriginal Community Controlled Health providers to deliver culturally safe services. Both Plans are strongly aligned with the National Agreement on Closing the Gap Priority Reforms.

In 2023–24 the Supporting People with Cancer grant initiative awarded 5 grants focused on increasing equity for people in population groups who experience poorer cancer outcomes. Two of these grants were awarded to Aboriginal and Torres Strait Islander organisations to improve cancer screening, early detection and treatment rates and to define culturally safe, local care pathways.

Performance criterion	2023-24 Target	Criterion Source	Result
Lead delivery of 5 early implementation National Pancreatic Roadmap priorities to improve the timely detection, management and care of people affected by pancreatic cancer	Engage collaboratively with key stakeholders in Aboriginal and Torres Strait Islander led culturally responsive models of pancreatic cancer care. Deliver 5 early implementation National Pancreatic Cancer Roadmap priorities.	2023–24 Corporate Plan, page 12 Program 1.1 Portfolio Budget Statements 2023–24, page 265.	Partially achieved. See below

In 2023–24, implementation of the 5 priorities to improve the timely detection, management and care of people affected by pancreatic cancer has progressed and is nearing completion.

Implementation outcomes include the development of pathways for access to specialist interventional pain management and early referral to palliative care, and pancreatic cancer-specific risk guidelines and clinical guidance on identifying and investigating patients who have undiagnosed pancreatic cancer.

Across all priorities, an evidence-based and consultative approach was taken to elicit input from field experts, consumers and Aboriginal and Torres Strait Islander people. Work was undertaken to scope recommendations for the future development of culturally responsive models of care for people affected by pancreatic and other upper gastrointestinal (GI) cancers. Recommendations included improving awareness and education on tumour-specific and Aboriginal and Torres Strait Islander OCP, and refreshing the OCP for Aboriginal and Torres Strait Islander people to ensure it is fit for purpose and reflects the latest evidence and available resources.

Performance criterion	2023-24 Target	Criterion Source	Result
Provide leadership internationally in cancer control	Engage collaboratively with international counterparts, including through IARC and G7 Cancer.	2023-24 Corporate Plan, page 12.	Achieved. See below.

As the Australian Government’s national cancer control agency, Cancer Australia has an important role in providing leadership and influence nationally and sharing experiences globally. Cancer Australia is growing its international engagements. Cancer Australia’s leadership role has been enhanced by these strong international relationships, which support broadening expertise and provision of world-leading advice to the Australian Government on cancer policy priorities.

Professor Dorothy Keefe PSM MD is the Australian Government representative on the World Health Organization (WHO) International Agency for Research on Cancer’s (IARC) Governing Council (GC). The 66th IARC Governing Council Session was held 15–16 May 2024 in Lyon, France, where Professor Keefe was appointed Vice-Chair of the 66th Governing Council Session, and reappointed for 2024–25 and the 67th Governing Council Session.

Australia is also a member of G7 Cancer, an initiative to promote international cooperation on cancer between the cancer control agencies of Australia, France, Germany, Japan, the UK, the USA, and

Canada. The priorities of G7 Cancer are international data strategy with a focus on paediatric cancers, poor prognosis cancers, cancer outcome inequities and prevention. Cancer Australia has been progressing work as co-lead of a working group on cancer outcome inequities to gather and share information on priority populations that experience inequities in cancer outcomes in each G7 Cancer member country, the determinants of health, promising practices and case studies to address these inequities as a semi-formal community of practice.

Since July 2023, Cancer Australia has been engaged with the China Anti-Cancer Association (CACA), a non-government non-profit cancer organisation in China. Cancer Australia has entered into a Collaboration Arrangement with CACA on behalf of the Australian Government to join efforts to progress initiatives in cancer control in both countries.

B. Develop and promote evidence-based best practice cancer care

Performance criterion	2023-24 Target	Criterion Source	Result
Lead the development, dissemination and implementation of evidence-based models of cancer care to support improved patient outcomes and safe and sustainable clinical practice	<p>Evidence-based models of cancer care, developed, promoted, disseminated or implemented.</p> <p>Deliver 5 early implementation National Pancreatic Roadmap priorities.</p> <p>Develop and implement a national framework for optimal care pathways.</p>	2023–24 Corporate Plan, page 13.	Achieved. See below.

OCPs have been embedded into the Australian Cancer Plan, demonstrating their importance in describing a national standard of high-quality cancer care. OCPs are key to achieving world-class health systems; providing a framework for integrated, coordinated, data-driven, high-quality health service systems, that consistently deliver optimal cancer care and excellence in outcomes.

Cancer Australia refreshed the *Optimal Care Pathways for Aboriginal and Torres Strait Islander people with cancer* to strengthen guidance around health equity and culturally safe cancer care (see above).

In 2023–24, Cancer Australia developed a draft national framework to standardise the development, update, evaluation and uptake of OCPs, including for priority population groups. The National Optimal Care Pathways Framework will support the integration of OCPs into clinical practice as the standard of cancer care, ensuring cultural safety and accessibility throughout the cancer journey, improving equity in cancer care and outcomes for all Australians. Cancer Australia has commenced planning for implementation of the Framework. This Framework supports the Plan’s 2-year goal under the strategic objective *World Class Health Systems for Optimal Care*.

The *National Pancreatic Cancer Roadmap* supports evidence-based models of care and access to palliative care (see above). In 2023–24, implementation of the 5 priorities to improve the timely detection, management and care of people affected by pancreatic cancer has progressed and is nearing completion (see above – lead delivery of 5 early implementation National Pancreatic Roadmap priorities).

Performance criterion	2023-24 Target	Criterion Source	Result
Translate evidence to inform best practice cancer care	<p>Translate research into evidence-based information to assist and inform policy and cancer care.</p> <p>Develop a policy framework for genomics in cancer control across the cancer care continuum.</p> <p>Develop evidence-based materials, including clinical guidelines, information and education materials, to support implementation of the National Lung Cancer Screening Program.</p>	<p>2023–24 Corporate Plan, page 13;</p> <p>Program 1.1</p> <p>Portfolio Budget Statements 2023–24, page 266.</p>	Achieved. See below.

Cancer Australia has continued to support SerOzNET, a clinical study that aims to better understand the safety and efficacy of COVID-19 vaccines in people with cancer. The study has concluded, and peer-reviewed publication of the results is in progress. Cancer Australia has undertaken further analysis on the impact of COVID-19 on cancer-related medical services for the years 2020, 2021, 2022 to inform service-related policy and planning for the Department of Health and Aged Care.

In 2023, the Minister for Health and Aged Care requested Cancer Australia lead the development of a Strategy for equitable access to Proton Beam Therapy (PBT) for cancer patients in Australia. Cancer Australia completed the report, under the guidance of jurisdictional policy and clinical

representatives on the PBT Strategic Planning Group (PBT-SPG) and a clinically focussed PBT-SPG Working Group. The report is underpinned by evidence, with an emphasis on service delivery that is patient-centred, culturally responsive, and provides equity of access.

Cancer Australia has commenced the development of a National Framework for Genomics in Cancer Control (the Framework), as an implementation priority under the Australian Cancer Plan, spanning the cancer care continuum for improved equitable outcomes for people affected by cancer.

An Expert Advisory Group, comprising consumers, health professionals, researchers, policy makers and Aboriginal and Torres Strait Islander representatives, has provided strategic advice on the Framework. The evidence review commissioned to examine the current and future national and international evidence on genomics in cancer care, implications, and utilisation of genomics in cancer control has been completed.

Cancer Australia is working in close partnership with Aboriginal and Torres Strait Islander people and under the guidance of the Framework's Indigenous Governance Group, which was established to provide strategic advice on engaging with Aboriginal and Torres Strait Islander people and guide culturally safe engagement for the development of the Framework. Targeted consultations with Aboriginal and Torres Strait Islander health professionals, researchers and community members to inform the development of the Framework has commenced.

In partnership with the Department of Health and Aged Care and NACCHO, Cancer Australia has provided technical advice to support the implementation of the National Lung Cancer Screening Program, and is progressing the development of program guidelines and program information materials and education resources.

The program guidelines will support health professionals in their roles in the screening program and help to manage the participant journey through the lung cancer screening and assessment pathway, providing recommendations and practice points across all steps of the pathway. The suite of information materials and education resources will support awareness of the screening program, and provide clear messaging for health professionals and participants on how the program will operate and enhance workforce knowledge of their roles.

Performance criterion	2023-24 Target	Criterion Source	Result
Invest in community engagement to support evidence-based information and support for people affected by cancer through the Supporting People with Cancer Grant initiative	Award at least 4 grants (2 community organisations and 2 Aboriginal and Torres Strait Islander organisations) per annum to improve outcomes and support for people affected by cancer.	2023-24 Corporate Plan, page 14.	Achieved. See below.

In 2023-24 Cancer Australia, through the Supporting People with Cancer Grant Initiative, awarded 5 grants totalling \$520,000 to reduce the impact of cancer, promote equitable outcomes and better support people affected by cancer. This includes 2 grants directly aimed at reducing the impacts of cancer on Aboriginal and Torres Strait Islander people. These grants aim to improve cancer screening, early detection, and define culturally safe, local care pathways in Aboriginal and Torres Strait Islander communities. The remaining 3 grants were provided to community organisations to improve equity in cancer outcomes for priority groups affected by cancer.

C. Fund cancer research and drive efforts to strengthen national data capacity in consultation with relevant agencies

Performance criterion	2023-24 Target	Criterion Source	Result
Oversee a dedicated budget for research into cancer	Award ≥ 6 cancer research grants in areas of identified priority as per published grant guideline timeframes. Memoranda of Understanding in place with a minimum of 4 national funding partners. Review completed and investment aligned with future national cancer research priorities.	2023-24 Corporate Plan, page 15; Program 1.1 Portfolio Budget Statements 2023-24, page 267.	Achieved. See below.

In the 2023 round of the Priority-driven Collaborative Cancer Research Scheme (PdCCRS), Cancer Australia had partnership agreements in place with 11 philanthropic funding partners to co-invest in priority cancer research projects, including: Australian Lions Childhood Cancer Research Foundation, Bowel Cancer Australia, Can Too Foundation, Cooper Rice-Brading Foundation, Leukaemia Foundation, Lung Foundation Australia, My Room Children's Cancer Charity Limited, National Breast Cancer Foundation, Neuroblastoma Australia, Ovarian Cancer Research Foundation, and The Kids' Cancer Project.

Seventeen cancer research grants were awarded at a total value of \$6.19 million (\$4.79 million from Cancer Australia and \$2.16 million from funding partners). These grants covered research in a range of priority areas including improving therapeutics and halting disease progression across a range of tumour types.

In 2023–24 Cancer Australia also partnered with international cancer funders Worldwide Cancer Research and World Cancer Research Fund International (WCRFI), co-funding one grant for a total value of \$0.57 million with WCRFI.

A review into Cancer Australia's research investment programs, including the PdCCRS and the Support for Cancer Clinical Trials (SCCT) program was completed. Cancer Australia is working with the cancer research sector and funding partners to ensure future research investment is aligned with the Australian Cancer Plan.

Performance criterion	2023-24 Target	Criterion Source	Result
Support Australia's national Multi-site Collaborative Cancer Clinical Trials Groups (CTGs)	Fund 14 CTGs as per published grant guideline timeframes. Providers of 3 national technical services engaged.	2023–24 Corporate Plan, page 15.	Achieved. See below.

In 2023–24 Cancer Australia continued to support Australia's 14 Multi-site Collaborative Cancer Clinical Trials Groups (CTGs) through the SCCT program. \$6.64 million was awarded in funding to the CTGs to build capacity to develop investigator initiated and industry-independent cancer clinical trial protocols to the stage of application for clinical trial funding. A further \$1.11 million was provided to 3 National Technical Services (NTS): Quality of Life NTS, Health- and Pharmaco-Economics NTS and the Genomic Cancer Clinical Trial Initiative to assist in building the capacity of CTGs to ensure clinical trial protocols developed are high quality and competitive in funding applications. Together, the work of the CTGs and NTSs contributes to generating the evidence base for best-practice treatment and care for people diagnosed with cancer. The SCCT program aims to improve equitable access to trials and increase the number of participants accessing cancer clinical trials at sites across Australia.

Performance criterion	2023-24 Target	Criterion Source	Result
Provide high quality cancer data to inform national cancer control	Maintain published data analyses and insights on the NCCI website.	2023–24 Corporate Plan, page 15;	Achieved. See below.
	Progress initiatives to improve the collection, access, analysis and reporting of national cancer data.	Program 1.1 Portfolio Budget Statements 2023–24, page 267.	

Cancer Australia continued work to strengthen national cancer data capacity to inform national cancer control. Cancer Australia published updated data for 16 prevention and screening measures on the National Cancer Control Indicators (NCCI) website. The NCCI website is a dynamic national cancer resource that brings together data from 15 authoritative sources and covers 31 key indicators across the cancer care continuum.

Cancer Australia has progressed initiatives to improve the collection, access, analysis and reporting of national cancer data. A key focus in 2023–24 has been the development of the National Cancer Data Framework.

Cancer Australia, in partnership with the AIHW and Cancer Council Australia, is leading the development of the National Cancer Data Framework and a minimum dataset for the collection and reporting of comprehensive cancer data across the cancer care continuum.

Cancer Australia is working with Cancer Council Queensland for the national collection and reporting of data to improve knowledge of variations in outcomes for childhood cancer in Australia, including updating the collection and reporting of non-stage prognostic indicators, calculating survival by remoteness and socio-economic status, and tracking late effects among childhood cancer survivors.

In 2023–24, Cancer Australia commissioned Cancer Alliance Queensland, on behalf of the Australasian Association of Cancer Registries (AACR), to investigate and report on national stage data collection. The final report was delivered in September 2023, and will be used to guide where further action is required to collect these data nationally.

Cancer Australia has partnered with Movember to design and embed patient reported experience measures (PREMs) and patient reported outcomes measures (PROMs) into national performance monitoring and reporting.

The Kulay Kalingka Study, in partnership with Cancer Australia, continued to collect data to better understand Aboriginal and Torres Strait Islander people's perception and experiences of cancer (see above).

D. Provide consumer and health professional cancer information and resources

Performance criterion	2023–24 Target	Criterion Source	Result
Provide evidence-based cancer information, to cancer consumers, health professionals and the community	Up-to-date evidence-based cancer information available on the Cancer Australia website. ≥5 cancer information topics are reviewed and updated.	2023–24 Corporate Plan, page 16; Program 1.1 Portfolio Budget Statements 2023–24, page 266.	Achieved. See below.

Cancer Australia is comprehensively reviewing, updating and improving the user experience for the agency's websites over 2023–2025, aligning with the goals and objectives of the Australian Cancer Plan.

The project involves 2 elements: the consolidation of several Cancer Australia websites into a single platform to streamline and enhance the agency's digital presence; and the development of a digital strategy to deliver the agency's public information and communications on cancer control.

This year, Cancer Australia completed a comprehensive review of its websites and updated over 50 cancer information topics, ensuring the content remains clinically accurate and relevant for consumers and health professionals.

Analysis

Cancer Australia has substantially met its performance criteria relating to its 2023–24 program objectives as outlined in its 2023–24 PBS chapter and Corporate Plan.

The agency's 2023–24 program objectives were: provide national leadership in cancer control; develop and promote evidence-based best practice cancer care; fund cancer research and drive efforts to strengthen national data capacity in consultation with relevant agencies; and provide consumer and health professional cancer information and resources.

Cancer Australia's work was supported by its 2023–24 budget allocation. Details on Cancer Australia's financial performance is available at Appendix A.

Cancer Australia defined, planned and prioritised work in light of its purpose, program objectives and budget allocation. The agency's performance reporting and monitoring framework enabled it to effectively report, analyse and monitor its performance for Financial Year 2023–24. This framework, coupled with Cancer Australia's strategic approach to business planning, ensured the alignment of effort with the agency's purpose.

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The background is a complex geometric composition of overlapping triangles. The colors used include various shades of red (from light pink to deep red), orange, teal, and green. The triangles are arranged in a way that they meet at a central point, creating a star-like or sunburst effect. The overall aesthetic is modern and minimalist.

Management and Accountability

Management and Accountability

This section outlines Cancer Australia's corporate governance arrangements, financial performance, management of human resources, ministerial and parliamentary coordination, compliance and other accountability obligations.

Cancer Australia's Corporate Operations Branch was responsible for administering and complying with relevant legislation and Commonwealth policy regarding financial management, asset management, business continuity planning, fraud control, freedom of information, human resources, information technology, records management, security, and general administrative services required to support the agency's operations.

Cancer Australia's audited financial statements are at Appendix B. Other mandatory information can be found at Appendix D, and covers:

- advertising and market research
- Australian National Audit Office access
- competitive tendering and contracting
- consultancies
- disability reporting
- ecologically sustainable development
- exempt contracts
- external scrutiny
- freedom of information (FOI)
- grant programs
- purchasing
- Indigenous Procurement Policy
- small business
- work health and safety (WHS)
- executive remuneration.

Corporate Governance

Strategic and business planning

All Cancer Australia projects in 2023–24 were underpinned by a robust business planning framework which incorporated the agency's 2023–24 PBS, 2023–24 Corporate Plan and 2023–24 Business Plan.

Cancer Australia's 2023–24 Corporate Plan articulated the agency's purpose and strategic outlook, as well as strategies for achieving its purpose and how success will be measured.

The Cancer Australia 2023–24 Business Plan supported Cancer Australia's strategic direction as outlined in its 2023–24 Corporate Plan. The Business Plan identified the agency's project deliverables, incorporating the key performance indicators listed in both the Corporate Plan and the 2023–24 PBS.

Through this process of alignment, Cancer Australia ensures its resources and investments are delivering value for money and improving outcomes for people affected by cancer.

Cancer Australia's Annual Performance Statement, published in this Annual Report (see Part 3), acquits the agency's performance against the performance measures included in the 2023–24 Corporate Plan and the agency's deliverables and key performance indicators outlined in the 2023–24 PBS.

Compliance Reporting

There were no instances of significant non-compliance with finance law related to the entity in 2023–24.

Table 4.1: Significant non-compliance with the Finance Law

Description of non-compliance	Remedial Action
N/A	N/A

Internal audit arrangements

In 2023–24, Cancer Australia's auditors, Stewart Brown, performed the internal audit function. These audits were conducted in compliance with the risk-based internal audit plan, endorsed by the Audit and Risk Committee. See pages 44–45 for more information on Cancer Australia's Audit and Risk Committee.

Fraud and corruption control

Cancer Australia has in place appropriate fraud and corruption prevention, detection, investigation, monitoring and reporting mechanisms which meet the specific needs of the agency.

Cancer Australia has also taken all reasonable measures to minimise and appropriately deal with fraud and corruption relating to the agency, to comply with the *Commonwealth Fraud Control Framework 2024*.

The Framework consists of: Section 10 of the *Public Governance, Performance and Accountability Rule 2014*; the *Commonwealth Fraud and Corruption Policy*; and Resource Management Guide No. 201, preventing, detecting and dealing with fraud and corruption.

During 2023–24, Cancer Australia's fraud control plan and fraud risk assessments were updated and reviewed by the Senior Executive Team, the Executive Leadership Team and Audit and Risk Committee, to align with the new Commonwealth Fraud and Corruption Control Framework 2024 that comes into effect on 1 July 2024.

Cancer Australia staff were trained in fraud awareness and cyber security awareness, which included phishing scam and simulation training. All new employees are required to complete the fraud awareness module of the APS Induction Program.

Ethical standards

Cancer Australia, as an Australian Government agency, is bound by the Public Service Act and the APS Commission guidelines for the management and development of its people.

During 2023–24 Cancer Australia continued to reinforce its internal guidelines and policies to ensure consistency with appropriate ethical standards. Our staff act ethically, support a collaborative culture, and take pride in their work. All new employees are required to complete the integrity, diversity, and inclusion module in the APS Induction Program, as well as an online inclusion training program developed by SBS (Special Broadcasting Service) in collaboration with subject matter experts.

Cancer Australia provided all new employees with a copy of the APS Values and Code of Conduct to ensure awareness of ethical standards and organisational expectations.

Remuneration for Senior Executive Service officers

The Chief Executive Officer is a Full-time Public Office holder, as defined in the *Remuneration Tribunal Act 1973*. The position's remuneration is set by the Minister for Health and Aged Care within the salary determination set by the Remuneration Tribunal determination.

Senior Executive Service (SES) officers employed under the Public Service Act have conditions set out under the Cancer Australia SES Handbook. Remuneration is determined by the Chief Executive Officer, in accordance with remuneration guidelines promulgated by the Department of Health and Aged Care.

Further detail on Chief Executive Officer and SES remuneration is provided in Appendix D.

Audit and Risk Committee

Cancer Australia's Audit and Risk Committee met 4 times during the year to provide independent advice and assistance to the Chief Executive Officer on Cancer Australia's risk control and compliance framework, and its external accountability responsibilities, in accordance with the [Audit and Risk Committee Charter](#).

The Cancer Australia Audit and Risk Committee Charter is available at:

Table 4.2: Audit committee charter

Direct electronic address of the charter determining the functions of the audit committee	
URL	https://www.canceraustralia.gov.au/sites/default/files/audit-and-risk-committee-charter-march-2023.pdf

The 5 independent Audit and Risk Committee Members were appointed from outside Cancer Australia. Members' details are outlined within the table below.

Table 4.3: Cancer Australia’s Audit and Risk Committee

Member name	Qualifications, knowledge, skills or experience (include formal and informal as relevant)	Number of meetings attended	Total number of meetings held	Total annual remuneration (GST inc.)	Additional Information (including role on committee)
Ms Gayle Ginnane	Ms Gayle Ginnane has over 30 years’ experience in the Public Sector, including 12 years as the CEO of the Private Health Insurance Administration Council.	4	4	\$17,600	Chair
Ms Carol Lilley	Ms Carol Lilley’s expertise is in financial statements, internal audit, and risk management. Ms Lilley is currently serving on a range of Commonwealth Government audit committees. She is a former partner of PricewaterhouseCoopers (2004–2011). Ms Lilley has a Bachelor of Commerce from the University of Western Australia and is a graduate of the Australian Institute of Company Directors, Fellow of Chartered Accountants Australia and New Zealand and a certified internal auditor.	1	4	\$2,310	Member to 30 September 2023
Adjunct Associate Professor Christine Giles	Adjunct Associate Professor Christine Giles has significant senior executive organisational and policy experience in the health sector at the Commonwealth and State level and across the public and private sectors. Holding a Master of Public Policy from the Economics Faculty, School of Business and Government, University of Sydney, Associate Professor Giles is an experienced non-executive Director and currently serving Board member.	2	4	\$3,000	Member to 31 March 2024
Ms Roslyn Jackson	Ms Roslyn Jackson is a Fellow Chartered Accountant with over 30 years’ experience in the profession, working in both the public and private sectors.	4	4	\$9,240	Member
Ms Belinda Small	Ms Belinda Small has extensive experience leading enterprise-wide strategic initiatives, complex transformation agendas and has a breadth of corporate and governance knowledge from working in both large Government departments and small Government agencies.	1	4	\$0	Member from 12 February 2024

Financial Overview

The 2023–24 departmental expenses were \$16.865 million (GST exclusive). The 2023–24 administered expenses were \$24.743 million (GST exclusive).

Cancer Australia delivered a planned program of work in 2023–24, in line with the Departmental and Administered appropriations.

Further information on Cancer Australia's financial performance is available in the financial statements and accompanying notes of this annual report. Cancer Australia's audited financial statements are at Appendix B.

Management of Human Resources

At 30 June 2024, Cancer Australia had 78 employees, of whom 68 were ongoing and 10 were non-ongoing. Most staff were located in Sydney and Canberra. The workforce was predominantly female (79.49 per cent).

Cancer Australia continues to place great value in reinforcing a productive and inclusive workplace by attracting and retaining high-calibre talented and engaged staff. Cancer Australia staff have a diverse range of skill sets, with expertise in areas including epidemiology, clinical practice, research, data analysis, population health, public health, public policy, communications, project management, human resources management and financial management.

Cancer Australia Staffing Statistics

Tables 4.4 to 4.13 provide information relating to the distribution and classification of Cancer Australia staff as at 30 June 2024 for the 2023–24 Financial Year.

Table 4.4: All Ongoing Employees Current Report Period (2023–24)

	Man/Male			Woman/Female			Non-binary			Prefers not to answer			Uses a different term			Total
	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	
NSW	8	1	9	33	6	39	0	0	0	0	0	0	0	0	0	48
Qld	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
SA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tas	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	1
Vic	0	0	0	3	0	3	0	0	0	0	0	0	0	0	0	3
WA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ACT	3	1	4	6	4	10	0	0	0	0	0	0	0	0	0	14
NT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
External Territories	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Overseas	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	1
Total	12	2	14	43	11	54	0	0	0	0	0	0	0	0	0	68

Notes:

The figures in Table 4.4 include:

1. headcount figures of Cancer Australia staff as at 30 June 2024
2. staff on leave and secondment
3. staff acting at a higher level, for any period as at 30 June 2024 (that is, these staff are listed against their higher duties classification).

And exclude the Cancer Australia CEO, and Advisory Council members and chair, who are appointed under the Cancer Australia Act.

Table 4.5: All Non-ongoing Employees Current Report Period (2023-24)

	Man/Male			Woman/Female			Non-binary			Prefers not to answer			Uses a different term			Total
	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	
NSW	1	0	1	4	3	7	0	0	0	0	0	0	0	0	0	8
Qld	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Vic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
WA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ACT	1	0	1	0	1	1	0	0	0	0	0	0	0	0	0	2
NT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
External Territories	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Overseas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	2	0	2	4	4	8	0	0	0	0	0	0	0	0	0	10

Notes:

The figures in Table 4.5 include:

1. headcount figures of Cancer Australia staff as at 30 June 2024
2. staff on leave and secondment
3. staff acting at a higher level, for any period as at 30 June 2024 (that is, these staff are listed against their higher duties classification).

And exclude the Cancer Australia CEO, and Advisory Council members and chair, who are appointed under the Cancer Australia Act.

Table 4.6: Australian Public Service Act Ongoing Employees Current Report Period (2023–24)

	Man/Male			Woman/Female			Non-binary			Prefers not to answer			Uses a different term			Total
	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	
SES 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SES 2	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	1
SES 1	2	0	2	1	0	1	0	0	0	0	0	0	0	0	0	3
EL 2	2	0	2	9	0	9	0	0	0	0	0	0	0	0	0	11
EL 1	7	1	8	14	3	17	0	0	0	0	0	0	0	0	0	25
APS 6	1	0	1	15	6	21	0	0	0	0	0	0	0	0	0	22
APS 5	0	1	1	3	2	5	0	0	0	0	0	0	0	0	0	6
APS 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
APS 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
APS 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
APS 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	12	2	14	43	11	54	0	0	0	0	0	0	0	0	0	68

Notes:

The figures in Table 4.6 include:

1. headcount figures of Cancer Australia Staff as at 30 June 2024
2. staff on leave and secondment
3. staff acting at a higher level, for any period as at 30 June 2024 (that is, these staff are listed against their higher duties classification).

And exclude the Cancer Australia CEO, and Advisory Council members and chair, who are appointed under the Cancer Australia Act.

Table 4.7: Australian Public Service Act Non-ongoing Employees Current Report Period (2023-24)

	Man/Male			Woman/Female			Non-binary			Prefers not to answer			Uses a different term			Total
	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	
SES 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SES 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SES 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EL 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EL 1	1	0	1	0	1	1	0	0	0	0	0	0	0	0	0	2
APS 6	1	0	1	1	1	2	0	0	0	0	0	0	0	0	0	3
APS 5	0	0	0	3	2	5	0	0	0	0	0	0	0	0	0	5
APS 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
APS 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
APS 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
APS 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	2	0	2	4	4	8	0	0	0	0	0	0	0	0	0	10

Notes:

The figures in Table 4.7 include:

1. headcount figures of Cancer Australia Staff as at 30 June 2024
2. staff on leave and secondment
3. staff acting at a higher level, for any period as at 30 June 2024 (that is, these staff are listed against their higher duties classification).

And exclude the Cancer Australia CEO, and Advisory Council members and chair, who are appointed under the Cancer Australia Act.

Table 4.8: Australian Public Service Act Employees by Full time and Part time Status Current Report Period (2023-24)

	Ongoing			Non-Ongoing			Total
	Full time	Part time	Total Ongoing	Full time	Part time	Total Non-Ongoing	
SES 3	0	0	0	0	0	0	0
SES 2	1	0	1	0	0	0	1
SES 1	3	0	3	0	0	0	3
EL 2	11	0	11	0	0	0	11
EL 1	21	4	25	1	1	2	27
APS 6	16	6	22	2	1	3	25
APS 5	3	3	6	3	2	5	11
APS 4	0	0	0	0	0	0	0
APS 3	0	0	0	0	0	0	0
APS 2	0	0	0	0	0	0	0
APS 1	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0
Total	55	13	68	6	4	10	78

Notes:

The figures in Table 4.8 include:

1. headcount figures of Cancer Australia Staff as at 30 June 2024
2. staff on leave and secondment
3. staff acting at a higher level, for any period as at 30 June 2024 (that is, these staff are listed against their higher duties classification).

And exclude the Cancer Australia CEO, and Advisory Council members and chair, who are appointed under the Cancer Australia Act.

Table 4.9: Australian Public Service Act Employment type by location Current Report Period (2023-24)

	Ongoing	Non-Ongoing	Total
NSW	48	8	56
Qld	1	0	1
SA	0	0	0
Tas	1	0	1
Vic	3	0	3
WA	0	0	0
ACT	14	2	16
NT	0	0	0
External Territories	0	0	0
Overseas	1	0	1
Total	68	10	78

Notes:

The figures in Table 4.9 include:

1. headcount figures of Cancer Australia Staff as at 30 June 2024
2. staff on leave and secondment
3. staff acting at a higher level, for any period as at 30 June 2024 (that is, these staff are listed against their higher duties classification).

And exclude the Cancer Australia CEO, and Advisory Council members and chair, who are appointed under the Cancer Australia Act.

Table 4.10: Australian Public Service Act Indigenous Employment Current Report Period (2023-24)

	Total
Ongoing	0
Non-Ongoing	0
Total	0

Notes:

The figures in Table 4.10 include:

1. headcount figures of Cancer Australia Staff as at 30 June 2024
2. staff on leave and secondment
3. staff acting at a higher level, for any period as at 30 June 2024 (that is, these staff are listed against their higher duties classification).

And exclude the Cancer Australia CEO, and Advisory Council members and chair, who are appointed under the Cancer Australia Act.

Table 4.11: Australian Public Service Act Employment arrangements Current Report Period (2023-24)

	SES	Non-SES	Total
Cancer Australia Enterprise Agreement 2024-27	0	74	74
SES determination	4	0	4
Total	4	74	78

Table 4.12: Australian Public Service Act Employment salary ranges by classification level (Minimum/Maximum) Current Report Period (2023-24)

	Minimum salary	Maximum salary
SES 3	\$0	\$0
SES 2	\$299,421	\$299,421
SES 1	\$211,395	\$225,791
EL 2	\$135,898	\$160,893
EL 1	\$113,902	\$129,908
APS 6	\$92,689	\$104,569
APS 5	\$84,020	\$88,681
APS 4	\$77,248	\$81,621
APS 3	\$68,183	\$75,576
APS 2	\$59,000	\$64,384
APS 1	\$50,816	\$56,695
Other	\$0	\$0
Minimum/Maximum range	\$50,816	\$299,421

Table 4.13: Australian Public Service Act Employment Performance Pay by classification level Current Reporting Period (2023-24)

	Number of employees receiving performance pay	Aggregated (sum total) of all payments made	Average of all payments made	Minimum payment made to employees	Maximum payment made to employees
SES 3	0	0	0	0	0
SES 2	0	0	0	0	0
SES 1	0	0	0	0	0
EL 2	0	0	0	0	0
EL 1	0	0	0	0	0
APS 6	0	0	0	0	0
APS 5	0	0	0	0	0
APS 4	0	0	0	0	0
APS 3	0	0	0	0	0
APS 2	0	0	0	0	0
APS 1	0	0	0	0	0
Other	0	0	0	0	0
Total	0	0	0	0	0

Performance pay: No member of Cancer Australia's staff was employed under performance-based remuneration conditions in 2023–2024.

Tables 4.14 to 4.23 provide information relating to the distribution and classification of Cancer Australia staff as at 30 June 2023 for the 2022–23 Financial Year.

Table 4.14: All Ongoing Employees Previous Report Period (2022-23)

	Man/Male			Woman/Female			Non-binary			Prefers not to answer			Uses a different term			Total
	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	
NSW	12	0	12	31	7	38	0	0	0	0	0	0	0	0	0	50
Qld	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tas	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	1
Vic	1	0	1	3	0	3	0	0	0	0	0	0	0	0	0	4
WA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ACT	1	0	1	11	1	12	0	0	0	0	0	0	0	0	0	13
NT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
External Territories	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Overseas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	14	0	14	46	8	54	0	0	0	0	0	0	0	0	0	68

Notes:

The figures in Table 4.14 include:

1. headcount figures of Cancer Australia Staff as at 30 June 2023
2. staff on leave and secondment
3. staff acting at a higher level, for any period as at 30 June 2023 (that is, these staff are listed against their higher duties classification).

And exclude the Cancer Australia CEO, and Advisory Council members and chair, who are appointed under the Cancer Australia Act.

Table 4.15: All Non-ongoing Employees Previous Report Period (2022-23)

	Man/Male			Woman/Female			Non-binary			Prefers not to answer			Uses a different term			Total
	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	
NSW	4	0	4	8	0	8	0	0	0	0	0	0	0	0	0	12
Qld	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Vic	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	1
WA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ACT	0	0	0	2	0	2	0	0	0	0	0	0	0	0	0	2
NT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
External Territories	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Overseas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	4	0	4	11	0	11	0	0	0	0	0	0	0	0	0	15

Notes:

The figures in Table 4.15 include:

1. headcount figures of Cancer Australia Staff as at 30 June 2023
2. staff on leave and secondment
3. staff acting at a higher level, for any period as at 30 June 2023 (that is, these staff are listed against their higher duties classification).

And exclude the Cancer Australia CEO, and Advisory Council members and chair, who are appointed under the Cancer Australia Act.

Table 4.16: Australian Public Service Act Ongoing Employees Previous Report Period (2022-23)

	Man/Male			Woman/Female			Non-binary			Prefers not to answer			Uses a different term			Total
	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	
SES 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SES 2	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	1
SES 1	0	0	0	3	0	3	0	0	0	0	0	0	0	0	0	3
EL 2	3	0	3	7	0	7	0	0	0	0	0	0	0	0	0	10
EL 1	5	0	5	10	1	11	0	0	0	0	0	0	0	0	0	16
APS 6	6	0	6	19	6	25	0	0	0	0	0	0	0	0	0	31
APS 5	0	0	0	6	1	7	0	0	0	0	0	0	0	0	0	7
APS 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
APS 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
APS 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
APS 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	14	0	14	40	8	54	0	0	0	0	0	0	0	0	0	68

Notes:

The figures in Table 4.16 include:

1. headcount figures of Cancer Australia Staff as at 30 June 2023
2. staff on leave and secondment
3. staff acting at a higher level, for any period as at 30 June 2023 (that is, these staff are listed against their higher duties classification).

And exclude the Cancer Australia CEO, and Advisory Council members and chair, who are appointed under the Cancer Australia Act.

Table 4.17: Australian Public Service Act Non-ongoing Employees Previous Report Period (2022-23)

	Man/Male			Woman/Female			Non-binary			Prefers not to answer			Uses a different term			Total
	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	
SES 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SES 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SES 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EL 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EL 1	1	0	1	3	0	3	0	0	0	0	0	0	0	0	0	4
APS 6	1	0	1	1	1	2	0	0	0	0	0	0	0	0	0	3
APS 5	2	0	2	6	0	6	0	0	0	0	0	0	0	0	0	8
APS 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
APS 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
APS 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
APS 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	4	0	4	10	1	11	0	0	0	0	0	0	0	0	0	15

Notes:

The figures in Table 4.17 include:

1. headcount figures of Cancer Australia Staff as at 30 June 2023
2. staff on leave and secondment
3. staff acting at a higher level, for any period as at 30 June 2023 (that is, these staff are listed against their higher duties classification).

And exclude the Cancer Australia CEO, and Advisory Council members and chair, who are appointed under the Cancer Australia Act.

Table 4.18: Australian Public Service Act Employees by Full time and Part time Status Previous Report Period (2022-23)

	Ongoing			Non-Ongoing			Total
	Full time	Part time	Total Ongoing	Full time	Part time	Total Non-Ongoing	
SES 3	0	0	0	0	0	0	0
SES 2	1	0	1	0	0	0	1
SES 1	3	0	3	0	0	0	3
EL 2	10	0	10	0	0	0	10
EL 1	15	1	16	4	0	4	20
APS 6	25	6	31	2	1	3	34
APS 5	6	1	7	8	0	8	15
APS 4	0	0	0	0	0	0	0
APS 3	0	0	0	0	0	0	0
APS 2	0	0	0	0	0	0	0
APS 1	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0
Total	60	8	68	14	1	15	83

Notes:

The figures in Table 4.18 include:

1. headcount figures of Cancer Australia Staff as at 30 June 2023
2. staff on leave and secondment
3. staff acting at a higher level, for any period as at 30 June 2023 (that is, these staff are listed against their higher duties classification).

And exclude the Cancer Australia CEO, and Advisory Council members and chair, who are appointed under the Cancer Australia Act.

Table 4.19: Australian Public Service Act Employment type by location Previous Report Period (2022-23)

	Ongoing	Non-Ongoing	Total
NSW	50	12	62
Qld	0	0	0
SA	0	0	0
Tas	1	0	1
Vic	4	1	5
WA	0	0	0
ACT	13	2	15
NT	0	0	0
External Territories	0	0	0
Overseas	0	0	0
Total	68	15	83

Notes:

The figures in Table 4.19 include:

1. headcount figures of Cancer Australia Staff as at 30 June 2023
2. staff on leave and secondment
3. staff acting at a higher level, for any period as at 30 June 2023 (that is, these staff are listed against their higher duties classification).

And exclude the Cancer Australia CEO, and Advisory Council members and chair, who are appointed under the Cancer Australia Act.

Table 4.20: Australian Public Service Act Indigenous Employment Previous Report Period (2022-23)

	Ongoing	Non-Ongoing	Total
Australian Public Service Act Indigenous Employment Current Report Period	0	0	0
Total	0	0	0

Notes:

The figures in Table 4.20 include:

1. headcount figures of Cancer Australia Staff as at 30 June 2023
2. staff on leave and secondment
3. staff acting at a higher level, for any period as at 30 June 2023 (that is, these staff are listed against their higher duties classification).

And exclude the Cancer Australia CEO, and Advisory Council members and chair, who are appointed under the Cancer Australia Act.

Table 4.21: Australian Public Service Act Employment arrangements Previous Report Period (2022-23)

	SES	Non-SES	Total
Cancer Australia Enterprise Agreement 2016–19	0	80	80
SES determination	3	0	3
Total	3	80	83

Table 4.22: Australian Public Service Act Employment salary ranges by classification level (Minimum/Maximum) Previous Report Period (2022-23)

	Minimum salary	Maximum salary
SES 3	\$0	\$0
SES 2	\$299,421	\$299,421
SES 1	\$211,150	\$218,487
EL 2	\$147,280	\$203,194
EL 1	\$109,521	\$135,671
APS 6	\$89,124	\$109,521
APS 5	\$80,788	\$86,168
APS 4	\$74,277	\$78,482
APS 3	\$65,561	\$72,669
APS 2	\$56,731	\$61,908
APS 1	\$49,862	\$54,514
Other	\$0	\$0
Minimum/Maximum range	\$49,862	\$299,421

Table 4.23: Australian Public Service Act Employment Performance Pay by classification level Previous Reporting Period (2022-23)

	Number of employees receiving performance pay	Aggregated (sum total) of all payments made	Average of all payments made	Minimum payment made to employees	Maximum payment made to employees
SES 3	0	0	0	0	0
SES 2	0	0	0	0	0
SES 1	0	0	0	0	0
EL 2	0	0	0	0	0
EL 1	0	0	0	0	0
APS 6	0	0	0	0	0
APS 5	0	0	0	0	0
APS 4	0	0	0	0	0
APS 3	0	0	0	0	0
APS 2	0	0	0	0	0
APS 1	0	0	0	0	0
Other	0	0	0	0	0
Total	0	0	0	0	0

Notes:

No member of Cancer Australia's staff was employed under performance-based remuneration conditions in 2022-2023.

Employment arrangements

Cancer Australia staff at non-Senior Executive Service (non-SES) level are employed under the terms and conditions of the Cancer Australia Enterprise Agreement 2024–2027. A Supplementary Determination under subsection 24(1) of the Public Service Act was made in February 2024 to provide non-SES staff with increases to their existing salaries and to allowances for which they are eligible under the terms of the Enterprise Agreement.

As of 30 June 2024, Cancer Australia had 74 non-SES staff, and 4 SES staff (excluding Cancer Australia's CEO and Advisory Council members). Seventeen staff receive individual flexibility arrangements under clause 32–37 of the Enterprise Agreement.

Training and development

Cancer Australia supports staff to develop their capabilities in line with business needs and career aspirations. Each year the agency implements a professional development plan to help staff to realise their full potential. In addition to formal training and other development opportunities, the professional development plan incorporates financial assistance and study leave for staff to undertake relevant tertiary education. Study leave allowances were expanded under the Cancer Australia Enterprise Agreement 2024–27, delivering improved benefit to staff.

During 2023–24, training and education was delivered to staff in line with Cancer Australia's strategy and individual development needs (as identified through the Performance Development Program). In 2023–24 Cancer Australia's training was delivered through face-to-face, virtual, and e-learning programs provided by accredited training organisations.

The agency also provided training for some or all staff in integrity, privacy awareness, records management, fraud awareness, cyber security, appropriate workplace behaviour, diversity and inclusion, and work health and safety.

Ministerial and Parliamentary Coordination

During 2023–24, Cancer Australia provided high-quality, timely and evidence-based information to the Minister for Health and Aged Care and the Department of Health and Aged Care on national cancer control related issues. The agency continued to collaborate closely with the Department of Health and Aged Care to support the Minister and implement Australian Government policies.



5



Appendices

Appendix A: Report on Financial Performance

Table A.1: Entity Resource Statement subset current reporting period (2023-24)

	Current available appropriation (a) \$'000	Payments made (b) \$'000	Balance remaining (a)-(b) \$'000
Departmental			
Annual appropriations – ordinary annual services	13,323	10,262	3,061
Prior year appropriations available – ordinary annual services	3,145	2,980	165
Annual appropriations – other services – non-operating	3,056	3,056	-
Departmental capital budget	84	34	50
Total departmental annual appropriations	19,608	16,332	3,276
Total departmental resourcing	19,608	16,332	3,276
Administered			
Annual appropriations – ordinary annual services	24,743	23,692	1,051
Prior year appropriations available – ordinary annual services	267	267	-
Total administered annual appropriations	25,010	23,959	1,051
Total administered resourcing	25,010	23,959	1,051
Total resourcing and payments for Cancer Australia	44,618	40,291	4,327

Table A.2: Expenses for outcomes

Outcome 1: Improved Cancer Control	Budget*	Actual	Variation
	2023-24	expenses	2023-24
	\$'000	\$'000	\$'000
	(a)	(b)	(a)-(b)
Program 1.1: Improved Cancer Control			
Administered expenses			
Ordinary annual services (Appropriation Act No. 1)	24,743	24,743	-
Other services (Appropriation Act Nos. 2, 4 and 6)	-	-	-
s74 External Revenue ¹	-	-	-
Special appropriations	-	-	-
Special accounts	-	-	-
Payments to corporate entities	-	-	-
Expenses not requiring appropriation in the Budget year ²	-	-	-
Administered total	24,743	24,743	-
Departmental expenses			
Departmental appropriation	13,323	12,607	716
s74 External Revenue ¹	1,671	3,056	-1,385
Special appropriations	-	-	-
Special accounts	-	-	-
Expenses not requiring appropriation in the Budget year ²	934	1,202	-268
Departmental total	15,928	16,865	-937
Total expenses for Program 1.1	40,671	41,608	-937
		2023-24	2022-23
Average staffing level (number)		71	78

* Full-year budget, including any subsequent adjustment made to the 2023-24 budget at Additional Estimates.

¹ Estimated expenses incurred in relation to receipts retained under section 74 of the PGPA Act 2013.

² Expenses not requiring appropriation in the Budget year are made up of depreciation expenses, amortisation expenses, make good expenses, audit fees, and principal lease payments.

Appendix B: Audited Financial Statement

Independent Auditor's Report



INDEPENDENT AUDITOR'S REPORT

To the Minister for Health and Aged Care

Opinion

In my opinion, the financial statements of the Cancer Australia (the Entity) for the year ended 30 June 2024:

- (a) comply with Australian Accounting Standards – Simplified Disclosures and the *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015*; and
- (b) present fairly the financial positions of the Entity as at 30 June 2024 and their financial performance and cash flows for the year then ended.

The financial statements of the Entity, which I have audited, comprise the following as at 30 June 2024 and for the year then ended:

- Statement by the Accountable Authority and Chief Financial Officer;
- Statements of Comprehensive Income;
- Statements of Financial Position;
- Statements of Changes in Equity;
- Cash Flow Statement;
- Administered Schedule of Comprehensive Income;
- Administered Schedule of Assets and Liabilities;
- Administered Reconciliation Schedule;
- Administered Cash Flow Statement; and
- Notes to and forming part of the financial statements comprising material accounting policy information and other explanatory information.

Basis for opinion

I conducted my audit in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of my report. I am independent of the Entity in accordance with the relevant ethical requirements for financial statement audits conducted by the Auditor-General and their delegates. These include the relevant independence requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) to the extent that they are not in conflict with the *Auditor-General Act 1997*. I have also fulfilled my other responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

GPO Box 707, Canberra ACT 2601
38 Sydney Avenue, Forrest ACT 2603
Phone (02) 6203 7300

Accountable Authority's responsibility for the financial statements

As the Accountable Authority of the Entity, the Chief Executive Officer is responsible under the *Public Governance, Performance and Accountability Act 2013* (the Act) for the preparation and fair presentation of annual financial statements that comply with Australian Accounting Standards – Simplified Disclosures and the rules made under the Act. The Chief Executive Officer is also responsible for such internal control as the Chief Executive Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Executive Officer is responsible for assessing the ability of the Entity to continue as a going concern, taking into account whether the entities' operations will cease as a result of an administrative restructure or for any other reason. The Chief Executive Officer is also responsible for disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the assessment indicates that it is not appropriate.

Auditor's responsibilities for the audit of the financial statements

My objective is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian National Audit Office Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with the Australian National Audit Office Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Entity's internal control;
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Accountable Authority;
- conclude on the appropriateness of the Accountable Authority's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the Entity's to cease to continue as a going concern;
- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation; and

I communicate with the Accountable Authority regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Australian National Audit Office



Michael Bryant
Senior Director
Delegate of the Auditor-General
Canberra
5 September 2024

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Statement by the Accountable Authority and Chief Financial Officer

STATEMENT BY THE ACCOUNTABLE AUTHORITY AND CHIEF FINANCIAL OFFICER

In our opinion, the attached financial statements for the year ended 30 June 2024 comply with subsection 42(2) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), and are based on properly maintained financial records as per subsection 41(2) of the PGPA Act.

In our opinion, at the date of this statement, there are reasonable grounds to believe that Cancer Australia will be able to pay its debts as and when they fall due.

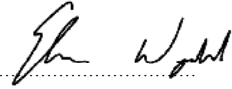
Signed



Professor Dorothy Keefe PSM
Accountable Authority / CEO

___04 / ___09 ___ / 2024

Signed.....



Elmer Wiegold
Chief Financial Officer

___04 / ___09 ___ / 2024

Statement of Comprehensive Income

for the period ended 30 June 2024

	Notes	2024 \$	2023 \$	Original Budget ¹ \$
NET COST OF SERVICES				
Expenses				
Employee benefits	3A	10,922,671	10,860,052	11,459,000
Suppliers	3B	4,099,642	5,786,707	2,591,000
Grants	3C	700,000	900,000	650,000
Depreciation and amortisation	7	1,105,721	1,137,286	1,192,000
Finance costs		4,067	3,995	4,000
Interest on right-of-use asset		31,608	21,667	32,000
Losses from asset disposals		1,268	-	-
Total expenses		16,864,977	18,709,707	15,928,000
Own-source income				
Own-source revenue				
Rendering of services	4A	3,042,754	2,368,722	1,671,000
Other revenue	4B	90,301	101,187	71,000
Total own-source revenue		3,133,055	2,469,909	1,742,000
Gains				
Total Gains		-	-	-
Total own-source income		3,133,055	2,469,909	1,742,000
Net cost of services		13,731,922	16,239,798	14,186,000
Revenue from Government	4C	13,323,000	11,077,000	13,323,000
(Deficit) on continuing operations		(408,922)	(5,162,798)	(863,000)
		(408,922)	(5,162,798)	(863,000)
OTHER COMPREHENSIVE INCOME				
Items not subject to subsequent reclassification to net cost of services				
Changes in asset revaluation reserve		103,157	-	-
Total other comprehensive income		103,157	-	-
Total comprehensive (loss)		(305,765)	(5,162,798)	(863,000)

The above statement should be read in conjunction with the accompanying notes.

¹ Budget reported in the 2023–24 Portfolio Budget Statements published in May 2023.

Budget Variance Commentary

Explanations are only provided where the variance is greater than 10% of the Original Budget. If the variance is greater than 10%, but small in the overall context of the financial statements, judgement was used to determine if an explanation would be useful in analysing Cancer Australia's performance.

Employee benefits

The underspends in employee benefits of \$0.5m, reflect staff vacancies and timing of recruitment.

Suppliers

Supplier and grant expenses were \$1.5m above the budget mainly due to additional activities to meet the higher rendering of services revenues received during the period.

Rendering of services

Rendering of service revenues were \$1.3m above the budget, which largely reflects the additional funding received for the Australian Real World Evidence Network to transform treatment and care for patients with cancer, under the Memorandum of Understanding (MoU) with the Department of Health and Aged Care.

Total Comprehensive Loss

The total comprehensive loss was \$0.5m lower than the approved operating loss of \$0.9m at Budget, due to the underspend of employee costs in current financial year and the revaluation of property, plant & equipment.

Note that the approved loss resulted from differences in timing between prior financial year MoU revenues and related expenses recognised in the current year. This loss is not a financial sustainability issue.

Statement of Financial Position

as at 30 June 2024

	Notes	2024 \$	2023 \$	Original Budget ¹ \$
ASSETS				
Financial assets				
Cash and cash equivalents		167,032	123,477	276,000
Trade and other receivables	6	3,268,028	3,161,092	2,596,000
Total financial assets		3,435,060	3,284,569	2,872,000
Non-financial assets				
Property, plant and equipment	7	3,154,770	4,052,266	3,100,000
Intangibles	7	56,060	126,889	102,000
Prepayments		181,710	314,285	168,000
Total non-financial assets		3,392,540	4,493,440	3,370,000
Total assets		6,827,600	7,778,009	6,242,000
LIABILITIES				
Payables				
Suppliers	8A	120,749	33,330	568,000
Other payables	8B	329,962	382,662	13,000
Total payables		450,711	415,992	581,000
Interest bearing liabilities				
Leases	9	3,000,786	3,828,688	2,999,000
Total interest bearing liabilities		3,000,786	3,828,688	2,999,000
Provisions				
Employee provisions	10A	2,650,719	2,590,246	2,482,000
Other provisions	10B	272,598	268,532	272,000
Total provisions		2,923,317	2,858,778	2,754,000
Total liabilities		6,374,814	7,103,458	6,334,000
Net assets		452,786	674,551	(92,000)
EQUITY				
Contributed equity		1,725,160	1,641,160	1,725,000
Reserves		103,157	-	-
(Accumulated deficit)		(1,375,531)	(966,609)	(1,817,000)
Total equity		452,786	674,551	(92,000)

The above statement should be read in conjunction with the accompanying notes.

¹ Budget reported in the 2023–24 Portfolio Budget Statements published in May 2023.

Budget Variance Commentary

Cash and Cash Equivalents

The cash and cash equivalent balance fluctuates during the year as funds are drawn down to settle payments to suppliers.

Trade and other receivables

Trade and other receivables mainly comprises of appropriation receivable including appropriations for section 74 retained revenue receipts. The receivables balance is above the budget due to the increase in section 74 retained revenue receipts which will be fully drawn down in the following financial year.

Suppliers and other payables

The budget variance relates to the timing of payments. Higher than expected deliverables were finalised and paid before 30 June 2024, resulting in a lower than expected payables balance at year end. Other payables increase as a result of timing of final payroll and longer period for accrued salaries.

Reserves

A desktop valuation was undertaken, resulting in an increase in asset revaluation reserve of \$0.1m.

(Accumulated deficit)

The Accumulated Deficit is lower than budget due to the underspend of employee costs in current financial year.

Statement of Changes in Equity

for the period ended 30 June 2024

	2024 \$	2023 \$	Original Budget ¹ \$
CONTRIBUTED EQUITY			
Opening balance			
Balance carried forward from previous period	1,641,160	1,558,160	1,641,000
Opening balance	1,641,160	1,558,160	1,641,000
Transactions with owners			
Contributions by owners			
Departmental capital budget	84,000	83,000	84,000
Total transactions with owners	84,000	83,000	84,000
Closing balance as at 30 June	1,725,160	1,641,160	1,725,000
RETAINED EARNINGS			
Opening balance			
Balance carried forward from previous period	(966,609)	4,196,189	(954,000)
Adjusted opening balance	(966,609)	4,196,189	(954,000)
Comprehensive income			
(Deficit) for the period	(408,922)	(5,162,798)	(863,000)
Total comprehensive income	(408,922)	(5,162,798)	(863,000)
Closing balance as at 30 June	(1,375,531)	(966,609)	(1,817,000)
ASSET REVALUATION RESERVE			
Opening balance	-	-	-
Comprehensive income			
Other comprehensive income	103,157	-	-
Closing balance as at 30 June	103,157	-	-
TOTAL EQUITY	452,786	674,551	(92,000)

The above statement should be read in conjunction with the accompanying notes.

¹ Budget reported in the 2023–24 Portfolio Budget Statements published in May 2023.

Accounting Policy

Equity injections

Amounts appropriated which are designated as 'equity injections' for a year (less any formal reduction) and Departmental Capital Budgets are recognised directly in contributed equity in that year.

Budget Variance Commentary

(Deficit) for the period

The deficit reflects the utilisation of prior year funding balance to make payments for activities during the current financial year.

Other comprehensive income

Other comprehensive income increased due to the revaluation of property, plant and equipment.

Cash Flow Statement

for the period ended 30 June 2024

	2024 \$	2023 \$	Original Budget ¹ \$
OPERATING ACTIVITIES			
Cash received			
Appropriations	13,236,000	15,817,000	13,831,000
Rendering of services	2,976,139	2,551,077	1,671,000
Net GST received	773,341	463,806	186,000
Fundraising	25,215	30,115	-
Total cash received	17,010,695	18,861,998	15,688,00
Cash used			
Employees	(10,784,539)	(10,786,259)	(11,459,000)
Suppliers	(4,671,676)	(6,581,521)	(2,524,000)
Interest payments on lease liability	(31,608)	(21,667)	(32,000)
Grants	(700,000)	(900,000)	(650,000)
Net GST paid	-	-	(186,000)
Total cash used	(16,187,823)	(18,289,447)	(14,851,000)
Net cash from operating activities	822,872	572,551	837,000
INVESTING ACTIVITIES			
Cash used			
Purchase of property, plant and equipment	(33,835)	(81,962)	(92,000)
Purchase of intangible assets	-	(8,750)	-
Total cash used	(33,835)	(90,712)	(92,000)
Net cash (used by) investing activities	(33,835)	(90,712)	(92,000)
FINANCING ACTIVITIES			
Cash received			
Departmental capital budget	84,000	83,000	84,000
Total cash received	84,000	83,000	84,000
Cash used			
Lease principal repayments	(829,482)	(717,002)	(829,000)
Total cash used	(829,482)	(717,002)	(829,000)
Net cash from (used by) financing activities	(745,482)	(634,002)	(745,000)
Net increase/(decrease) in cash held	43,555	(152,163)	-
Cash and cash equivalents at the beginning of the reporting period	123,477	275,640	276,000
Cash and cash equivalents at the end of the reporting period	167,032	123,477	276,000

The above statement should be read in conjunction with the accompanying notes.

¹ Budget reported in the 2023–24 Portfolio Budget Statements published in May 2023.

Budget Variance Commentary

Appropriations

Appropriations was \$0.6m below the budget which reflects the drawn down and utilisation of the department appropriations to make payments during FY2023–24.

Rendering of services and section 74 receipts transferred to OPA

At the time the Original Budget was prepared, the timing of additional funding through Memorandum of Understanding agreements with Department of Health and Aged Care was unknown resulting in a higher than anticipated inflow of funds.

Net GST received and paid

Cancer Australia is required to make Goods and Services Tax (GST) payments on eligible goods and services. The net GST received represents the refund of those amounts from the Australia Taxation Office. GST estimates are based on prior years' trends and fluctuate from year to year based on the payments for goods and services. The net GST received was used to settle commitments, rather than drawing on additional funding.

Employees

The underspend on employees of \$0.7m, reflect staff vacancies and timing of recruitment.

Suppliers

Supplier payments were above the budget due to due to additional activities to meet the higher rendering of services revenues received during the period.

Administered Schedule of Comprehensive Income

for the period ended 30 June 2024

	Notes	2024 \$	2023 \$	Original Budget ¹ \$
NET COST OF SERVICES				
Expenses				
Suppliers	15A	13,072,404	6,489,350	10,367,000
Grants and service delivery contracts	15B	11,670,304	12,061,801	14,376,000
Total expenses		24,742,708	18,551,151	24,743,000
Income				
Revenue				
Non-taxation revenue				
Return of grant monies		322,242	71,754	-
Total non-taxation revenue		322,242	71,754	-
Total revenue		322,242	71,754	-
Net cost of services		(24,420,466)	(18,479,397)	(24,743,000)
Deficit on continuing operations		(24,420,466)	(18,479,397)	(24,743,000)
Total comprehensive loss		(24,420,466)	(18,479,397)	(24,743,000)

The above schedule should be read in conjunction with the accompanying notes.

¹ Budget reported in the 2023–24 Portfolio Budget Statements published in May 2023.

Budget Variance Commentary

Suppliers and Grants and service delivery contracts

At the time of the preparation of the Original Budget, supplier and grant payments vary from year to year depending upon grant applications received and awarded. In 2023–24, the majority of deliverables were finalised and paid before 30 June 2024.

Return of grant monies

Grant funding paid from prior years administered appropriations and these were returned to Cancer Australia by grant recipients in accordance with the grant acquittal and funding agreements. This can vary from year to year and dependent on grant acquittals.

Administered Schedule of Assets and Liabilities

as at 30 June 2024

	Notes	2024 \$	2023 \$	Original Budget ¹ \$
ASSETS				
Financial Assets				
Cash and cash equivalents	16A	29,873	33,207	34,000
Trade and other receivables	16B	840,273	389,997	416,000
Total financial assets		870,146	423,204	450,000
Non-financial assets				
Prepayments		111,587	-	11,000
Total non-financial assets		111,587	-	11,000
Total assets administered on behalf of Government		981,733	423,204	461,000
LIABILITIES				
Payables				
Suppliers	17A	561,380	258,988	812,000
Grants	17B	586,674	-	2,876,000
Total payables		1,148,054	258,988	3,688,000
Total liabilities administered on behalf of Government		1,148,054	258,988	3,688,000
Net assets/(liabilities)		(166,321)	164,216	(3,227,000)
The above schedule should be read in conjunction with the accompanying notes.				
¹ Budget reported in the 2023–24 Portfolio Budget Statements published in May 2023.				

Budget Variance Commentary

Trade and other receivables

Trade and other receivables are mainly GST receivable from the Australian Taxation Office.

Supplier payables

Supplier payables vary year to year being dependent on the timing of work delivered by suppliers and the payment terms of contracts and are difficult to predict. The majority of deliverables were finalised and paid before 30 June 2024.

Grant payables

Grant payables vary year to year. The majority of grants funding agreements were finalised and paid before 30 June 2024.

Administered Reconciliation Schedule

as at 30 June 2024

	2024 \$	2023 \$
Opening assets less liabilities as at 1 July	164,216	(3,227,257)
Net cost of services		
Income	322,242	71,754
Expenses		
Payments to entities other than Commonwealth entities	(24,491,607)	(18,300,050)
Payments to Commonwealth entities	(251,101)	(251,101)
Transfers from/(to) the Australian Government		
Appropriation transfers from Official Public Account		
Payments to entities other than Commonwealth entities	24,412,171	21,942,624
Appropriation transfers to Official Public Account		
Receipts from entities other than Commonwealth entities ¹	(322,242)	(71,754)
Closing assets less liabilities as at 30 June	(166,321)	164,216

The above schedule should be read in conjunction with the accompanying notes.

¹ In 2023–24, \$0.322m of grant funding paid from prior years administered appropriations and in previous financial years were returned to Cancer Australia by grant recipients in accordance with the grant acquittal and funding agreements. The unspent funds from various funding agreements have been returned to the Consolidated Revenue Fund in accordance with the appropriation Acts and guidelines.

Accounting Policy

Administered Cash Transfers to and from the Official Public Account

Administered revenues are collected by Cancer Australia on behalf of the Government with parties outside the Government. Collections are transferred to the OPA maintained by the Department of Finance. Conversely, cash is drawn from the OPA to make payments under Parliamentary appropriation on behalf of Government. These transfers to and from the OPA are adjustments to the administered cash held by the entity on behalf of the Government and reported as such in the schedule of administered cash flows and in the administered reconciliation schedule.

Administered Cash Flow Statement

for the period ended 30 June 2024

	Notes	2024 \$	2023 \$
OPERATING ACTIVITIES			
Cash received			
Net GST received		864,742	847,376
Other		322,242	71,754
Total cash received		1,186,984	919,130
Cash used			
Grants		(11,217,369)	(14,804,301)
Suppliers		(14,113,626)	(7,986,252)
Total cash used		(25,330,995)	(22,790,553)
Net cash from / (used by) operating activities		(24,144,011)	(21,871,423)
Cash and cash equivalents at the beginning of the reporting period		33,207	33,760
Cash from Official Public Account			
Appropriations		24,412,171	21,942,624
Cash to Official Public Account			
Administered receipts		(271,494)	(71,754)
Cash and cash equivalents at the end of the reporting period	16A	29,873	33,207

The above statement should be read in conjunction with the accompanying notes.

Notes to and forming part of the Financial Statements

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Note 1: Overview

The entity conducts the following administered activities on behalf of the Government: provide national leadership in cancer control, guide scientific improvements to cancer prevention, treatment and care; coordinate and liaise between the wide range of groups and health care providers with an interest in cancer care and provide advice and make recommendations to the Australian Government on cancer policy and priorities.

Cancer Australia is an Australian Government controlled entity. It is a non-corporate Commonwealth entity and a not-for-profit entity, with registered office at Level 14, 300 Elizabeth Street, Surry Hills NSW.

1.1. Basis of Preparation of the Financial Statements.

The financial statements are required by section 42 of the *Public Governance, Performance and Accountability Act 2013* (the PGPA Act).

The financial statements have been prepared in accordance with:

- Public Governance, Performance and Accountability (Financial Reporting) Rule 2015 (FRR); and
- Australian Accounting Standards and Interpretations – including simplified disclosures for Tier 2 Entities under AASB 1060 issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

The financial statements have been prepared on an accrual basis and in accordance with the historical cost convention, except for certain assets and liabilities at fair value. Except where stated, no allowance is made for the effect of changing prices on the results or the financial position. The financial statements are presented in Australian dollars.

1.2 New Accounting Standards

There are no new Accounting Standards or Amending pronouncements adopted this financial year.

1.3 Significant Accounting Judgements and Estimates

In the process of applying the accounting policies listed in this note, Cancer Australia has made judgements that would have a significant impact on the amounts recorded in the financial statements.

No accounting assumptions or estimates have been identified that have a significant risk of causing a material adjustment to carrying amounts of assets and liabilities within the next accounting period.

In accordance with AASB 13 *Fair Value Measurement* Cancer Australia has applied estimations of assets at fair value. Estimations of employee long service leave entitlements have also been applied in accordance with AASB 119 *Employee Benefits*. Cancer Australia uses the short-hand method to calculate employee long service leave entitlements, discounted using the government bond rate issued by the Department of Finance.

1.4 Taxation

Cancer Australia is exempt from all forms of taxation except Fringe Benefits Tax (FBT) and the Goods and Services Tax (GST).

1.5 Reporting of Administered Activities

Administered revenues, expenses, assets, liabilities and cash flows are disclosed in the administered schedules and related.

Except where otherwise stated, administered items are accounted for on the same basis and using the same policies as for Departmental items, including the application of Australian Accounting Standards.

Note 2: Events After the Reporting Period

Cancer Australia is not aware of any events occurring after 30 June 2024 that have the potential to significantly affect the on-going structure or activities of either Cancer Australia's Administered or Departmental functions.

Note 3: Expenses

	2024 \$	2023 \$
Note 3A: Employee Benefits		
Wages and salaries	8,256,634	8,093,858
Superannuation:		
Defined contribution plans	1,186,493	1,210,049
Defined benefit plans	184,594	187,961
Leave and other entitlements	1,294,950	1,368,184
Total employee benefits	10,922,671	10,860,052

Accounting Policy

Liabilities for 'short-term' employee benefits and termination benefits expected within twelve months of the end of reporting period are measured at their nominal amounts.

Other long-term employee benefits are measured as net total of the present value of the defined benefit obligation at the end of the reporting period minus the fair value at the end of the reporting period of plan assets (if any) out of which the obligations are to be settled directly.

Leave and entitlements

The liability for employee benefits includes provision for annual leave and long service leave.

The leave liabilities are calculated on the basis of employees' remuneration at the estimated salary rates that will be applied at the time the leave is taken, including Cancer Australia's superannuation contribution rates to the extent that the leave is likely to be taken during service rather than paid out on termination.

The estimate of the present value of the liability takes into account attrition rates and pay increases through promotion and inflation.

Superannuation

Cancer Australia's staff are members of the Commonwealth Superannuation Scheme (CSS), the Public Sector Superannuation Scheme (PSS), or the PSS accumulation plan (PSSap), or other superannuation funds held outside the Australian Government.

The CSS and PSS are defined benefit schemes for the Australian Government. The PSSap is a defined contribution scheme.

The liability for defined benefits is recognised in the financial statements of the Australian Government and is settled by the Australian Government in due course. This liability is reported in the Department of Finance's administered schedules and notes.

Cancer Australia makes employer contributions to the employees' defined benefit superannuation scheme at rates determined by an actuary to be sufficient to meet the current cost to the Government. Cancer Australia accounts for the contributions as if they were contributions to defined contribution plans.

The liability for superannuation recognised as at 30 June represents outstanding contributions for the final fortnight of the year.

	2024 \$	2023 \$
Note 3B: Suppliers		
Goods and services supplied or rendered		
Consultants	177,299	191,158
Contractors	1,901,971	3,649,157
Information technology and licenses	784,641	677,069
Property and office	406,497	551,953
Travel	263,134	200,577
Learning and development	51,786	45,178
Media and other promotional	3,503	4,832
Other	463,050	421,107
Total goods and services supplied or rendered	4,051,881	5,741,031
Goods supplied	16,180	33,562
Services rendered	4,035,701	5,707,469
Total goods and services supplied or rendered	4,051,881	5,741,031
Other suppliers		
Workers compensation expenses	47,761	45,676
Total other suppliers	47,761	45,676
Total suppliers	4,099,642	5,786,707

	2024 \$	2023 \$
Note 3C: Grants		
Private sector:		
Non-profit organisations	700,000	900,000
Total grants	700,000	900,000

Accounting Policy

Grants

Cancer Australia administers a number of grant schemes. Grant liabilities are recognised to the extent that (i) the services required to be performed by the grantee have been performed or (ii) the grant eligibility criteria have been satisfied, but payments due have not been made. When the Government enters into an agreement to make these grants and services but services have not been performed or criteria satisfied, this is considered a commitment.

Note 4: Own-Source Income

Own-source revenue	Notes	2024 \$	2023 \$
Note 4A: Rendering of services			
Rendering of services		3,042,754	2,368,722
Total Rendering of services		3,042,754	2,368,722
Disaggregation of Rendering of services			
Type of customer:			
Australian Government entities (related parties)		3,042,754	2,368,722
Non-government entities		-	-
		3,042,754	2,368,722

Accounting Policy

Rendering of services

Revenue from the sale of goods is recognised when control has been transferred to the buyer.

In relation to AASB 1058, Cancer Australia recognises the revenue when control of the cash is obtained.

Receivables for goods and services, which have 30 day terms (2022–23: 30 days), are recognised at the nominal amounts due less any impairment allowance account. Collectability of debts is reviewed at the end of the reporting period. Allowances are made when collectability of the debt is no longer probable.

Own-source revenue	Notes	2024	2023
		\$	\$
Note 4B: Other revenue			
Fundraising		25,215	30,115
Resources received free of charge — Remuneration of auditors		61,000	61,000
Other revenue		4,086	10,072
Total other revenue		90,301	101,187

Accounting Policy

Resources received free of charge

Resources received free of charge are recognised as revenue when, and only when, a fair value can be reliably determined and the services would have been purchased if they had not been donated. Use of those resources is recognised as an expense.

Fundraising revenue

Fundraising revenue is recognised when Cancer Australia obtains control over the funds.

Own-source revenue	Notes	2024	2023
		\$	\$
Note 4C: Revenue from Government			
Appropriations:			
Departmental appropriations		13,323,000	11,077,000
Total revenue from Government		13,323,000	11,077,000

Accounting Policy

Revenue from Government

Amounts appropriated for Departmental appropriations for the year (adjusted for any formal additions and reductions) are recognised as Revenue from Government when Cancer Australia gains control of the Appropriation, except for certain amounts that relate to activities that are reciprocal in nature, in which case revenue is recognised only when it has been earned. Appropriations receivable are recognised at their nominal amounts.

Note 5: Fair Value Measurements

	Fair value measurements at the end of the reporting period	
	2024 \$	2023 \$
Non-financial assets		
Buildings	666,856	727,268
Property, plant and equipment	85,655	188,909

Notes:

1. There has been no change to valuation techniques.
2. Cancer Australia's assets are held for operational purposes and not held for the purposes of deriving a profit. The current use of all controlled assets is considered their highest and best use.
3. The remaining assets reported by Cancer Australia are not measured at fair value in the Statement of Financial Position.

Accounting Policy

Cancer Australia performs an internal management review of the fair value of its fixed assets at least once every 12 months. If a particular asset class experiences significant and volatile changes in fair value (i.e. where indicators suggest that the value of the class has changed materially since the previous reporting period), that class is subject to specific valuation in the reporting period, where practicable, regardless of the timing of the last review. The nature of Cancer Australia's assets are predominantly low value assets with a useful life of between 3 to 10 years.

Note 6: Financial Assets

	2024 \$	2023 \$
Note 6: Trade and other receivables		
Goods and services	151,837	83,432
Total goods and services receivables	151,837	83,432
Appropriation receivable		
Appropriation receivable	2,943,938	2,856,938
Total appropriation receivable	2,943,938	2,856,938
Other receivables		
GST receivable from the Australian Taxation Office	172,253	220,722
Total other receivables	172,253	220,722
Total trade and other receivables (net)	3,268,028	3,161,092

Credit terms for goods and services were within 30 days (2022–23: 30 days).

No allowance for impairment was required at reporting date (2022–23: nil).

Accounting Policy

Trade and other receivables

Trade and other receivables that are held for the purpose of collecting the contractual cash flows where the cash flows are solely payments of principal and interest, that are not provided at below-market interest rates, are subsequently measured at amortised cost using the effective interest method adjusted for any loss allowance.

Note 7: Non-Financial Assets

Reconciliation of the opening and closing balances of Property, Plant and Equipment and Intangibles for 2024

	Buildings \$	Plant & Equipment \$	Intangibles \$	Total \$
As at 1 July 2023				
Gross book value	5,389,034	881,438	1,251,224	7,521,696
Accumulated depreciation and amortisation	(1,525,677)	(692,529)	(1,124,335)	(3,342,541)
Total as at 1 July 2023	3,863,357	188,909	126,889	4,179,155
Additions	-	33,835	-	33,835
Right-of-use assets	1,580	-	-	1,580
Revaluations recognised in other comprehensive income	113,700	(10,543)	-	103,157
Depreciation and amortisation	(174,111)	(125,370)	(70,829)	(370,310)
Loss on disposals	-	(1,176)	-	(1,176)
Depreciation on right-of-use assets	(735,411)	-	-	(735,411)
Total as at 30 June 2024	3,069,115	85,655	56,060	3,210,830
Total as at 30 June 2024 represented by:				
Gross book value	5,504,314	903,554	1,251,224	7,659,092
Accumulated depreciation and amortisation	(2,435,199)	(817,899)	(1,195,164)	(4,448,262)
Total as at 30 June 2024	3,069,115	85,655	56,060	3,210,830
Carrying amount of right-of-use assets	2,402,259	-	-	2,402,259

Accounting Policy

Assets are recorded at cost on acquisition except as stated below. The cost of acquisition includes the fair value of assets transferred in exchange for consideration and liabilities undertaken. Financial assets are initially measured at their fair value plus transaction costs where appropriate.

Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and income at their fair value at the date of acquisition, unless acquired as a consequence of restructuring of administrative arrangements. In the latter case, assets are initially recognised as contributions by owners at the amounts at which they were recognised in the transferor's accounts immediately prior to the restructuring.

Asset recognition threshold

Assets are recorded at cost on acquisition except as stated below. The cost of acquisition includes Purchases of property, plant and equipment are recognised initially at cost in the Statement of Financial Position, except for purchases costing less than \$2,000, which are expensed in the year of acquisition (other than where they form part of a group of similar items which are significant in total).

Leased right-of-use (ROU) Assets

Leased ROU assets are capitalised at the commencement date of the lease and comprise of the initial lease liability amount, initial direct costs incurred when entering into the lease less any lease incentives received. These assets are accounted for by Commonwealth lessees as separate asset classes to corresponding assets owned outright, but included in the same column as where the corresponding underlying assets would be presented if they were owned.

An impairment review is undertaken for any right-of-use lease asset that shows indicators of impairment and an impairment loss is recognised against any right of use lease asset that is impaired. Leased ROU assets continue to be measured at cost after initial recognition in Commonwealth agency, GGS and Whole of Government financial statements.

Revaluations

Following initial recognition at cost, property, plant and equipment (excluding ROU assets) are carried at fair value less subsequent accumulated depreciation and accumulated impairment losses. Valuation reviews are conducted with sufficient frequency to ensure that the carrying amounts of assets did not differ materially from the assets' fair values as at the reporting date. The regularity of independent valuations depends upon the nature of the assets and volatility of movements in market values for the relevant assets.

Revaluation adjustments are made on a class basis. Any revaluation increment is credited to equity under the heading of asset revaluation reserve except to the extent that it reversed a previous revaluation decrement of the same asset class that was previously recognised in the surplus/deficit. Revaluation decrements for a class of assets are recognised directly in the surplus/deficit except to the extent that they reversed a previous revaluation increment for that class.

Depreciation

Depreciable property, plant and equipment assets are written-off to their estimated residual values over their estimated useful lives to Cancer Australia using, in all cases, the straight-line method of depreciation.

Depreciation rates (useful lives), residual values and methods are reviewed at each reporting date and necessary adjustments are recognised in the current, or current and future reporting periods, as appropriate.

Depreciation rates applying to each class of depreciable asset are based on the following useful lives:

	2024	2023
Property, Plant & Equipment	3 to 10 years	3 to 10 years

The depreciation rates for ROU assets are based on the commencement date to the earlier of the end of the useful life of the ROU asset or the end of the lease term.

Impairment

All assets were assessed for impairment at 30 June 2024. Where indications of impairment exist, the asset's recoverable amount is estimated and an impairment adjustment made if the asset's recoverable amount is less than its carrying amount. No indicators of impairment were identified.

The recoverable amount of an asset is the higher of its fair value less costs of disposal and its value in use. Value in use is the present value of the future cash flows expected to be derived from the asset. Where the future economic benefit of an asset is not primarily dependent on the asset's ability to generate future cash flows, and the asset would be replaced if Cancer Australia were deprived of the asset, its value in use is taken to be its depreciated replacement cost.

Derecognition

An item of property, plant and equipment is derecognised upon disposal or when no further future economic benefits are expected from its use or disposal.

Intangibles

Cancer Australia's intangibles comprise purchased software and website costs. These assets are carried at cost less accumulated amortisation and accumulated impairment losses.

Software and website costs are amortised on a straight-line basis over its anticipated useful life. The anticipated useful life of Cancer Australia's intangibles is three years (2022–23: three years).

All software and website assets were assessed for indications of impairment as at 30 June 2024. No indicators of impairment were identified.

Note 8: Payables

	2024 \$	2023 \$
Note 8A: Suppliers		
Trade creditors and accruals	120,749	33,330
Total suppliers	120,749	33,330
Settlement is usually made within 30 days (2022–23: 30 days).		
Note 8B: Other payables		
Salaries and wages	245,484	253,578
Superannuation	36,919	38,448
Other	47,559	90,636
Total other payables	329,962	382,662

Note 9: Interest Bearing Liabilities

	2024 \$	2023 \$
Leases		
Lease liabilities	3,000,786	3,828,688
Total leases	3,000,786	3,828,688
Total cash outflow for leases for the year ended 30 June 2024 was \$861,090 (2022–23: \$738,669)		
Maturity analysis — contractual undiscounted cash flows		
Within 1 year	897,972	860,923
Between 1 to 5 years	2,152,960	3,049,405
More than 5 years	-	-
Total leases	3,050,932	3,910,328

Cancer Australia, in its capacity as lessee has entered into a lease agreement for Sydney office in 2020-21 with a seven (7) year lease term without extension options. Similarly, Cancer Australia also entered another agreement for Canberra Lease during 2022–23 with a five (5) year Lease term.

The above lease disclosures should be read in conjunction with the accompanying notes 3B and 7.

Accounting Policy

Leases

For all new contracts entered into, Cancer Australia considers whether the contract is, or contains a lease. A lease is defined as 'a contract, or part of a contract, that conveys the right to use an asset (the underlying asset) for a period of time in exchange for consideration'.

Once it has been determined that a contract is, or contains a lease, the lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease, if that rate is readily determinable, or the department's incremental borrowing rate.

Subsequent to initial measurement, the liability will be reduced for payments made and increased for interest. It is remeasured to reflect any reassessment or modification to the lease. When the lease liability is remeasured, the corresponding adjustment is reflected in the right-of-use asset or profit and loss depending on the nature of the reassessment or modification.

Note 10: Provisions

	2024 \$	2023 \$
Note 10A: Employee provisions		
Leave	2,650,719	2,590,246
Total employee provisions	2,650,719	2,590,246

	Provision for make good \$	Provision for make good \$
Note 10B: Other provisions		
As at 1 July 2023	268,532	264,537
Additional provisions made	-	-
Amounts used	-	-
Unwinding of discount or change in discount rate	4,066	3,995
Total as at 30 June 2024	272,598	268,532

Cancer Australia, in its capacity as a lessee, has entered into two lease agreements (FY2023 Canberra office, FY2021 Sydney office). The Sydney lease agreement includes a provision requiring Cancer Australia to restore the premises to their original condition at the conclusion of the lease. Cancer Australia recognises a Provision for make good to reflect the present value of the obligation.

Note 11: Contingent Assets and Liabilities

Cancer Australia has not identified any quantifiable, unquantifiable or significant remote contingent assets or liabilities as at 30 June 2024 (2022–23: Nil).

Accounting Policy

Contingent liabilities and contingent assets are not recognised in the Statement of Financial Position but are reported in the notes. They may arise from uncertainty as to the existence of a liability or asset or represent an asset or liability in respect of which the amount cannot be reliably measured. Contingent assets are disclosed when settlement is probable but not virtually certain and contingent liabilities are disclosed when settlement is greater than remote.

Note 12: Key Management Personnel Remuneration

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the entity, directly or indirectly, including any director (whether executive or otherwise) of that entity. Cancer Australia has determined the key management personnel to be the Chief Executive Officer, Deputy CEO, Senior Executive Service Officers, Medical Director, Chief Operating Officer and Chief Financial Officer and Ministers. Key management personnel remuneration is reported in the table below:

	2024 \$	² 2023 \$
Short-term employee benefits	1,799,973	1,647,363
Post-employment benefits	252,015	226,811
Other long-term employee benefits	66,964	45,693
Termination benefits	-	-
Total key management personnel remuneration expenses¹	2,118,952	1,919,867

The total number of key management personnel included in the above table are seven (2022–23: six).

¹ The above key management personnel remuneration excludes the remuneration and other benefits of the Ministers. The Ministers' remuneration and other benefits are set by the Remuneration Tribunal and are not paid by Cancer Australia.

² Key Management Personnel remuneration is based on a full accrual method. In 2023 the remuneration was based on a partial accrual method including adjustments to annual leave balances. This has been adjusted in this note to reflect the full accrual approach for 2023.

Note 13: Related Party Disclosures

Related party relationships

Cancer Australia is an Australian Government controlled entity. Related parties to this entity are Key Management Personnel, including the Ministers and Executive, and other Australian Government entities.

Transactions with related parties

Given the breadth of Government activities, related parties may transact with the government sector in the same capacity as ordinary citizens. Such transactions include the payment or refund of taxes, receipt of a Medicare rebate or higher education loans. These transactions have not been separately disclosed in this note.

Significant transactions with related parties can include:

- the payments of grants or loans;
- purchases of goods and services;
- asset purchases, sales transfers or leases;
- debts forgiven; and
- guarantees.

Giving consideration to relationships with related entities, and transactions entered into during the reporting period by Cancer Australia, it has been determined that there are no related party transactions to be separately disclosed.

Note 14: Financial Instruments

	2024 \$	2023 \$
Financial assets measured at amortised cost		
Cash and cash equivalents	167,032	123,477
Trade receivables	151,837	83,432
Total financial assets measured at amortised cost	318,869	206,909
Total financial assets	318,869	206,909
Financial liabilities		
Financial liabilities measured at amortised cost		
Trade creditors and accruals	120,749	33,330
Financial liabilities measured at amortised cost	120,749	33,330
Total financial liabilities	120,749	33,330

Accounting Policy

Financial assets

Cancer Australia is a non-financial entity whose financial assets are limited to trade receivables and bank deposits. Cancer Australia's trade receivables relate to services provided and do not arise as a result of their primary business objectives. Accordingly, the receivables are more aligned to a basic lending arrangement whereby cash flows will be generated through the collection of the amounts outstanding.

Cancer Australia's business model is to hold financial assets to collect the contractual cash flows and the cash flows relate solely to payments of interest and principal amounts.

Based on the above, Cancer Australia's financial assets should subsequently be measured at amortised cost.

Amortised cost is determined using the effective interest method.

Effective interest method

Income is recognised on an effective interest rate basis for financial assets that are recognised at amortised cost.

Impairment of financial assets

Financial assets are assessed for impairment at the end of each reporting period based on Expected Credit Losses, using the general approach which measures the loss allowance based on an amount equal to lifetime expected credit losses where risk has significantly increased, or an amount equal to 12-month expected credit losses if risk has not increased.

The simplified approach for trade, contract and lease receivables is used. This approach always measures the loss allowance as the amount equal to the lifetime expected credit losses.

A write-off constitutes a derecognition event where the write-off directly reduces the gross carrying amount of the financial asset.

Financial liabilities

Financial liabilities are classified as other financial liabilities. Financial liabilities are recognised and derecognised upon 'trade date'.

Financial liabilities at amortised cost

Financial liabilities are initially measured at fair value, net of transaction costs. These liabilities are subsequently measured at amortised cost using the effective interest method, with interest expense recognised on an effective interest basis.

Supplier and other payables are recognised at amortised cost. Liabilities are recognised to the extent that the goods or services have been received (and irrespective of having been invoiced).

Note 15: Administered – Expenses

	2024 \$	2023 \$
Note 15A: Suppliers		
Goods and services supplied or rendered		
Consultants	556,258	798,526
Contractors	10,293,747	4,261,086
Sitting and advisory fees	514,186	575,274
Travel	197,178	252,271
Printing	38,920	6,408
Other	1,472,115	595,785
Total goods and services supplied or rendered	13,072,404	6,489,350
Goods and services are made up of:		
Goods supplied	48,854	9,573
Services rendered	13,023,550	6,479,777
Total goods and services supplied or rendered	13,072,404	6,489,350
Total suppliers	13,072,404	6,489,350

Note 15B: Grants and service delivery contracts		
Public sector		
State and Territory Governments	-	-
Private sector		
Not-for-profit organisations	11,670,304	12,061,801
Total grants and service delivery contracts	11,670,304	12,061,801

Accounting Policy

Grants

Cancer Australia administers a number of grants on behalf of the Commonwealth. Grant liabilities are recognised to the extent that (i) the services required to be performed by the grantee have been performed or (ii) the grant eligibility criteria have been satisfied, but payments due have not been made. When Government enters into an agreement to make these grants and services, but services have not been performed or criteria satisfied, this is considered a commitment.

Note 16: Administered – Financial Assets

	2024	2023
	\$	\$
Note 16A: Cash and cash equivalents		
Cash on hand or on deposit	29,873	33,207
Total cash and cash equivalents	29,873	33,207
Note 16B: Trade and other receivables		
Net GST receivable from Australian Taxation Office	789,524	389,997
Other receivables	50,749	-
Total trade and other receivables	840,273	389,997

Credit terms for goods and services were within 30 days (2023–24: 30 days).
No allowance for impairment was required at reporting date (2023–24: nil).

Accounting Policy

Cash

Cash is recognised at its nominal amount. Cash and cash equivalents includes:

- a) cash on hand; and
- b) demand deposits in bank accounts with an original maturity of 3 months or less that are readily convertible to known amounts of cash and subject to insignificant risk of changes in value.

Trade and other receivables

Trade and other receivables that are held for the purpose of collecting the contractual cash flows where the cash flows are solely payments of principal and interest, that are not provided at below-market interest rates, are subsequently measured at amortised cost using the effective interest method adjusted for any loss allowance.

Note 17: Administered – Payables

	2024	2023
	\$	\$
Note 17A: Suppliers		
Trade creditors and accruals	561,380	258,988
Total suppliers	561,380	258,988
Settlement is usually made within 30 days (2023–24: 30 days).		
Note 17B: Grants		
Non-profit and profit organisations	586,674	-
Total grants	586,674	-
Settlement is usually made according to the terms and conditions of each grant. This is usually within 30 days of performance or eligibility (2022–23: 30 days).		
Majority of Grant funds are processed for Not for profit organisations. These Grants Suppliers were for Cancer Clinical Trials, which have been finalised but not yet paid. Last year, the grant contracts executed later in the year were paid before 30th June.		

Note 18: Administered – Contingent Assets and Liabilities

Cancer Australia has not identified any quantifiable, unquantifiable or significant remote contingencies as at 30 June 2024 (2022–23: Nil).

Note 19: Administered – Financial Instruments

	2024	2023
	\$	\$
Financial assets measured at amortised cost		
Cash on hand or on deposit	29,873	33,207
Trade and Other Receivables		
Other receivables	50,749	-
Trade and Other Receivables	50,749	-
Total financial assets measured at amortised cost	80,622	33,207
Total financial assets	80,622	33,207
Financial liabilities		
Financial liabilities measured at amortised cost		
Trade creditors	561,380	258,988
Grants payable	586,674	-
Financial liabilities measured at amortised cost	1,148,054	258,988
Total financial liabilities	1,148,054	258,988

Note 20: Appropriations

Table A: Annual Appropriations ('Recoverable GST exclusive')

Annual Appropriations for 2023-24					
	Annual Appropriation¹ \$	Adjustments to Appropriation² \$	Total Appropriation \$	Appropriation Applied in 2024 (current and prior years) \$	Variance³ \$
Departmental					
Ordinary annual services	13,323,000	3,056,201	16,379,201	16,298,811	80,390
Capital Budget ⁴	84,000	-	84,000	33,835	50,165
Total departmental	13,407,000	3,056,201	16,463,201	16,332,646	130,555
Administered					
Ordinary annual services					
Administered items	24,743,000	-	24,743,000	23,959,098	783,902
Total administered	24,743,000	-	24,743,000	23,959,098	783,902

Notes

¹ In Departmental were no amounts withheld against 2023–24 ordinary annual services Appropriation under Section 51 of the PGPA Act. There were no amounts quarantined from 2024 Administered Appropriations.

² Adjustments to Appropriation including PGPA Act Section 74 receipts.

³ The departmental variance primarily represents the timing difference of payments to suppliers and employees and section 74 receipts. The administered variance is mainly due to the timing difference of payments to suppliers.

⁴ Departmental Capital Budgets are appropriated through Appropriation Acts (No.1). They form part of ordinary annual services and are not separately identified in the annual Appropriation Acts.

Annual Appropriations for 2022-23

	Annual Appropriation ¹ \$	Adjustments to Appropriation ² \$	Total Appropriation \$	Appropriation Applied in 2023 (current and prior years) \$	Variance ³ \$
Departmental					
Ordinary annual services	11,242,000	2,612,593	13,854,593	18,581,756	(4,727,163)
Capital Budget ⁴	83,000	-	83,000	83,000	-
Total departmental	11,325,000	2,612,593	13,937,593	18,664,756	(4,727,163)
Administered					
Ordinary annual services					
Administered items	18,623,000	-	18,623,000	21,930,796	(3,307,796)
Total administered	18,623,000	-	18,623,000	21,930,796	(3,307,796)

Notes

¹ In Departmental \$165,000 was withheld against 2022–23 ordinary annual services Appropriation under Section 51 of the PGPA Act. There were no amounts quarantined from 2023 Administered Appropriations.

² Adjustments to Appropriation including PGPA Act Section 74 receipts.

³ The departmental variance primarily represents the timing difference of payments to suppliers and employees and section 74 receipts. The administered variance is mainly due to the timing difference of payments to suppliers.

⁴ Departmental Capital Budgets are appropriated through Appropriation Acts (No.1). They form part of ordinary annual services, and are not separately identified in the annual Appropriation Acts.

Table B: Unspent Annual Appropriations ('Recoverable GST exclusive')

	2024 \$	2023 \$
Departmental		
Supply Act (No.3) 2022–23 ¹	165,000	3,145,415
Appropriation Act (No.1) 2023–24 ²	3,110,970	-
Total departmental	3,275,970	3,145,415
Administered		
Supply Act (No.3) 2022–23	-	266,715
Appropriation Act (No.1) 2023–24 Operating	1,050,617	-
Total administered	1,050,617	266,715

¹ In Departmental \$165,000 was withheld against 2022–23 ordinary annual services Appropriation under Section 51 of the PGPA Act. This appropriation is not available for drawdown.

² Appropriation Act (No.1) 2023–24 includes cash and cash equivalents at 30 June 2024.

Table C: Net Cash Appropriation Arrangements

	2024 \$	2023 \$
Total comprehensive income/(loss) — as per the Statement of Comprehensive Income	(408,922)	(5,162,798)
Plus: depreciation/amortisation of assets funded through appropriations (departmental capital budget funding and/or equity injections) ¹	370,310	492,540
Plus: depreciation of right-of-use assets ²	735,411	644,746
Less: lease principal repayments ²	(829,482)	(717,002)
Net Cash Operating Surplus/ (Deficit)	(132,683)	(4,742,514)

¹ From 2010-11, the Government introduced net cash appropriation arrangements where revenue appropriations for depreciation/amortisation expenses of non-corporate Commonwealth entities and selected corporate Commonwealth entities were replaced with a separate capital budget provided through equity appropriations. Capital budgets are to be appropriated in the period when cash payment for capital expenditure is required.

² The inclusion of depreciation/amortisation expenses related to right-of-use leased assets and the lease liability principal repayment amount reflects the impact of AASB 16 Leases, which does not directly reflect a change in appropriation arrangements.

Note 21: Current/non-current distinction for assets and liabilities

21A: Current/non-current distinction for assets and liabilities	2024	2023
	\$	\$
Assets expected to be recovered in:		
No more than 12 months		
Cash and cash equivalents	167,032	123,477
Trade and other receivables	3,268,028	3,161,092
Prepayments	181,710	314,285
Total no more than 12 months	3,616,770	3,598,854
More than 12 months		
Property, plant and equipment	3,154,770	4,052,266
Intangibles	56,060	126,889
Total more than 12 months	3,210,830	4,179,155
Total assets	6,827,600	7,778,009
Liabilities expected to be settled in:		
No more than 12 months		
Suppliers	120,749	33,330
Other payables	329,962	382,662
Leases	873,591	829,337
Employee provisions	742,265	718,296
Other provisions	272,598	268,532
Total No more than 12 months	2,339,165	2,232,157
More than 12 months		
Leases	2,127,195	2,999,351
Employee provisions	1,908,454	1,871,950
Total more than 12 months	4,035,649	4,871,301
Total liabilities	6,374,814	7,103,458
21B: Administered – Current/non-current distinction for assets and liabilities		
	2024	2023
	\$	\$
Assets expected to be recovered in:		
No more than 12 months		
Cash and cash equivalents	29,873	33,207
Trade and other receivables	840,273	389,997
Prepayments	111,587	-
Total no more than 12 months	981,733	423,204
More than 12 months		
	-	-
Total more than 12 months	-	-
Total assets	981,733	423,204
Liabilities expected to be settled in:		
No more than 12 months		
Suppliers	561,380	258,988
Grants	586,674	-
Total no more than 12 months	1,148,054	258,988
More than 12 months		
	-	-
Total more than 12 months	-	-
Total liabilities	1,148,054	258,988

Appendix C: Acquittal Audit Report Related to Cancer Australia's Fundraising Activities

Independent Auditor's Report - Cancer Australia Fundraising Activities



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CANCER AUSTRALIA

ABN: 21 075 951 918

ACQUITTAL AUDIT REPORT FOR THE YEAR ENDED 30 JUNE 2024

INDEPENDENT AUDITOR'S REPORT TO THE EXECUTIVES OF CANCER AUSTRALIA

Independent audit report in relation to Cancer Australia's statement of income and expenditure of the fundraising activities relating to the Pink Pony appeal ("the Project").

We have audited:

- a) the accompanying statement of Project income and expenditure of Cancer Australia for the year ended 30 June 2024, a summary of significant accounting policies, other explanatory information, and management's attestation statement; and
- b) Cancer Australia's compliance with the *Charitable Fundraising Act 1991* for the year ended 30 June 2024.

Management's responsibility

Management is responsible for:

- a) the preparation and fair presentation of the financial statement in accordance with the *Corporations Act 2001* and Australian Accounting Standards;
- b) such internal control as management determines is necessary to enable the preparation of the financial statement that is free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion, based on our audit, on the statement of income & expenditure of the Project.

We conducted our audit of the financial statement in accordance with *Corporations Act 2001* and Australian Accounting Standards. The applicable Standards require that we comply with relevant ethical requirements and plan and perform our work to:

- a) obtain reasonable assurance about whether the financial statement is free from material misstatement.
- b) Complying with Accounting Standards, *Corporations Regulations 2001*, *Charitable Fundraising Act 1991* and other mandatory professional reporting requirements.

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CANCER AUSTRALIA
ABN: 21 075 951 918

ACQUITTAL AUDIT REPORT
FOR THE YEAR ENDED 30 JUNE 2024

INDEPENDENT AUDITOR'S REPORT
TO THE EXECUTIVES OF CANCER AUSTRALIA

Auditor's responsibility (continued)

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statement. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statement, whether due to fraud or error.

In making those risk assessments, the auditor considers internal control relevant to the fundraising recipient's preparation and fair presentation of the financial statement, in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the fundraising recipient's internal control. An audit also includes evaluating the appropriateness of accounting policies used by management, as well as evaluating the overall presentation of the financial statement.

Charitable Fundraising Act 1991

We have a responsibility under section 24 of the New South Wales *Charitable Fundraising Act 1991* to report to the entity's members whether, in our opinion the annual financial report of the entity complies with the *Charitable Fundraising Act 1991*, including:

- a) whether the accounts show a true and fair view of the financial results of fundraising appeals for the year to which they relate; and
- b) whether the accounts and associated records have been properly kept during that year in accordance with this Act and the regulations; and
- c) whether money received as a result of fundraising appeals conducted during the year has been properly accounted for and applied in accordance with this Act and the regulations; and
- d) the solvency of the organisation.

We must also report to members if we are satisfied that

- a) There has been a contravention of this Act or the regulations; and
- b) the circumstances are such that, in the auditor's opinion, the matter has not been or will not be adequately dealt with by comment in the auditor's report on the accounts or by bringing the matter to the notice of the person concerned or of the trustees or members of the governing body of the organisation concerned.

CANCER AUSTRALIA
ABN: 21 075 951 918

ACQUITTAL AUDIT REPORT
FOR THE YEAR ENDED 30 JUNE 2024

INDEPENDENT AUDITOR'S REPORT
TO THE EXECUTIVES OF CANCER AUSTRALIA

Opinion

Pursuant to the requirements of section 24(2) of the New South Wales *Charitable Fundraising Act 1991*, in our opinion:

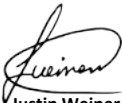
- a) the financial report gives a true and fair view of the financial result of fundraising appeal activities for the financial year ended 30 June 2024; and
- b) the financial report has been properly drawn up, and the associated records have been properly kept for the year ended 30 June 2024, in accordance with the New South Wales *Charitable Fundraising Act 1991*; and
- c) money received as a result of fundraising appeal activities conducted during the year ended 30 June 2024 have been properly accounted for and applied in accordance with the New South Wales *Charitable Fundraising Act 1991*; and
- d) at the date of this report there are reasonable grounds to believe that entity will be able to pay its debts as and when they become due and payable.

Use of Report

This report has been prepared for Cancer Australia in accordance with the Accounting Standards, *Corporations Regulations 2001*, *Charitable Fundraising Act 1991*, and other mandatory professional reporting requirements. We disclaim any assumption of responsibility for any reliance on this report to any persons or users other than Cancer Australia, or for any purpose other than that for which it was prepared.



Stewart Brown
Chartered Accountants
Level 2, Tower 1, 495 Victoria Avenue
Chatswood NSW 2067



Justin Weiner
Audit Partner
Chartered Accountant (357529)
ASIC Registered Company Auditor (540726)

25 July 2024

Appendix D: Mandatory Reporting Information

During 2023–24, Cancer Australia conducted the following advertising campaigns:

- Blood cancer awareness
- Childhood cancer awareness
- Prostate cancer awareness
- Gynaecological cancer awareness
- Breast cancer in young women awareness
- Liver cancer awareness
- Lung cancer awareness
- Pancreatic cancer awareness
- Australian Cancer Plan Implementation webinar
- Sun safety awareness
- Cervical cancer awareness
- Ovarian cancer awareness
- Melanoma awareness
- Oesophageal cancer awareness
- Brain cancer awareness
- Bowel cancer awareness
- 2024 Jeannie Ferris Award – call for nominations
- Survey: Identifying and investigating patients who may have undiagnosed pancreatic cancer – A guide for Australian Primary Care Practitioners
- Survey: Surveillance in people at high risk of pancreatic cancer – A guide for Australian Primary Care Practitioners
- Broad Consultation for the Optimal Care Pathways Framework
- Registrations for the ACCN Innovations Showcase (launch of ACCN)
- Our Mob and Cancer
- Yarn for Life Phase 6

Further information on those advertising campaigns is available at www.canceraustralia.gov.au and in the reports on Australian Government advertising prepared by the Department of Finance. Those reports are available on the Department of Finance's website.

The *Campaign Advertising by Australian Government Departments and Agencies Report*, prepared annually by the Department of Finance, provides details of campaigns for which expenditure was greater than \$250,000 (including GST).

Table D.1: Advertising agencies used by Cancer Australia in 2023-24

Organisation	Service provided	Amount paid (GST inclusive)
Web Marketing Workshop	Paid search marketing campaigns (Google Ads) for the following cancer types: liver, lung, pancreatic, ovarian and melanoma.	\$11,000
Romanava	Targeted paid social media campaigns, including the 2024 Jeannie Ferris Award call for nominations, registrations for the Australian Cancer Plan implementation webinar and the launch of the <i>Australian Comprehensive Cancer Network</i> , 2 pancreatic cancer surveys, and cancer awareness campaigns for the following cancer types: blood, childhood, prostate, gynaecological, breast, liver, lung, pancreatic, cervical, ovarian, melanoma, oesophageal, brain and bowel.	\$101,564
The Medical Republic Pty Ltd	Digital advertising of registrations for the launch of the Australian Comprehensive Cancer Network	\$5,500
Australian Doctor Group Pty Ltd	Digital advertising of registrations for the launch of the Australian Comprehensive Cancer Network	\$5,500
Croakey Health Media Pty Ltd	Digital advertising of registrations for the launch of the Australian Comprehensive Cancer Network	\$550
Cox Inall Ridgeway	Digital advertising of the Our Mob and Cancer website on Facebook, Instagram, LinkedIn and Google Ads.	\$35,561
e-Alert through Campaign Monitor	Email advertisement of registrations for the launch of the Australian Comprehensive Cancer Network. Email advertisement of registrations to broad consultations workshops for National Optimal Care Pathways Framework.	\$90
The Media Precinct	Social media (Facebook and LinkedIn) advertisement of registrations to broad consultations workshops for National Optimal Care Pathways Framework.	\$16,499
Budsoar Pty Limited (t/a Koori Mail)	Digital and print advertising for the Supporting People with Cancer grant initiative Round 15.	\$1,650
News Pty Limited	Print advertising for the Supporting People with Cancer grant initiative Round 15.	\$6,612

Table D.2: Market research undertaken by Cancer Australia in 2023–24

Organisation	Service provided	Amount paid (GST inclusive)
Paper Moose Pty Ltd	User interviews for website redevelopment	\$6,300
	Drafting interview guides, including background research on project and interviewee	
	Interview scheduling and prep	
	17 x 30 min user interviews	
	Interview notes and distillation	

Australian National Audit Office Access

All Cancer Australia contracts contain provisions allowing access by the Auditor-General.

Competitive tendering and contracting

All open tenders and contracts over \$10,000 (GST inclusive) awarded by Cancer Australia during 2023–24 were published on AusTender.

Consultancy and non-consultancy contracts

Annual reports contain information about actual expenditure on reportable consultancy contracts and non-consultancy contracts. Information on the value of reportable consultancy and non-consultancy contracts is available on the AusTender website tenders.gov.au.

During 2023–24, three (3) new reportable consultancy contracts were entered into totalling actual expenditure of \$0.286 million (GST incl). In addition, three (3) ongoing reportable consultancy contracts were active during 2023–24, involving total actual expenditure of \$0.295 million (GST incl). The total number of reportable consultancies (8) recorded in financial year 2023–24 amounted to \$0.581 million in total expenditure (GST incl).

Additionally, there were 38 new reportable non-consultancies entered into totalling actual expenditure of \$9.38 million (GST incl). Eight (8) ongoing reportable non-consultancy contracts were active during 2023–24, involving total actual expenditure of \$2.42 million (GST incl). The total number of reportable non-consultancies (46) recorded in financial year 2023–24 amounted to \$11.79 million in total expenditure (GST incl).

Cancer Australia engages consultants as required to acquire specialist expertise, and to undertake research and investigation of particular cancer control issues to inform and assist in the agency's decision making.

Prior to engaging consultants, the agency takes into account the skills and resources required for the task, the skills available internally, and the cost-effectiveness of engaging external expertise. The decision to engage a consultant is made in accordance with the PGPA Act and regulations (including the Commonwealth Procurement Rules) and relevant internal policies.

Cancer Australia is a non-corporate Commonwealth entity. Cancer Australia's reportable contract data for 2023–24 is as follows:

Table D.3: Expenditure on Reportable Consultancy Contracts (2023–24)

	Number	Expenditure \$'000 (GST inc.)
New contracts entered into during the reporting period	3	286
Ongoing contracts entered into during a previous reporting period	3	295
Total	6	581

Table D.4: Expenditure on Reportable Non-Consultancy Contracts (2023–24)

	Number	Expenditure \$'000 (GST inc.)
New contracts entered into during the reporting period	38	9,378
Ongoing contracts entered into during a previous reporting period	8	2,416
Total	46	11,794

Table D.5: Organisations Receiving a Share of Reportable Consultancy Contract Expenditure (2023–24)

Name of Organisation	Organisation ABN	Expenditure \$ (GST inc.)
Jacinta Elston Pty Ltd	98 657 253 220	233,750
University of South Australia	37 191 313 308	194,522
Deloitte Touche Tohmatsu	74 490 121 060	56,485
Concur Consulting	90 261 120 291	35,550
Chan, Raymond	28 412 853 630	34,375
Sustainable Health System Solutions Pty Ltd	24 621 384 094	26,688
Total		581,370

Note: This table provides information on those organisations that received the 5 largest shares of Cancer Australia's expenditure on such contracts, and those organisations that received 5% or more of expenditure on such contracts.

Table D.6: Organisations Receiving a Share of Reportable Non-Consultancy Contract Expenditure (2023–24).

Name of Organisation	Organisation ABN	Expenditure \$ (GST inc.)
The Movember Foundation	48 894 537 905	2,708,750
The University of Sydney	15 211 513 464	1,650,000
Aurora Education Foundation Limited	28 158 391 363	1,335,646
The University of Melbourne	84 002 705 224	826,762
University of Technology Sydney	77 257 686 961	612,036
The Royal Australian and New Zealand College of Radiologists Limited	37 000 029 863	638,000
Total		11,793,571

Note: This table provides information on those organisations that received the 5 largest shares of Cancer Australia’s expenditure on such contracts, and those organisations that received 5% or more of expenditure on such contracts.

Disability reporting

Australia’s Disability Strategy 2021–2031 (the Strategy) is the overarching framework for inclusive policies, programs and infrastructure that will support people with disability to participate in all areas of Australian life. The Strategy sets out where practical changes will be made to improve the lives of people with disability in Australia. It acts to ensure the principles underpinning the United Nations Convention on the Rights of Persons with Disabilities are incorporated into Australia’s policies and programs that affect people with disability, their families and carers. All levels of government have committed to deliver more comprehensive and visible reporting under the Strategy. A range of reports on progress of the Strategy’s actions and outcome areas will be published and available at www.disabilitygateway.gov.au/ads

Disability reporting is included the Australian Public Service Commission’s State of the Service reports and the APS Statistical Bulletin. These reports are available at www.apsc.gov.au

Ecologically sustainable development and environmental performance

Section 516A of the *Environment Protection and Biodiversity Conservation Act 1999* requires Australian Government entities to detail their environmental performance and contribution to ecologically sustainable development in their annual reports.

In 2023–2024 Cancer Australia maintained a range of measures which contributed to ecologically sustainable development, including:

- adopting a ‘paper-light’ office, going digital wherever possible
- using ecologically friendly printer paper, paper-based stationery items and cleaning products
- recycling of paper, cardboard, printer cartridges and waste
- setting printers to default to print on both sides of the paper and in black and white
- ensuring equipment such as laptops, photocopiers, dishwashers, and printers incorporate energy-saving features.

The buildings in which Cancer Australia leases its office accommodation have a minimum National Australian Built Environment Rating System energy rating of 5.0 stars in Sydney and Canberra of 2 stars (this is due to limited occupancy, previously reported at 5.5 when at full occupancy).

Cancer Australia will continue to consider ecologically sustainable development as part of its business management approach.

Climate Action in Government Operations APS Net Zero 2030 Emissions Reporting

As part of the reporting requirements under section 516A of the Environment Protection and Biodiversity Conservation Act, and in line with the Government’s Net Zero in Government Operations Strategy, all non-corporate Commonwealth entities are required to publicly report on the emissions from their operations.

The Greenhouse Gas Emissions Inventory presents greenhouse gas emissions over the 2023–24 period. Results are presented on the basis of Carbon Dioxide Equivalent (CO₂-e) emissions. Greenhouse gas emissions have been calculated in line with the Australian Public Service Emissions Reporting Framework, consistent with the Whole-of-Australian Government approach as part of the APS Net Zero 2030 policy. Not all data sources were available at the time of the report and amendments to data may be required in future reports.

Emissions from hire cars for 2023–24 may be incomplete due to a lack of robust data. The quality of data is expected to improve over time as emissions reporting matures.

Table D.7: Greenhouse Gas Emissions Inventory Current Report Period (2023-24)

Emission source	Scope 1 t CO ₂ -e	Scope 2 t CO ₂ -e	Scope 3 t CO ₂ -e	Total t CO ₂ -e
Electricity (Location-Based Approach)	N/A	51.063	4.074	55.137
Natural Gas	0	N/A	0	0
Solid Waste*	N/A	N/A	0	0
Refrigerants*†	0	N/A	N/A	0
Fleet and Other Vehicles	0	N/A	0	0
Domestic Commercial Flights	N/A	N/A	71.562	71.562
Domestic Hire Car*	N/A	N/A	0.317	0.317
Domestic Travel Accommodation*	N/A	N/A	30.812	30.812
Other Energy	0	N/A	0	0
Total t CO₂-e	0	51.063	106.766	157.829

Note: the table above presents emissions related to electricity usage using the location-based accounting method. CO₂-e = Carbon Dioxide Equivalent.

* Indicates emission sources collected for the first time in 2023–24. The quality of data is expected to improve over time as emissions reporting matures.

† Indicates optional emission source for 2023–24 emissions reporting.

Table D.8: 2023-24 Electricity Greenhouse Gas Emissions

Emission source	Scope 1 t CO ₂ -e	Scope 2 t CO ₂ -e	Scope 3 t CO ₂ -e	Total t CO ₂ -e
Electricity (Location-Based Approach)	51.063	4.074	55.137	100%
Market-based electricity emissions	35.216	4.348	39.563	57.62%
Total renewable electricity	-	-	-	42.38%
<i>Mandatory renewables¹</i>	-	-	-	18.72%
<i>Voluntary renewables²</i>	-	-	-	23.66%

Note: the table above presents emissions related to electricity usage using both the location-based and the market-based accounting methods. CO₂-e = Carbon Dioxide Equivalent.

1 Mandatory renewables are the portion of electricity consumed from the grid that is generated by renewable sources. This includes the renewable power percentage.

2 Voluntary renewables reflect the eligible carbon credit units surrendered by the entity. This may include purchased large-scale generation certificates, power purchasing agreements, GreenPower and the jurisdictional renewable power percentage (ACT only).

Exempt contracts

There were no contracts in excess of \$10,000 entered into by Cancer Australia during 2023–24 that were exempt from being published on AusTender due to FOI reasons.

External scrutiny

No judicial or administrative tribunal decisions relating to Cancer Australia were handed down during 2023–24. There were no reports by the Auditor-General on the operations of the agency, other than the report on the financial statements at Appendix B. In 2023–24 there were no reports on the operations of Cancer Australia conducted by a Parliamentary Committee, or the Commonwealth Ombudsman, and no capability reviews were conducted or released.

Freedom of information

Entities subject to the *Freedom of Information Act 1982* (FOI Act) are required to publish information to the public as part of the Information Publication Scheme (IPS). This requirement is in Part II of the FOI Act and has replaced the former requirement to publish a section 8 statement in an annual report. Each agency must display on its website a plan showing what information it publishes in accordance with the IPS requirements.

Cancer Australia displays an IPS Plan on its website listing the information it publishes and how it proposes to comply with IPS requirements. This is available at canceraustralia.gov.au/IPS.

Grant programs

The following grant programs were administered by Cancer Australia during the period 1 July 2023 to 30 June 2024:

- Priority-driven Collaborative Cancer Research Scheme
- Support for Cancer Clinical Trials program
- Supporting People with Cancer Grant Initiative.

Information on grants awarded by Cancer Australia during the period 1 July 2023 to 30 June 2024 is available at canceraustralia.gov.au.

Purchasing

In 2023–24, Cancer Australia sourced goods and services in accordance with the principles set out in the Commonwealth Procurement Rules.

The agency continued to reinforce procurement policies and procedures reflecting the need for compliance with these guidelines, focusing on:

- value for money
- encouraging competition
- efficient, effective, ethical, and economical use of Australian Government resources
- accountability and transparency
- compliance with other Australian Government policies.

The agency also provides training and education, and support for staff in procurement and grants. All procurement and grant activity within the agency is reviewed to ensure compliance with legislative requirements and to maximise best practice.

Indigenous Procurement Policy

Cancer Australia continues to support diversity in our supplier base through the ongoing promotion and application of the Indigenous Procurement Policy. Providing greater opportunities for Indigenous owned businesses to contribute to the Australian economy and create more jobs for local communities.

Small Business

Cancer Australia supports small business participation in the Commonwealth Government procurement market. Small and Medium Enterprises (SME) and Small Enterprise participation statistics are available on the Department of Finance's website:

[Statistics on Australian Government Procurement Contracts | Department of Finance.](#)

To ensure SME can engage in fair competition for Australian Government business, Cancer Australia's procurement practices include use of:

- the Commonwealth Contracting Suite for low-risk procurements valued under \$200,000
- electronic systems and other processes to facilitate on-time payment performance, including payment cards.

Work health and safety

During 2023–24, the following initiatives were undertaken in relation to work health and safety:

- Influenza vaccinations were offered to all employees.
- Workstation assessments were carried out for employees.
- An Employee Assistance Program continued to be offered for employees and their immediate family members.
- The agency's WHS Committee met periodically to review the safety management plan and workplace practices.
- Comcare conducted a proactive inspection of Cancer Australia's incident management system and found the system to be compliant.

Executive Remuneration

Key management personnel are those people who have authority and responsibility for planning, directing, and controlling the activities of the entity, directly or indirectly, including any director (whether executive or otherwise) of that entity.

Cancer Australia has determined the key management personnel to be the Chief Executive Officer, Deputy Chief Executive Officer, Senior Executive Service Officers, Chief Operating Officer and Chief Financial Officer, Medical Director, and Ministers.

The key management personnel remuneration information provided below excludes the remuneration and other benefits of the Ministers. The Ministers' remuneration and other benefits are set by the Remuneration Tribunal and are not paid by Cancer Australia.

Table D.9: Details of Accountable Authority during the reporting period (2023–24)

Name	Position Title/Position held	Period as the accountable authority or member within the reporting period	
		Start Date (1 July 2023 or after)	End Date (30 June 2024 or before)
Professor Dorothy Keefe	Chief Executive Officer (CEO)	1 July 2023	30 June 2024

Table D.10: Information about remuneration for key management personnel

Name	Position title	Short term benefits			Post employment benefits	Other long term benefits		Termination benefits	Total remuneration
		Base salary	Bonuses	Other benefits and allowances	Superannuation contribution	Long service leave	Other long term benefits		
Keefe, Dorothy	Chief Executive Officer	\$414,156	\$0	\$116,658	\$50,964	\$16,282	\$0	\$0	\$598,060
Howlett, Claire	Deputy CEO	\$297,396	\$0	\$2,858	\$62,762	\$12,945	\$0	\$0	\$375,961
Wiegold, Elmer	Head Corporate Operations / CFO	\$225,427	\$0	\$0	\$39,273	\$8,820	\$0	\$0	\$273,520
Milch, Vivienne	Medical Director	\$233,544	\$0	\$27,594	\$32,718	\$10,099	\$0	\$0	\$303,955
Toms, Cindy	Head Evidence, Priority Initiatives Communications	\$211,764	\$0	\$27,308	\$34,992	\$9,544	\$0	\$0	\$283,608
Meredythy, David	Head Cancer Control Strategy	\$142,186	\$0	\$16,241	\$19,453	\$5,524	\$0	\$0	\$183,404
Boltong, Anna	Head National Cancer Control	\$75,736	\$0	\$9,105	\$11,853	\$3,750	\$0	\$0	\$100,444
Total		\$1,600,209	\$0	\$199,765	\$252,015	\$66,964	\$0	\$0	\$2,118,952

Table D.11: Information about remuneration for senior executives

Total remuneration bands	Number of senior executives	Short term benefits			Post employment benefits	Other long term benefits		Termination benefits	Total remuneration
		Average base salary	Average bonuses	Average other benefits and allowances	Average superannuation contributions	Average long service leave	Average other long term benefits	Average termination benefits	Average total remuneration
\$0 - \$220,000	0	0	0	0	0	0	0	0	0
\$220,001 - \$245,000	0	0	0	0	0	0	0	0	0
\$245,001 - \$270,000	0	0	0	0	0	0	0	0	0
\$270,001 - \$295,000	0	0	0	0	0	0	0	0	0
\$295,001 - \$320,000	0	0	0	0	0	0	0	0	0
\$320,001 - \$345,000	0	0	0	0	0	0	0	0	0
\$345,001 - \$370,000	0	0	0	0	0	0	0	0	0
\$370,001 - \$395,000	0	0	0	0	0	0	0	0	0
\$395,001 - \$420,000	0	0	0	0	0	0	0	0	0
\$420,001 - \$445,000	0	0	0	0	0	0	0	0	0
\$445,001 - \$470,000	0	0	0	0	0	0	0	0	0
\$470,001 - \$495,000	0	0	0	0	0	0	0	0	0
\$495,001 - \$520,000	0	0	0	0	0	0	0	0	0
\$520,001 - \$545,000	0	0	0	0	0	0	0	0	0
\$545,001 - \$570,000	0	0	0	0	0	0	0	0	0
\$570,001 - \$595,000	0	0	0	0	0	0	0	0	0
\$595,001 - \$620,000	0	0	0	0	0	0	0	0	0

Correction of errors in previous annual report

In the Cancer Australia Annual Report 2022–23, the figures reported in Table C.11: Information about Remuneration for Senior Executives and Table C.12: Information about Remuneration for Other Highly Paid Staff were incorrectly interpreted in previous years to include key management personnel, who should have been excluded.

Appendix E: Cancer Australia Advisory Groups

Cancer Australia's Advisory Group structure supports the agency's leadership role in national cancer control and the fulfilment of the agency's purpose.

Advisory Group members represent a broad range of expertise, experiences and sectors. Cancer Australia's Advisory Groups all have consumer representation.

Cancer Australia values the advice and support provided to the organisation by its advisory groups:

Australian Brain Cancer Mission Strategic Advisory Group

The Australian Brain Cancer Mission Strategic Advisory Group provided strategic advice and guidance to Cancer Australia on achieving the Mission's goal from January 2018 to April 2024. This included: providing guidance on the alignment of key initiatives with the Mission's objectives; providing advice on emerging issues nationally and internationally to inform the work of the Mission; identifying and advising on collaborative opportunities and approaches to achieve the Mission's goal; identifying and advising on leveraging opportunities and investments while ensuring there is no duplication of initiatives, infrastructure or platforms; and considering outcomes arising from a review of the Mission including the future governance arrangements for the Mission.

The group was chaired by Professor Sanchia Aranda AM.

Intercollegiate Advisory Group

The Intercollegiate Advisory Group provides expert advice to Cancer Australia across the spectrum of cancer control to: inform national approaches to reducing variations in cancer outcomes; promote the use of best available evidence to achieve effective cancer care; identify collaborative approaches across the system to address cancer control challenges across the cancer care continuum from prevention to treatment; and provide advice on emerging issues nationally and internationally to inform Cancer Australia's work.

The group was chaired by Professor Sandra O'Toole.

Leadership Group on Aboriginal and Torres Strait Islander Cancer Control

The Leadership Group on Aboriginal and Torres Strait Islander Cancer Control (Leadership Group) provides strategic advice and guidance to assist Cancer Australia and the Australian Government in Aboriginal and Torres Strait Islander cancer control. The Leadership Group: champions cross-sector collaboration in addressing and monitoring the progress of priorities in the Australian Cancer Plan and the National Aboriginal and Torres Strait Islander Cancer Framework; identifies and leverages opportunities to improve cancer outcomes at system, service and community levels; identifies emerging issues of national importance in Aboriginal and Torres Strait Islander cancer control and options to address these across multiple sectors; and provides input and advice in areas of specialised expertise, as required.

The group was chaired by Associate Professor Lisa Whop.

Research and Data Advisory Group

The Research and Data Advisory Group provides expert advice to Cancer Australia on the strategic and priority areas of focus in cancer research and data including: work in research, clinical trials and data; strategies to strengthen and build on current programs of work in research, clinical trials and data; current and emerging issues in national and international cancer research, clinical trials and data; and research priorities, priorities for work in data, and key national and international partnerships and collaborations which support Cancer Australia's leadership role in cancer research, clinical trials and data.

The group was chaired by Professor Jane Hall.

National Framework for Genomics in Cancer Control Expert Advisory Group

The National Framework for Genomics in Cancer Control Expert Advisory Group provides high-level strategic and expert advice to Cancer Australia to guide the design and development of the National Framework for Genomics in Cancer Control. The Group identifies and advises on priority areas and emerging issues of relevance in cancer genomics across the cancer care continuum. They support engagement with the wider sector to ensure that outputs meet the needs of people affected by cancer and provide input and advice in areas of specialised expertise, as required.

The group was chaired by Professor Chris Karapetis

National Framework for Genomics in Cancer Control Indigenous Governance Group

The National Framework for Genomics in Cancer Control Indigenous Governance Group provides expert advice on the approach to Aboriginal and Torres Strait Islander engagement for the Genomics Framework.

The group was chaired by Professor Dorothy Keefe PSM MD.

National Cancer Expert Group

The National Cancer Expert Group provides advice, guidance and expertise on cancer control matters of national interest to Cancer Australia. The Group provides strategic input on emerging jurisdictional trends and issues of national significance to cancer control in Australia and advice on priorities for cancer control in Australia from a national perspective. The Group supports implementation of the Australian Cancer Plan and on request, assists the Cancer and Population Screening Committee through Cancer Australia's CEO.

The group was chaired by Professor Dorothy Keefe PSM MD.

National Data Steering Committee

The National Cancer Data Framework Steering Committee provides advice and guidance to Cancer Australia on the development of a national cancer data framework and minimum dataset to improve accessibility, consistency and comprehensiveness of integrated data assets. The Steering Committee provides expert strategic advice and guidance related to current gaps in Australia's cancer data ecosystem, Framework governance and risk management, issues which may impact Framework development and implementation, implementation priorities and opportunities, and ways to monitor and report progress.

The group was chaired by Claire Howlett.

Australian Comprehensive Cancer Network Committee

The ACCN Committee, facilitated by Cancer Australia, provides advice to drive the development and expansion of the ACCN. The Committee advises on all policy and operational matters regarding the ACCN, to support the establishment of a fully integrated national network that connects cancer services across Australia to enable collaboration, sharing of expertise, and equitable access to comprehensive cancer care to all people affected by cancer in Australia.

The Committee was chaired by Professor Dorothy Keefe PSM MD.

Appendix F: List of Requirements

PGPA Rule Reference	Part of Report	Description	Requirement
17AD(g)	Letter of transmittal		
17AI	i	A copy of the letter of transmittal signed and dated by accountable authority on date final text approved, with statement that the report has been prepared in accordance with section 46 of the Act and any enabling legislation that specifies additional requirements in relation to the annual report.	Mandatory
17AD(h)	Aids to access		
17AJ(a)	ii	Table of contents (print only).	Mandatory
17AJ(b)	Page 142	Alphabetical index (print only).	Mandatory
17AJ(c)	Page 138–141	Glossary of abbreviations and acronyms.	Mandatory
17AJ(d)	Page 130	List of requirements.	Mandatory
17AJ(e)	Inside front cover	Details of contact officer.	Mandatory
17AJ(f)	Inside front cover	Entity's website address.	Mandatory
17AJ(g)	Inside front cover	Electronic address of report.	
17AD(a)	Review by accountable authority		
17AD(a)	Page 3	A review by the accountable authority of the entity.	Mandatory
17AD(b)	Overview of the entity		
17AE(1)(a)(i)	Page 19	A description of the role and functions of the entity.	Mandatory
17AE(1)(a)(ii)	Page 19–20	A description of the organisational structure of the entity.	Mandatory
17AE(1)(a)(iii)	Page 20	A description of the outcomes and programmes administered by the entity.	Mandatory
17AE(1)(a)(iv)	Page 18	A description of the purposes of the entity as included in corporate plan.	Mandatory
17AE(1)(aa)(i)	Page 122	Name of the accountable authority or each member of the accountable authority	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
17AE(1)(aa)(ii)	Page 122	Position title of the accountable authority or each member of the accountable authority.	Mandatory
17AE(1)(aa)(iii)	Page 122	Period as the accountable authority or member of the accountable authority within the reporting period.	Mandatory
17AE(1)(b)	N/A	An outline of the structure of the portfolio of the entity.	Portfolio departments mandatory
17AE(2)	N/A	Where the outcomes and programs administered by the entity differ from any Portfolio Budget Statement, Portfolio Additional Estimates Statement or other portfolio estimates statement that was prepared for the entity for the period, include details of variation and reasons for change.	If applicable, Mandatory
17AD(c)	Report on the Performance of the entity		
	Annual performance Statements		
17AD(c)(i); 16F	Page 25–38	Annual performance statement in accordance with paragraph 39(1)(b) of the Act and section 16F of the Rule.	Mandatory
17AD(c)(ii)	Report on Financial Performance		
17AF(1)(a)	Page 46	A discussion and analysis of the entity's financial performance.	Mandatory
17AF(1)(b)	Page 65–66	A table summarising the total resources and total payments of the entity.	Mandatory
17AF(2)	N/A	If there may be significant changes in the financial results during or after the previous or current reporting period, information on those changes, including: the cause of any operating loss of the entity; how the entity has responded to the loss and the actions that have been taken in relation to the loss; and any matter or circumstances that it can reasonably be anticipated will have a significant impact on the entity's future operation or financial results.	If applicable, Mandatory.
17AD(d)	Management and Accountability		
	Corporate Governance		
17AG(2)(a)	Page 43	Information on compliance with section 10 (fraud systems).	Mandatory
17AG(2)(b)(i)	Page i	A certification by accountable authority that fraud risk assessments and fraud control plans have been prepared.	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
17AG(2)(b)(ii)	Page i	A certification by accountable authority that appropriate mechanisms for preventing, detecting incidents of, investigating or otherwise dealing with, and recording or reporting fraud that meet the specific needs of the entity are in place.	Mandatory
17AG(2)(b)(iii)	Page i	A certification by accountable authority that all reasonable measures have been taken to deal appropriately with fraud relating to the entity.	Mandatory
117AG(2)(c)	Page 42	An outline of structures and processes in place for the entity to implement principles and objectives of corporate governance.	Mandatory
17AG(2)(d) – (e)	N/A	A statement of significant issues reported to Minister under paragraph 19(1)(e) of the Act that relates to non-compliance with Finance law and action taken to remedy noncompliance.	If applicable, Mandatory.
Audit Committee			
17AG(2A)(a)	Page 44	A direct electronic address of the charter determining the functions of the entity's audit committee.	Mandatory
17AG(2A)(b)	Page 45	The name of each member of the entity's audit committee.	Mandatory
17AG(2A)(c)	Page 45	The qualifications, knowledge, skills or experience of each member of the entity's audit committee.	Mandatory
17AG(2A)(d)	Page 45	Information about the attendance of each member of the entity's audit committee at committee meetings.	Mandatory
17AG(2A)(e)	Page 45	The remuneration of each member of the entity's audit committee.	Mandatory
External Scrutiny			
17AG(3)	Page 120	Information on the most significant developments in external scrutiny and the entity's response to the scrutiny.	Mandatory
17AG(3)(a)	N/A	Information on judicial decisions and decisions of administrative tribunals and by the Australian Information Commissioner that may have a significant effect on the operations of the entity.	If applicable, Mandatory
17AG(3)(b)	Page 120	Information on any reports on operations of the entity by the Auditor-General (other than report under section 43 of the Act), a Parliamentary Committee, or the Commonwealth Ombudsman.	If applicable, Mandatory
17AG(3)(c)	Page 120	Information on any capability reviews on the entity that were released during the period.	If applicable, Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
Management of Human Resources			
17AG(4)(a)	Page 46	An assessment of the entity's effectiveness in managing and developing employees to achieve entity objectives.	Mandatory
17AG(4)(aa)	Page 47–52	Statistics on the entity's employees on an ongoing and non-ongoing basis, including the following: <ul style="list-style-type: none"> a. statistics on full-time employees; b. statistics on part-time employees; c. statistics on gender; d. statistics on staff location. 	Mandatory
17AG(4)(b)	Page 47–53	Statistics on the entity's APS employees on an ongoing and non-ongoing basis; including the following: <ul style="list-style-type: none"> — Statistics on staffing classification level; — Statistics on full-time employees; — Statistics on part-time employees; — Statistics on gender; — Statistics on staff location; — Statistics on employees who identify as Indigenous. 	Mandatory
17AG(4)(c)	Page 61	Information on any enterprise agreements, individual flexibility arrangements, Australian workplace agreements, common law contracts and determinations under subsection 24(1) of the <i>Public Service Act 1999</i> .	Mandatory
17AG(4)(c)(i)	Page 61	Information on the number of SES and non-SES employees covered by agreements etc. identified in paragraph 17AG(4)(c).	Mandatory
17AG(4)(c)(ii)	Page 53	The salary ranges available for APS employees by classification level.	Mandatory
17AG(4)(c)(iii)	Page 61	A description of non-salary benefits provided to employees.	Mandatory
17AG(4)(d)(i)	Page 53	Information on the number of employees at each classification level who received performance pay.	If applicable, Mandatory
17AG(4)(d)(ii)	Page 53	Information on aggregate amounts of performance pay at each classification level.	If applicable, Mandatory
17AG(4)(d)(iii)	Page 53	Information on the average amount of performance payment, and range of such payments, at each classification level.	If applicable, Mandatory
17AG(4)(d)(iv)	Page 53	Information on aggregate amount of performance payments.	If applicable, Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
Assets Management			
17AG(5)	N/A	An assessment of effectiveness of assets management where asset management is a significant part of the entity's activities.	If applicable, mandatory
Purchasing			
17AG(6)	Page 121	An assessment of entity performance against the <i>Commonwealth Procurement Rules</i> .	Mandatory
Reportable consultancy contracts			
17AG(7)(a)	Page 115	A summary statement detailing the number of new reportable consultancy contracts entered into during the period; the total actual expenditure on all such contracts (inclusive of GST); the number of ongoing reportable consultancy contracts that were entered into during a previous reporting period; and the total actual expenditure in the reporting period on those ongoing contracts (inclusive of GST).	Mandatory
17AG(7)(b)	Page 115	A statement that <i>"During [reporting period], [specified number] new reportable consultancy contracts were entered into involving total actual expenditure of \$[specified million]. In addition, [specified number] ongoing reportable consultancy contracts were active during the period, involving total actual expenditure of \$[specified million]"</i> .	Mandatory
17AG(7)(c)	Page 115–116	A summary of the policies and procedures for selecting and engaging consultants and the main categories of purposes for which consultants were selected and engaged.	Mandatory
17AG(7)(d)	Page 115	A statement that <i>"Annual reports contain information about actual expenditure on reportable consultancy contracts. Information on the value of reportable consultancy contracts is available on the AusTender website."</i>	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
Reportable non-consultancy contracts			
17AG(7A)(a)	Page 115	A summary statement detailing the number of new reportable non-consultancy contracts entered into during the period; the total actual expenditure on such contracts (inclusive of GST); the number of ongoing reportable non-consultancy contracts that were entered into during a previous reporting period; and the total actual expenditure in the reporting period on those ongoing contracts (inclusive of GST).	Mandatory
17AG(7A)(b)	Page 115	A statement that <i>“Annual reports contain information about actual expenditure on reportable non-consultancy contracts. Information on the value of reportable non-consultancy contracts is available on the AusTender website.”</i>	Mandatory
17AD(daa)	Additional information about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts		
17AGA	Page 116–117	Additional information, in accordance with section 17AGA, about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts.	Mandatory
Australian National Audit Office Access Clauses			
17AG(8)	N/A	If an entity entered into a contract with a value of more than \$100 000 (inclusive of GST) and the contract did not provide the Auditor General with access to the contractor’s premises, the report must include the name of the contractor, purpose and value of the contract, and the reason why a clause allowing access was not included in the contract.	If applicable, Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
Exempt contracts			
17AG(9)	Page 120	If an entity entered into a contract or there is a standing offer with a value greater than \$10 000 (inclusive of GST) which has been exempted from being published in AusTender because it would disclose exempt matters under the FOI Act, the annual report must include a statement that the contract or standing offer has been exempted, and the value of the contract or standing offer, to the extent that doing so does not disclose the exempt matters.	If applicable, Mandatory
Small business			
17AG(10)(a)	Page 121	A statement that “[Name of entity] supports small business participation in the Commonwealth Government procurement market. Small and Medium Enterprises (SME) and Small Enterprise participation statistics are available on the Department of Finance’s website.”	Mandatory
17AG(10)(b)	Page 121	An outline of the ways in which the procurement practices of the entity support small and medium enterprises.	Mandatory
17AG(10)(c)	N/A	If the entity is considered by the Department administered by the Finance Minister as material in nature—a statement that “[Name of entity] recognises the importance of ensuring that small businesses are paid on time. The results of the Survey of Australian Government Payments to Small Business are available on the Treasury’s website.”	If applicable, Mandatory
Financial Statements			
17AD(e)	Page 67–108	Inclusion of the annual financial statements in accordance with subsection 43(4) of the Act.	Mandatory
Executive Remuneration			
17AD(da)	Page 44, 122–125	Information about executive remuneration in accordance with Subdivision C of Division 3A of Part 23 of the Rule.	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
17AD(f)	Other Mandatory Information		
17AH(1)(a)(i)	Page 113–114	If the entity conducted advertising campaigns, a statement that <i>“During [reporting period], the [name of entity] conducted the following advertising campaigns: [name of advertising campaigns undertaken]. Further information on those advertising campaigns is available at [address of entity’s website] and in the reports on Australian Government advertising prepared by the Department of Finance. Those reports are available on the Department of Finance’s website.”</i>	If applicable, Mandatory
17AH(1)(a)(ii)	N/A	If the entity did not conduct advertising campaigns, a statement to that effect.	If applicable, Mandatory
17AH(1)(b)	Page 120	A statement that <i>“Information on grants awarded by [name of entity] during [reporting period] is available at [address of entity’s website].”</i>	If applicable, Mandatory
17AH(1)(c)	Page 117	Outline of mechanisms of disability reporting, including reference to website for further information.	Mandatory
17AH(1)(d)	Page 120	Website reference to where the entity’s Information Publication Scheme statement pursuant to Part II of FOI Act can be found.	Mandatory
17AH(1)(e)	Page 126	Correction of material errors in previous annual report.	If applicable, mandatory
17AH(2)	Page 11, Advisory Council Chair’s review as per section 37 of the Cancer Australia Act	Information required by other legislation.	Mandatory

Glossary

Term	Description
cancer care continuum	A person's cancer experience and interactions with the health system, from prevention and early detection, initial presentation, diagnosis, treatment, survivorship, and/or end-of-life care.
cancer control	<p>Cancer control aims to reduce the incidence, morbidity, and mortality of cancer and to improve the quality of life of cancer patients in a defined population, through the systematic implementation of evidence-based interventions for prevention, early detection, diagnosis, treatment, and palliative care.</p> <p>Comprehensive cancer control addresses the whole population, while seeking to respond to the needs of the different subgroups at risk.</p>
care pathway	The management and sequence of care for a well-defined group of patients during a well-defined period of time, to provide efficient and effective care for patients with similar conditions.
carer	A person who helps someone through an illness or disability such as cancer.
clinical guidelines	Clinical guidelines are a graded set of recommendations to help clinical decision-making or service planning based on best available research. Ideally all clinical guidelines are developed according to international quality criteria. Some clinical guidelines may be based on systematic review of relevant research.
clinical trial	Research conducted with the patient's permission, which usually involves a comparison of 2 or more treatments or diagnostic methods. The aim is to gain better understanding of the underlying disease process and/or methods to treat it. A clinical trial is conducted with rigorous scientific method for determining the effectiveness of a proposed treatment.
co-design	<p>Co-design brings professionals and end-users together to design new services, resources, and policies. Applied to policy, this means enabling or empowering people affected by a policy issue to contribute to its solution.</p> <p>Co-design with Aboriginal and Torres Strait Islander people is fundamental to achieving change across the health system and to achieve better outcomes. Key Principles and Best Practices for co-design in health with First Nations Australians include First Nations leadership, Culturally grounded approach, Respect, Benefit to community, Inclusive partnerships and Transparency and evaluation.</p>
consumer	Consumer is used to refer to a person affected by cancer as a patient, survivor, carer, or family member; or a consumer organisation representing the views of consumers. See also people affected by cancer.
dataset	A complete collection of all observations of particular characteristics about a set of individuals.
diagnosis	The identification and naming of a person's disease.
epidemiology	The study of the patterns and causes of health and disease in populations, and the application of this research to improve health.
genomics	Genomics is the study of genes and other genetic information, their functions, how they interact with each other and with the environment, and how certain diseases, such as cancer, form. This may lead to new ways to prevent, diagnose, and treat cancer.

Term	Description
governance	The set of responsibilities and practices, policies and procedures, applied by the project or program steering committee. These provide strategic direction, ensure objectives are achieved, manage risks, and use resources responsibly and with accountability.
health outcome	A health-related change due to a preventive or clinical intervention or service. The intervention may be single or multiple, and the outcome may relate to a person, group or population, or be partly or wholly due to the intervention.
industry-independent cancer clinical trials	Clinical trials not funded by industry e.g. pharmaceutical companies. Industry-independent clinical trials may be funded by government, non-government agencies, the not-for-profit sector, or philanthropic organisations.
leukaemia	Cancer that starts in blood-forming tissue such as the bone marrow and produces large numbers of abnormal blood cells. It can be acute or chronic.
mortality	The death rate, or the number of deaths in a certain group of people in a certain period of time.
Multi-site Collaborative National Cancer Clinical Trials Groups	Networks of institutions and researchers who conduct studies jointly, using identical protocols and pooling their data.
oncology	A branch of medicine that is focused on the prevention, diagnosis, and treatment of cancer.
palliative care	Care that improves the quality of life of patients and their families facing problems associated with a life-threatening illness. Prevention and relief of suffering is provided through early identification and treatment of pain and other problems such as physical, psychosocial and spiritual.
patient-centred	Considers patients' cultural traditions, their personal preferences and values, their family situations, and their lifestyles. Patient-centred approach makes patients and their families an integral part of the care team who collaborate with health care professionals in making clinical decisions.
prevention	Action to reduce or eliminate the onset, causes, complications or recurrence of disease or ill health, including through health promotion activities. Prevention is the ability to modify certain cancer-causing risk factors to reduce the likelihood of developing cancer.
primary care	<p>Primary care is a sub-component of the broader primary health care system. Primary health care is usually the first contact an individual with a health concern has with the health system. Primary health care covers health care that is not related to a hospital visit, including health promotion, prevention, early intervention, treatment of acute conditions, and chronic condition management.</p> <p>Primary health care services are delivered in settings such as general practices, community health centres, allied health practices, Aboriginal Community Controlled Health Services and via technologies such as telehealth and video consultations. Primary health care professionals include general practitioners, nurses, nurse practitioners, allied health professionals, midwives, pharmacists, dentists, and Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners.</p>
protocol	Detailed written instructions about how to complete a specific task. Describes how, when, where and who should be involved in the task. Protocols may refer to a clinical care process or the working relationship between agencies.
proton beam therapy	A therapy where a beam of protons is used to irradiate cancerous tissue. It is a precise type of radiotherapy that results in less damage to healthy tissue.

Term	Description
psychosocial	Concerned with mental, emotional, social, and spiritual well-being, or issues relating to these states. Psychosocial treatment is intended to address psychological, social and some spiritual needs.
quality of life	An individual's overall appraisal of their situation and subjective sense of wellbeing. Quality of life encompasses symptoms of disease and side effects of treatment, functional capacity, social interactions and relationships, and occupational functioning. Key psychological aspects include subjective distress, satisfaction with treatment, existential issues, and the impact of illness and treatment on sexuality and body image.
radiation oncology	The use of radiation, usually x-rays or gamma rays, to kill tumour cells or injure them so they cannot grow or multiply.
risk factor	A substance or condition that increases an individual's chances of getting a particular type of cancer.
sarcoma	A malignant tumour that starts in connective tissue.
screening	An organised program (using tests, examinations or other procedures) to identify diseases such as cancer, or changes which may later develop into disease such as cancer, before symptoms appear.
squamous cell carcinoma of the skin	A type of skin cancer that affects the topmost layer of skin cells. It can develop in response to lifetime UV exposure, and may spread to other parts of the body.
stage	The extent of a cancer and whether the disease has spread from an original site to other parts of the body.
supportive care	Supportive care in cancer is the prevention and management of the adverse effects of cancer and its treatment. This includes management of physical and psychological symptoms and side effects across the continuum of the cancer journey from diagnosis through treatment to post-treatment care. Supportive care includes rehabilitation, secondary cancer prevention, survivorship and end-of-life care.
telehealth	The use of technology, such as video calls, to provide health care where the patient and clinician are not in the same location.
translation science	The process of turning observations in the laboratory, clinic, and community into interventions that improve the health of individuals and populations.

Abbreviations

Term	Description
ABN	Australian Business Number
ACCN	Australian Comprehensive Cancer Network
AIHW	Australian Institute of Health and Welfare
APS	Australian Public Service
CEO	Chief Executive Officer
CACA	China Anti-Cancer Association
CTGs	Clinical Trials Groups
EAP	Expert Advisory Panel
FOI	Freedom of Information
FOI Act	Freedom of Information Act 1982
GST	Goods and Services Tax
IPS	Information Publication Scheme
MBS	Medicare Benefits Schedule
MRFF	Medical Research Future Fund
MSAC	Medical Services Advisory Committee
NACCHO	National Aboriginal Community Controlled Health Organisation
NCCI	National Cancer Control Indicators
NHMRC	National Health and Medical Research Council
NTS	National Technical Services
OAM	Medal of the Order of Australia
OCP	Optimal Care Pathway
PCSCC	Partnerships for culturally safe cancer care
PBS	Portfolio Budget Statements
PBT	Proton Beam Therapy
PdCCRS	Priority-driven Collaborative Cancer Research Scheme
PGPA Act	Public Governance, Performance and Accountability Act 2013
SCCT	Support for Cancer Clinical Trials
SES	Senior Executive Service
SME	Small and Medium Enterprises
SPWC	Supporting People with Cancer
WHO	World Health Organization
WHS	Work Health and Safety

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