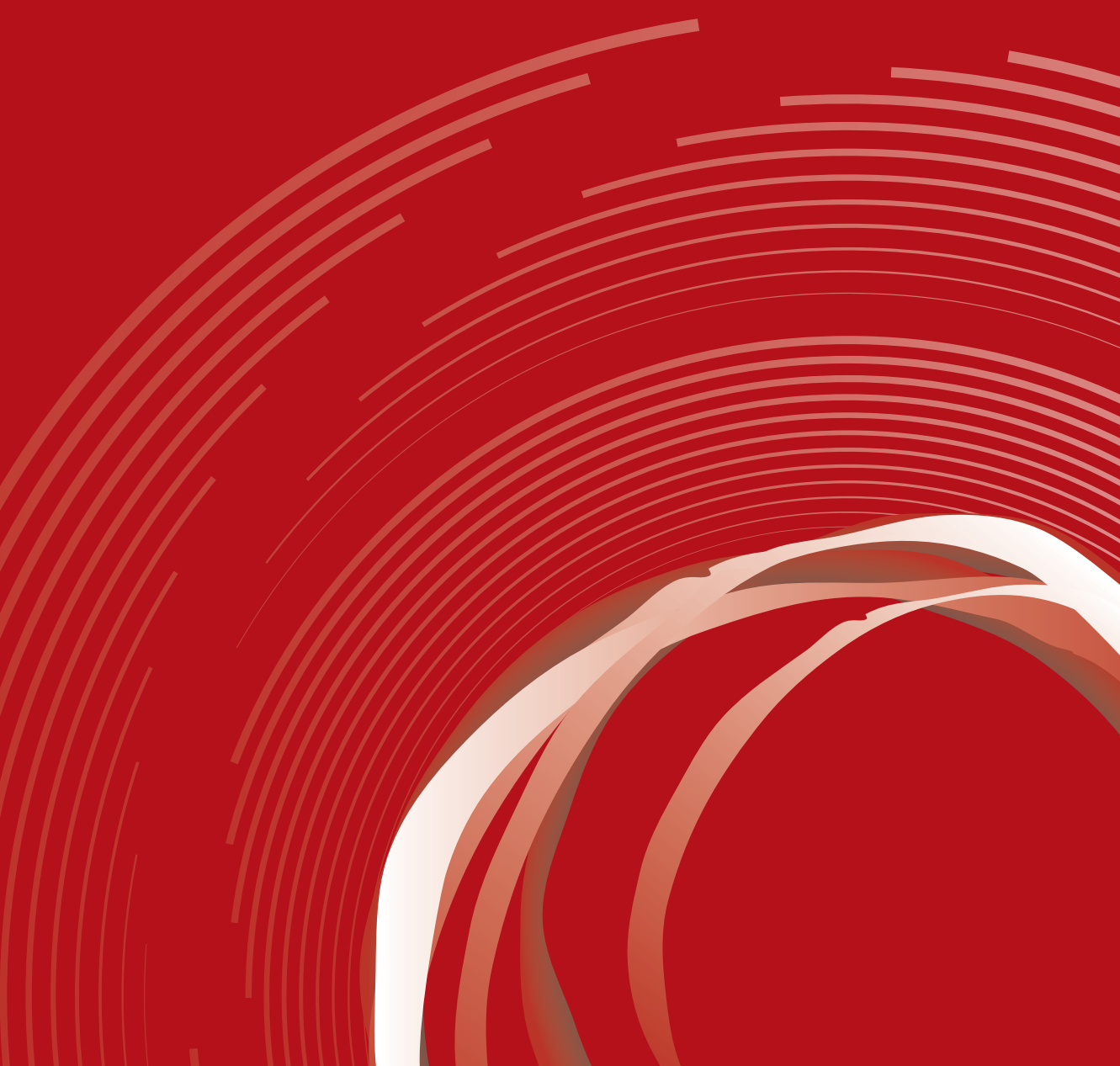




Australian Government
Cancer Australia

Annual Report | 2009–2010

09–10

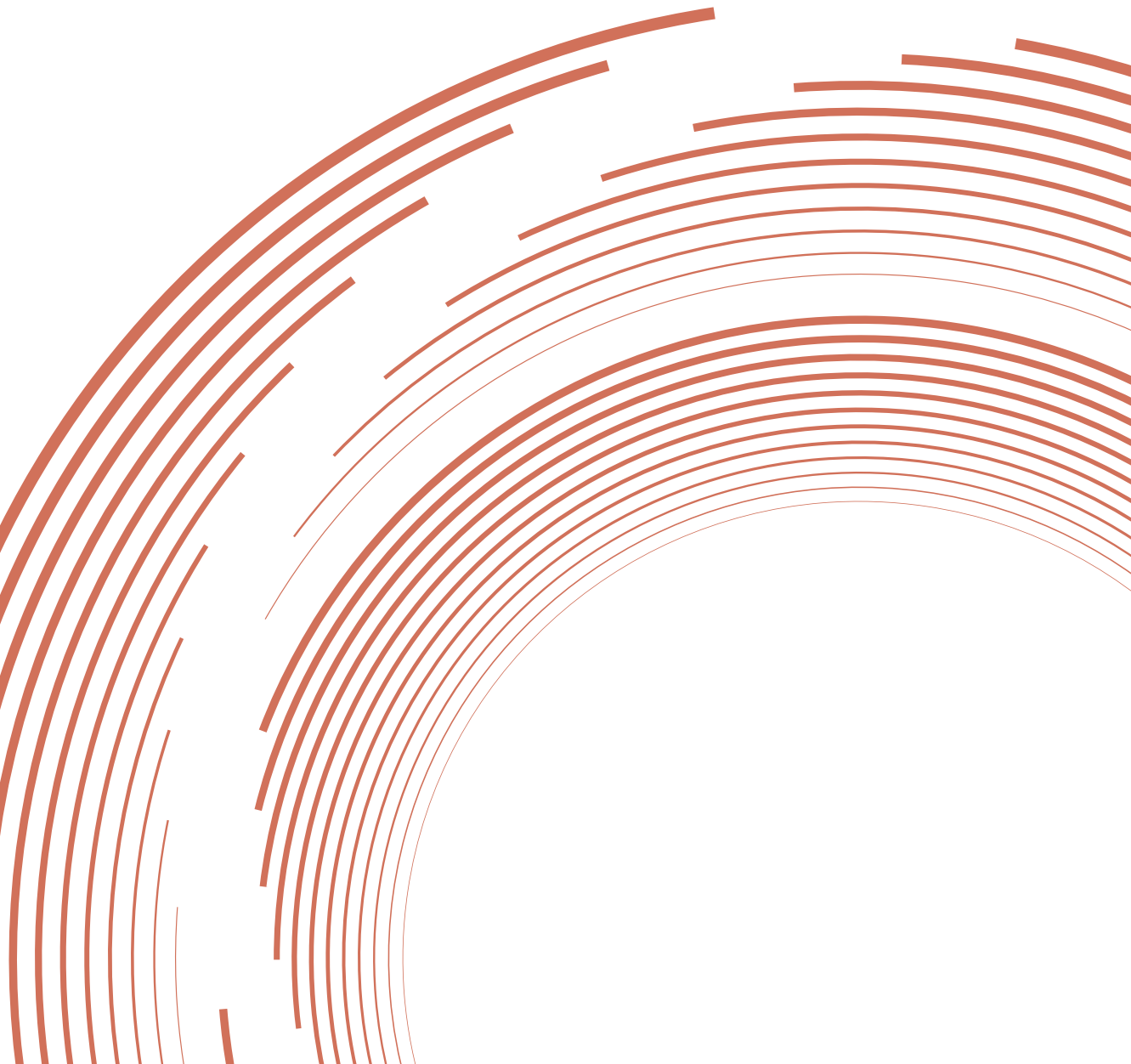




Australian Government
Cancer Australia

Annual Report | 2009–2010

09–10



ABOUT THIS REPORT

Cancer Australia's annual report has been prepared in accordance with the Requirements for Annual Reports approved by the Joint Committee of Public Accounts and Audit on 23 June 2010.

The annual report is available in print from 39 libraries around Australia and online at www.canceraustralia.gov.au

Contact us

If you have any queries about this report or suggestions as to how it could be improved, please contact:

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LETTER OF TRANSMITTAL



Australian Government

Cancer Australia

PO Box 1201
Dickson, ACT, 2602

Dear Minister,

I am pleased to present the annual report of Cancer Australia for the year ended 30 June 2010.

This report has been prepared in accordance with the *Financial Management and Accountability Act 1997*, which requires that you table the report in Parliament. It reflects the *Requirements for Annual Reports* approved by the Joint Committee of Public Accounts and Audit under subsections 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*.

The report includes Cancer Australia's audited financial statements as required by Section 57 of the *Financial Management and Accountability Act 1997*.

In addition, and as required by the Commonwealth Fraud Control Guidelines, I certify that I am satisfied that Cancer Australia has in place appropriate fraud control mechanisms that meet Cancer Australia's needs and that comply with the guidelines applying in 2009–10.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Helen Zorbas', written in a cursive style.

Dr Helen Zorbas
Chief Executive Officer
Cancer Australia

22 October 2010

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1 Overview

Highlights and achievements

Targeted research

Priority-driven Collaborative Cancer Research Scheme

- » managed funding round of 43 new research grants, with a total value of \$12.8 million, through Cancer Australia funding and partnering with government and non-government organisations
- » funded or co-funded 32 (74 per cent) of the successful research projects, with more than 80 per cent of grants awarded supporting patient centred research

Support for Cancer Clinical Trials Program

- » continued to build the capacity of Australia's 13 Multi-site Collaborative National Cancer Clinical Trials Groups
- » managed and set directions for national infrastructure services supporting the National Trials Groups
- » designed and funded new Regional Multi-site Clinical Trials Capacity Building Network sites - These sites, at Port Macquarie, Coffs Harbour, Bendigo, Albury-Wodonga and Hobart, increased the number of cancer clinical trials available to people in these regions
- » ensured that all 13 National Trials Groups complied with Cancer Australia's *Supporting Cancer Clinical Trials in Australia Principles Document*

Education and service development

National Centre for Gynaecological Cancers

- » developed the first National Gynaecological Cancers Service Delivery and Resource Framework (National Framework)
- » implemented five state and territory projects involving cross-jurisdictional collaboration and aligned with the National Framework
- » initiated and funded the first Jeannie Ferris, National Centre for Gynaecological Cancers Consumer Churchill Fellowship
- » co-sponsored two gynaecological cancer research projects as part of the Priority-driven Collaborative Cancer Research Scheme
- » progressed pilot testing, in public and private sectors, of the Cancer (Clinical) Data Set Specification for Gynaecological Cancers involving both retrospective and prospective data

- » provided funding for four consumer networks support projects for people affected by gynaecological cancers
- » developed and produced expert consensus clinical guidance on investigations relating to early diagnosis of endometrial cancer

Lung Cancer Program

- » developed a workplan for the lung cancer program with the National Lung Cancer Advisory Group
- » included lung cancer as a priority area in the Priority-driven Collaborative Cancer Research Scheme
- » commenced an extensive national and international literature review and Delphi survey to identify gaps in the management of lung cancer
- » increased availability and accessibility of evidence based lung cancer information for health professionals, through the updating of clinical lung cancer guidelines for the prevention, diagnosis and management of lung cancer using a Wikipedia-based process

Better Coordination of Cancer Care Program

- » funded and supported the continuation of seven existing Cancer Service Networks National Demonstration (CanNET) programs in six states and the Northern Territory, and established an eighth CanNET network in the Australian Capital Territory
- » undertook an initial scoping study into primary care involvement in cancer care
- » identified and progressed opportunities to improve Aboriginal and Torres Strait Islander cancer control
- » initiated a research project to identify the interaction of diverse factors that contribute to the success of multidisciplinary teams for patients, providers and the health care system
- » provided additional and targeted cancer control educational resources for the Cancer Learning online professional development website
- » guided the development of new online resources for primary health care in prostate, lung and gynaecology tumour groups, using the eviQ® platform developed by the Cancer Institute NSW
- » supported the development of a *Data Manager Pathway* and *Clinician: Manager Connect Module* on Cancer Learning

Cancer data to improve cancer survival

- » commenced two projects to develop and test methodologies for collecting data on cancer stage, recurrence and treatment
- » continued the review of the Cancer (Clinical) Data Set Specification
- » initiated the development of specialist data set specifications for lung cancer, prostate and testicular cancer, and adolescent and young adults with cancers
- » supported project work, undertaken by the Royal College of Pathologists of Australasia and Cancer Institute NSW, to develop protocols for structured pathology reporting in six tumour streams

Consumer engagement and support

- » continued to engage more than 50 consumers to participate across Cancer Australia's advisory groups and specialist project reference and working groups
- » developed partnerships with 14 organisations and funded 22 new projects through the Building Cancer Support Networks Initiative
- » provided orientation and training for 28 new consumers to participate in Cancer Australia's Consumer Network
- » published on the Cancer Australia website two editions each of *Cancer Australia Connections* and the *Gynae Cancer Centre Newsletter*
- » promoted and distributed more than 1800 copies of the national consumer participation and cancer support group resources
- » continued to work with the National Consumer Advisory Group and maintained at least two consumer representatives on all Cancer Australia advisory, reference and project working groups.

Chief Executive Officer's review

Dr Helen Zorbas



Cancer Australia is working to reduce the impact of cancer on all Australians.

Our role is to provide national leadership in cancer control¹ and improve coordination of, and collaboration between, all stakeholders, including people affected by cancer, health professionals, researchers, cancer organisations and governments.

In carrying out its role under the *Cancer Australia Act 2006*, Cancer Australia reports to the Minister for Health and Ageing, the Hon Nicola Roxon MP.

The highlights and achievements of 2009–10 are summarised in this annual report at pages 2–4. In Part 2 the Chair of the Advisory Council reports on the Council's work. Part 3 provides information about Cancer Australia's

functions and structure. Our performance report at Part 4 identifies the significant outcomes and performance of Cancer Australia during 2009–10. Part 5 provides information on Cancer Australia's management and accountability.

Throughout this annual report, we have identified our partners and how stakeholders, including consumers of cancer services, have been involved in our work.

My review summarises the significant issues and developments during the year, adding to the cumulative impact of Cancer Australia's work since 2006 in contributing to system reform, building sustainable change and taking action related to populations with poorer cancer outcomes.

In 2009–10, Cancer Australia's key strategic directions were identified as:

- » providing national leadership and coordination in the areas of cancer control assigned to Cancer Australia by the Australian Government
- » boosting cancer research in priority areas and building capacity for multi-site, collaborative national cancer clinical trials groups
- » supporting education for cancer professionals and coordinating service development with the states and territories
- » engaging and supporting people affected by cancer to actively influence outcomes in cancer control
- » supporting improved access to coordinated cancer services and using data to better inform planning of cancer control.²

1 Cancer control refers to all actions undertaken by all stakeholders that aim to reduce the burden of cancer on individuals and the community such as: research; prevention; early detection and screening; treatment; survivorship issues; palliation; education and support for people with cancer and their families; and monitoring cancer outcomes.

2 Agency Budget Statement 2009–10, at www.health.gov.au

The outcome expected through Cancer Australia's work in 2009–10 was:

Minimised impacts of cancer, including through national leadership in cancer control, with targeted research, cancer service development, education and consumer support.³

Cancer Australia's work links with other Australian Government priorities related to cancer, including:

- » improving frontline care to better promote and reward healthy lifestyles, and prevent and intervene early in chronic illness
- » promoting evidence based management of chronic disease, including cancer
- » supporting patients with chronic disease to manage their condition, including patients with cancer
- » developing integrated cancer care facilities in order to provide specialised cancer care.⁴

Through its work and these links Cancer Australia contributes to the Australian Government's broader health reforms.

Our stakeholders

Cancer Australia continued to work in collaboration with the organisations and individuals with whom we have a common interest. In doing so, Cancer Australia operates through building consensus, sharing knowledge, and increasing coordination, collaboration and partnerships amongst the organisations across Australia involved in lessening the impact of cancer.

This directly relates to our responsibility under the Cancer Australia Act to 'coordinate and liaise between the wide range of groups and providers with an interest in cancer'. The commitment to collaborative work has delivered practical outcomes, added to momentum for reform and provided a sound platform for furthering improvements in cancer control.

The key stakeholders we work with include: the federal Health and Ageing portfolio⁵; health professionals and their peak professional bodies, including those working in primary care; cancer organisations; researchers and organisations which fund research; state and territory government agencies; government-funded bodies working in health-related activities that can affect cancer care and treatment⁶; and people affected by cancer and consumer groups (consumers of cancer services).

3 Agency Budget Statement 2009–10, at www.health.gov.au

4 For a summary of the Australian Government's cancer policy directions, see <http://www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/cancer-policy-booklet>. The specific links between Cancer Australia's work and government directions in 2009–10 were outlined in the Minister's Statement of Expectations of Cancer Australia, August 2009, at www.canceraustralia.gov.au

5 This includes the Department of Health and Ageing (DoHA) and other agencies within the portfolio engaged in cancer-related activities, including the Australian Institute of Health and Welfare (AIHW), the National Health and Medical Research Council (NHMRC) and National Breast and Ovarian Cancer Centre (NBOCC).

6 Includes the Australian Commission on Safety and Quality in Health Care and Health Workforce Australia

People affected by cancer include those:

- » at risk of cancer
- » being treated for cancer
- » surviving cancer
- » living with cancer
- » whose lives will be shortened because of cancer
- » families, friends and carers who support all of these people every day around the country.

Cancer Australia's performance

During 2009–10 Cancer Australia focused on:

- » **targeted research:** through the Priority-driven Collaborative Cancer Research Scheme (PdCCRS); the Support for Cancer Clinical Trials Program; and the Boost Cancer Research measure
- » **education and service development:** covering the National Centre for Gynaecological Cancers; the Lung Cancer Program; Better Coordination of Cancer Care Program; and the Cancer Data to Improve Cancer Survival measure and Professional Development and Education measures
- » **consumer engagement and support:** includes the Building Cancer Support Networks Initiative and covers the effective engagement of people affected by cancer in Cancer Australia's work.

Contributing to system reform

In the 2008–09 annual report, Cancer Australia outlined the substantial progress made in furthering its system reform approach to cancer control in Australia. This continued to be a major component of the organisation's work in 2009–10.

Cancer Australia continued to work in collaboration with state and territory jurisdictions to develop improved cancer networks through the Cancer Service Networks National Demonstration (CanNET) program. A feature of CanNET is to challenge existing professional and organisational boundaries, to ensure patient centred and equitable provision of high-quality, clinically-effective services throughout their region, thus improving cancer outcomes.

In its 2009–10 Budget, the Australian Government provided new funding for systemic cancer data improvements designed to make better use of data to inform cancer-related planning and decision making. This work, involving collaboration on cancer data projects with the Australian Institute of Health and Welfare (AIHW), builds on the landmark document developed in Cancer Australia's 2008–09 publication *A National Cancer Data Strategy for Australia*.⁷

7 The report and two associated technical documents—a *Framework for Specialist Minimum Data Set Development for Specific Cancers in Clinical Cancer Registration* and *Data Sets for Cancer Control and Research in Australia*—are available at: www.canceraustralia.gov.au.

During 2009–10, Cancer Australia invested in frameworks and agreements designed as a point of continuing reference for improved service delivery and long-term reform, including:

- » undertaking developmental work on a *National Gynaecological Cancers Service Delivery and Resource Framework* to guide future service delivery requirements for the care and support of women affected by gynaecological cancers
- » taking action under a *Memorandum of Understanding between Cancer Australia and the National Aboriginal Community Controlled Health Organisation*, which provides the starting point for identifying opportunities and strategies to improve cancer outcomes for Aboriginal peoples and Torres Strait Islanders
- » initiating a framework designed to identify how consumers will be better integrated into Cancer Australia's programs.

Consumer input is vital to systematic improvements in cancer control. Cancer Australia continued to involve people affected by cancer across all its programs and activities so that they actively influence and shape advances in cancer control. Continued cancer consumer representation on Cancer Australia's Advisory Council, national advisory and project working groups remained a cardinal feature of our work in 2009–10. Part 4 of this report demonstrates how consumers are integral to the outcomes of our work.

Building sustainability

Cancer Australia continued to build the capacity of the cancer sector through a range of ongoing initiatives, especially through its collaborative work as described in Part 4. During 2009–10, Cancer Australia reached agreements with all jurisdictions to continue the CanNET programs through a co-funding arrangement. The CanNET programs have continued to build on existing achievements, and further expanded and embedded the principles of the programs within the ongoing cancer services.

Cancer Australia used its partnerships with consumers, clinicians, researchers and policy-makers to assist in the development and implementation of all cancer control initiatives within Cancer Australia.

Input from consumers, clinicians (including specialist cancer and primary care providers), national advisory groups, specialist cancer organisations and jurisdictional policy-makers guide the implementation of nationally targeted strategies to improve access to best evidence based treatment for people affected by cancers. Drawing on input during 2009–10, Cancer Australia completed guidelines for women with endometrial cancer, funded a survey of national referral patterns of General Practitioners (GPs) and gynaecologists and initiated action on development of lung cancer clinical guidance material to support lung cancer health professionals.

To make long-term investments in sustained changes in clinical practice and optimal use of the cancer workforce, Cancer Australia has funded initiatives designed to support the needs of the cancer workforce, address workforce roles and support professional development.

Action focused on building the capacity of the cancer workforce included: adding to Cancer Learning professional resources⁸, funding for projects to support the sustainability of the gynaecological cancers workforce in providing quality cancer care; incorporating in the PdCCRS a radiation oncology strand relating to optimal use of the workforce, including role definitions and clinical practice guidelines; and continuing workforce-related initiatives under CanNET, including support for primary care.

Improving outcomes for populations with poorer cancer outcomes

As part of its remit to improve outcomes in cancer control, Cancer Australia has consistently structured its programs to benefit people who currently experience poorer cancer outcomes.

The PdCCRS continued to deliberately target identified priority areas of research in the 2010 round. These priorities were published on Cancer Australia's website. The 2010 round also included:

- » a specific assessment criterion relating to how the research will potentially improve outcomes in cancer control, including impact on populations with poorer outcomes within the community
- » strong encouragement for applications to undertake research addressing cancers of the colon and rectum, lung, pancreas, stomach, cancer of unknown primary origin, and lymphoma, given their burden of disease and mortality across the community.

During 2009–10, a number of initiatives have been instigated and funded to improve outcomes for:

- » *Women affected by gynaecological cancers and their families and caregivers:* In 2009–10 the National Centre for Gynaecological Cancers continued to focus on improving information and support for women with gynaecological cancers, supporting the gynaecological cancers workforce and building the evidence base for gynaecological cancers.
- » *People with lung cancer:* A new program focused on lung cancer started in 2009–10 with the key components of building an accessible evidence base through research, clinical guidance material and improved cancer data, and supporting health professionals to deliver consistent best practice care through targeted programs.
- » *People living in rural and regional Australia:*
 - Cancer Australia moved to expand its Regional Multi-site Clinical Trials Capacity Building Network initiative by seeking proposals for funding up to five additional regional centres/hospitals from 2010–11.
 - Through CanNET, regional and metropolitan cancer services are linked into networks aimed at improving access to quality, clinically effective cancer services.
- » *Aboriginal peoples and Torres Strait Islanders affected by cancer:* In addition to involving Aboriginal and Torres Strait Islander consumers affected by cancer in Cancer Australia's advisory structures, action initiated in 2009–10 included improved cancer data and analysis

8 The following are links to these resources:

- Cancer Learning—<http://www.cancerlearning.gov.au>, University of Sydney
- National Cancer Nursing Education (EdCan)—<http://www.edcan.org/>, Queensland University of Technology
- Evidence Based Cancer Treatments On-line for Primary Health Care (eviQ® Primary Health Care)—<https://www.eviq.org.au/>, Cancer Institute NSW
- Education Program in Cancer Care (EPICC)—<http://www.epicc.org.au/>, Medical Oncology Group of Australia.

related to Aboriginal peoples and Torres Strait Islanders as well as funding for specific cancer-related projects under CanNET, the Building Cancer Support Networks Initiative and the National Centre for Gynaecological Cancers.

- » *People over 70 years of age affected by cancer:* In 2009–10 Cancer Australia initiated a project designed to improve assessment of people over 70 years of age, given the incidence of cancer in this age group and their level of co-morbidities.

Changes in Chief Executive Officer

The inaugural Chief Executive Officer of Cancer Australia, Professor David Currow, resigned on 12 March 2010 to take up the position of Chief Cancer Officer and Chief Executive Officer of the Cancer Institute NSW.

As the foundation Cancer Australia Chief Executive Officer since 2006, Professor Currow established Cancer Australia's leadership role in the cancer community, worked productively to coordinate action on cancer control and introduced initiatives that continue to have a significant and enduring impact on cancer control in Australia.

From 15 March to 15 June 2010, Dr Joanne Ramadge (Deputy Chief Executive Officer) acted as the Chief Executive Officer, and I extend my thanks for her leadership during this time.

Proposed amalgamation of Cancer Australia and National Breast and Ovarian Cancer Centre

On 15 June 2010, the Minister for Health and Ageing announced the proposed amalgamation of Cancer Australia and National Breast and Ovarian Cancer Centre (NBOCC), the Government's expert centre on breast and ovarian cancer control, to create a single national cancer control agency.

The Minister also announced on 15 June 2010 my appointment as the new Chief Executive Officer of Cancer Australia, with immediate effect. I will also continue as Chief Executive Officer of NBOCC during 2010–11.

From 2011–12 it is intended to create an agency with a clear leadership mandate across all cancers and capacity to better focus on Cancer Australia's responsibilities under the Cancer Australia Act. This represents an important and exciting opportunity in cancer control in Australia.

Acknowledgements

Cancer Australia continued to benefit from the advice and counsel of the ministerially appointed Advisory Council, which met four times during the year. The report of the Chair of the Council is in Part 2 of this report.

Consumer participation has continued to be fundamental to our program development, planning, implementation and evaluation.⁹ Cancer Australia wishes to record its gratitude to

9 *Ahead of the Game: Blueprint for Reform of Australian Government Administration* (2009) emphasises delivering better services for citizens and enabling citizens to collaborate with government on policy and service design. This approach includes better integration of services and making services more appropriate to citizens' life experiences and needs.

the people affected by cancer with whom we have worked. Their skills, experience and personal dedication inform and shape our effectiveness in the cancer sector.

The immediate and longer term use, impact and value of what we do to improve outcomes for people affected by cancer depends on productive and extensive collaboration with a wide range of health professionals in all jurisdictions, and their professional organisations. During the year, Cancer Australia has continued to benefit from the expertise, knowledge and networks of the health professionals and researchers with whom we have worked.

I would like to acknowledge the professionalism and dedication of the staff of Cancer Australia. The advances that have been made by the organisation depend substantially on their skills and the way they put into practice the organisation's values, particularly those relating to successful collaboration with our stakeholders and exemplifying personal and organisational accountability.

During the year the executive and staff of the Department of Health and Ageing (DoHA) have continued to support the agency as part of the portfolio, and worked with the agency on cancer priority issues and programs. The department has been represented on Cancer Australia's Strategic Forum, the National Centre for Gynaecological Cancers Advisory Group, the Education Program in Cancer Care (EPICC) Working Group, the National Cancer Data Strategy Advisory Group, the National Lung Cancer Advisory Group and the National Research Advisory Group.

The year ahead

During 2010–11 Cancer Australia will focus on implementation of the Australian Government's designated priorities. These are to:

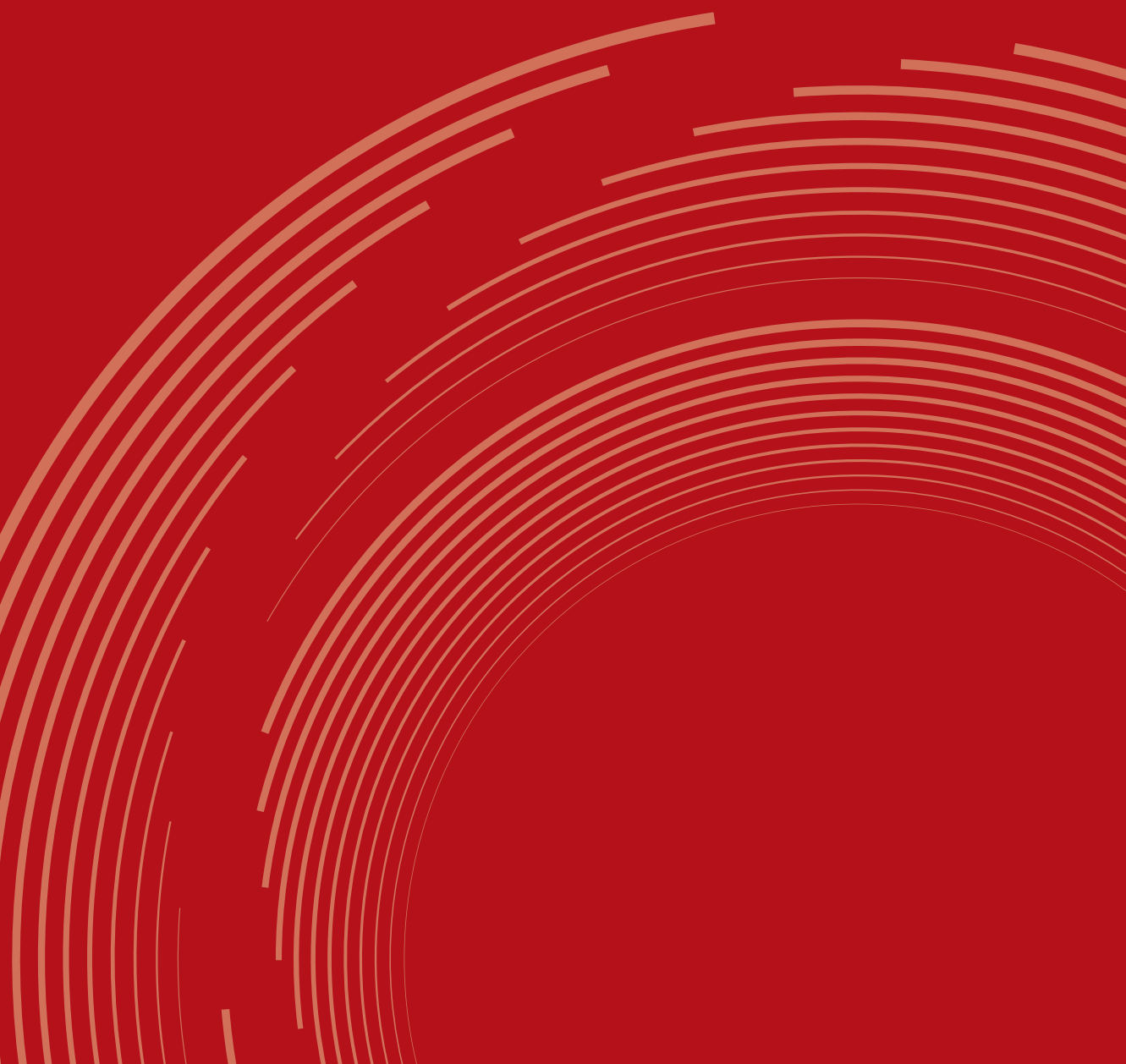
- » boost cancer research in priority areas and build capacity for Multi-site, Collaborative National Cancer Clinical Trials Groups
- » reform cancer services in partnership with state and territory governments and strengthen education for cancer professionals
- » support people affected by gynaecological cancers, and the health care professionals who provide treatment
- » engage and support people affected by cancer to influence outcomes in cancer control and improve access to innovative support services.¹⁰

I look forward to working with the Minister, DoHA, the staff of Cancer Australia and NBOCC and the cancer community on making the successful transition to a stronger national cancer agency.

10 Agency Budget Statement 2010–11, at DoHA - Australian Government 2010–11 Health and Ageing Portfolio Budget Statements



2 Advisory Council Chair's review



2 Advisory Council Chair's review

Dr Bill Glasson AO



In 2009–10 the Cancer Australia Advisory Council (the Council) welcomed the opportunity to develop further its involvement in the work of the agency as it has evolved. The Council over this period has continued to provide advice on Cancer Australia's broad direction, and more specifically on individual programs and projects.

The Council notes particularly this past reporting year the consolidation of partnerships, reflected in program results, and the strengthening of consumer input, reflected in the appointment of three new consumer members to the Council, and the appointment of new consumer representatives to the Cancer Australia Consumer Network.

The Council welcomes this enhanced consumer input, which is in line with the recommendations of the *Blueprint for Reform of Australian Government Administration*, to provide for more open, engaged and efficient dealings with the community.

The Council has continued to discuss and provide advice to Cancer Australia on its strategic directions, alignment of its work with government priorities, stakeholder relationships and building partnerships with other organisations. On an individual basis Council members have continued their commitment to adding their practical knowledge, experience and insights to specific projects and activities being managed through Cancer Australia.

In 2009–10 this work specifically included:

- » consideration of new funding partners for the PdCCRS
- » negotiations with jurisdictions around the implementation of the next major steps in advancing the cancer networks under CanNET
- » developing future services and building a skilled gynaecological cancers workforce
- » implementation of new budget measures relating to lung cancer and improving cancer data
- » finalisation of the results of the audit of national cancer control activity in Australia.

One of the Council's inaugural members, Dr Megan Keaney, stepped down from the Council on 7 December 2009 to take up her appointment with DoHA. Dr Keaney has been a most valuable and worthwhile contributor to the Council since its inception in 2006. I thank her for her thoughtful and informed input to the work of the Council.

On this occasion I should also like to acknowledge the ongoing work of all Council members, particularly the inaugural members whose service has extended over four years and covered extensive involvement in national advisory groups and program activities across the agency.

Three new consumer members were appointed to the Council during 2009–10:

- » Ms Lyn Swinburne AM, on 26 November 2009. From Melbourne, Ms Swinburne is the founder and Chief Executive Officer of the Breast Cancer Network Australia. She is a passionate advocate for consumer input, and has represented women with breast cancer on a number of state, national and international committees.
- » Dr Anne Atkinson, on 7 April 2010. Dr Atkinson is a retired university lecturer from Perth, with particular expertise in the area of chronic cancers. Dr Atkinson's appointment brings to the Council a consumer perspective to the issues surrounding increasing community support systems and the varied cultural perspectives relating to cancers.
- » Ms Kathryn Crisell, on 7 April 2010. Ms Crisell is from Adelaide, has a journalistic background and is currently working for the South Australian Department of Premier and Cabinet in Adelaide. Ms Crisell brings to the Council a consumer perspective around palliative care and the ongoing impact of cancer treatment on families, including the psychological impact.

The experience of the new members provides the Council with a wide range of consumer expertise. The expertise of the remaining members covers oncology, general practice, community cancer care, public health, cancer research and academia. The combined value of members' personal and professional knowledge and skills is formidable.

All Council members wish Cancer Australia's inaugural Chief Executive Officer, Professor David Currow, well in his future endeavours. Professor Currow left Cancer Australia on 12 March 2010 after a period of impressive achievement in establishing the new agency, and actively developing and promoting its leadership role in cancer control across the nation. This work was continued for an interim period by Deputy Chief Executive Officer Dr Joanne Ramadge, who was appointed Acting Chief Executive Officer. The Council thanks Joanne especially for her contribution during this time.

The Council welcomes the appointment of Dr Helen Zorbas as Chief Executive Officer, and the proposed amalgamation of Cancer Australia and NBOCC, which will produce a strengthened Cancer Australia, and begin a new era in Australian cancer control.

Cancer Australia Advisory Council

Establishment and functions

The Advisory Council has been established under the *Cancer Australia Act 2006* to 'give advice to the Chief Executive Officer about the performance of Cancer Australia's functions'. It comprises a Chair and up to 12 other members appointed by the Minister for Health and Ageing.

Membership

Advisory Council members bring experience and input from the diverse communities and sectors in which they live and work, and offer a wealth of professional knowledge and skills that add value to the work and strategic directions of Cancer Australia.

Members of the Advisory Council as at 30 June 2010 were:

- » Dr Bill Glasson AO (Chair)
- » Professor Sanchia Aranda
- » Dr Anne Atkinson
- » Professor Simon Chapman
- » Ms Kathryn Crisell
- » Dr Liz Kenny
- » Professor Ian Olver
- » Professor Christobel Saunders
- » Ms Lyn Swinburne AM
- » Dr Julie Thompson.

Remuneration of members of the Advisory Council is governed by the *Cancer Australia Act 2006* (section 30). Advisory Council members' remuneration is determined by the Remuneration Tribunal.

Summary of activities

The Council met four times during 2009–10, on two occasions by teleconference, and two face-to-face meetings were held in Melbourne.

Members of the Council have also been appointed to each of Cancer Australia's National Advisory Groups, and are actively engaged in the activities of these groups. I note with gratitude that the contribution of their specific expertise extends beyond the strategic work of the Advisory Council.

During the year the Council's work has benefited from the support of the Secretary, Chief Medical Officer and senior executives from DoHA.

The Council looks forward to working with Cancer Australia in the coming year of transition, to further strengthen the Australian Government's strategic focus on cancer and create a solid platform for the coordination of cancer research, prevention, diagnosis and treatment initiatives at a national level.

3 About Cancer Australia



3 About Cancer Australia

Functions

Cancer Australia was established in 2006, as a key component of the Australian Government's Strengthening Cancer Care initiative. Its functions, as prescribed by the *Cancer Australia Act 2006*, are:

- a. to provide national leadership in cancer control
- b. to guide scientific improvements to cancer prevention, treatment and care
- c. to coordinate and liaise between the wide range of groups and health care providers with an interest in cancer
- d. to make recommendations to the Australian Government about cancer policy and priorities
- e. to oversee a dedicated budget for research into cancer
- f. to assist with the implementation of Commonwealth Government policies and programs in cancer control
- g. 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
- h. any functions which the Minister, by writing, directs Cancer Australia to perform.

Outcome and program structure

The outcome expected from Cancer Australia's work is: *Minimised impacts of cancer, including through national leadership in cancer control, with targeted research, cancer service development, education and consumer support*. The program attached to this outcome is: *Improved cancer control*.

The agency's Outcome Strategy states:

Cancer Australia will achieve this Outcome by providing national leadership in cancer control through building consensus, sharing knowledge, and increasing coordination, collaboration and partnerships amongst the wide range of organisations across Australia involved in lessening the impact of cancer. The key groups involved include: the Australian, State and Territory Governments; health professionals and their peak professional bodies; people affected by cancer (cancer consumers); major cancer organisations; funders of cancer research; and researchers.

The full Agency Budget Statement for 2009–10 is available at:

www.health.gov.au/internet/budget/publishing.nsf/Content/2009-2010_Health_PBS

Cancer Australia's vision and values

Our vision

To reduce the impact of cancer on all Australians.

Our values

In addition to the *Cancer Australia Act 2006*, Cancer Australia is subject to the *Financial Management and Accountability Act 1997* and the *Public Service Act 1999*. Cancer Australia staff are required to uphold Australian Public Service (APS) Values and abide by the APS Code of Conduct. The APS values are reinforced by agreed Cancer Australia values as follows:

As an organisation, we value:

- » improving outcomes in cancer control
- » collaborating with our stakeholders
- » working cooperatively
- » being professional
- » having personal and organisational accountability
- » working as a learning organisation.

As part of a sustainable and high performing team, we value:

- » respect for the people with whom we collaborate
- » trust in our working relationships
- » shared ownership
- » fostering team spirit
- » taking personal responsibility
- » strategic thinking.

In our people, we value:

- » maintaining a healthy work and life balance
- » taking an interest in life-long learning
- » pursuing an active approach to professional development.

Structure and governance

Organisation and structure

In 2009–10 Cancer Australia had 20 positions, of which were 19 ongoing. The organisation was led by:

- » the Chief Executive Officer (Professor David Currow until 12 March 2010, Dr Joanne Ramadge (acting) 15 March 2010 to 15 June 2010, and Dr Helen Zorbas from 15 June 2010)
- » three national managers.

Dr Ramadge is also the Deputy Chief Executive Officer of Cancer Australia.

The managers covered the following portfolio areas:

- » Education and Service Development—Dr Joanne Ramadge and, from 15 March 2010 Mr Michael Fitzpatrick (acting)
- » National Centre for Gynaecological Cancers/Consumer Support—Ms Susan Hanson
- » Research and Clinical Trials—Dr Cleola Anderiesz.

The agency's Chief Finance Officer/Chief Operating Officer as at 30 June 2010 was Mr Mark Lewington.

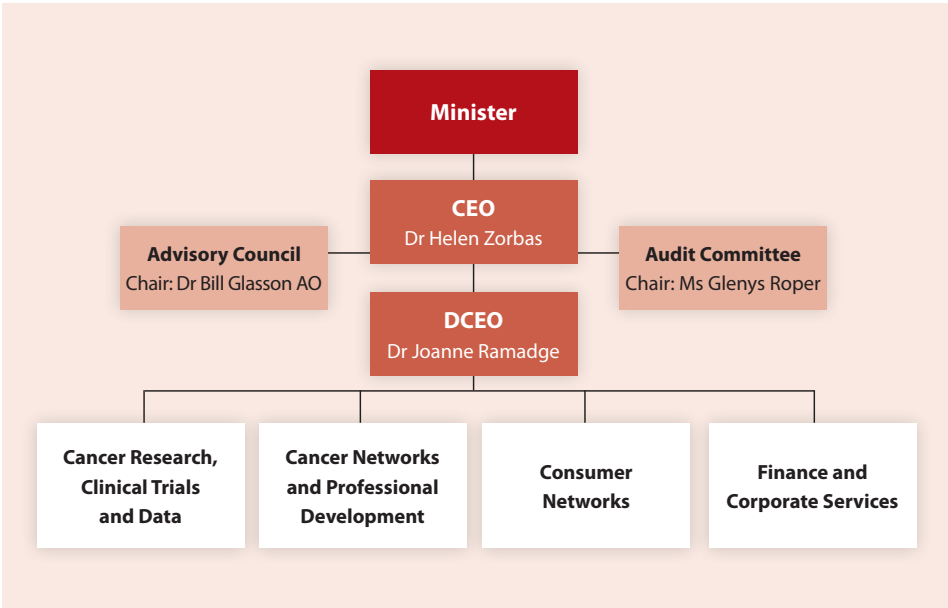
During 2009–10 Cancer Australia entered into shared accommodation and a service level agreement with the National Health and Medical Research Council (NHMRC) for specified transactional corporate services. Cancer Australia maintained 'business as usual' while managing the adjustments involved, including changes to systems and processes.

In carrying out its work Cancer Australia has systems and processes in place to ensure that compliance and accountability responsibilities are met (see Part 5 of this report).

FIGURE 3.1

Cancer Australia's organisational structure

Cancer Australia has ensured that the skill mix of staff reflects the long-term needs of the agency in administering these program areas, which are crucial to reducing the impact of cancer in Australia.



The Cancer Australia Advisory Council

Cancer Australia draws on the wide diversity of expertise, skills and experience Advisory Council members bring to our organisation.

Audit Committee

Cancer Australia benefits from advice and counsel provided through a standing Audit Committee, whose three members are Ms Glenys Roper (Chair), Ms Di Fielding and Dr Joanne Ramadge.



4 Report on performance



4 Report on performance

This section reports on performance—how Cancer Australia has progressed its work during 2009–10 in improving cancer control. In each of the priority areas specified and funded by the Australian Government, Cancer Australia has sought to secure greater reach of available funding. The agency has done this by combining internal and external funding streams, and applying funding to projects where results have an immediate value and are then also evaluated for wider dissemination and use.

Cancer Australia works closely with other Australian Government agencies involved in cancer control—particularly with DoHA which is responsible for cancer control policy issues and advice to Government—and including AIHW, NHMRC and NBOCC. A key element of our work is to keep pace with and connect Cancer Australia’s work with wider health reform, including reforms affecting state and territory jurisdictions.

Throughout the report on performance, information is included about how Cancer Australia’s engagement and collaboration with people affected by cancer has added to outcomes achieved. The impact made through the agency’s work has been enhanced by building in evaluation as an essential feature of its programs.

Cancer Australia’s Risk Management Plan integrates risk considerations, management and compliance into all organisation-wide planning and program activities. Risk management strategies are developed, monitored and regularly evaluated for all key project and program areas. The comprehensiveness of our approach to managing risk ensures that program outcome opportunities are maximised.

Targeted research

The PdCCRS, Support for Cancer Clinical Trials Program, and the Regional Multi-site Clinical Trials Capacity Building Network are activities which support targeted research and address current gaps in cancer research. In implementing these initiatives, Cancer Australia provides national leadership and coordination in cancer research.

Priority-driven Collaborative Cancer Research Scheme

In 2009–10 Cancer Australia continued to develop priorities for action and create partnerships with key government and non-government organisations to coordinate funding of cancer research at a national level through the PdCCRS. For the 2009 funding round Cancer Australia also organised expert assessment panels, including drawing substantially on the expertise of members of the Cancer Australia National Research Advisory Group (see Appendix C).

In the 2009 round of this scheme Cancer Australia partnered with:

- » *beyondblue: the national depression initiative*
- » Cancer Council Australia
- » CanTeen
- » Cure Cancer Australia Foundation
- » Leukaemia Foundation
- » Meat and Livestock Australia
- » National Centre for Gynaecological Cancers
- » Lung Cancer Program
- » National Breast Cancer Foundation
- » Prostate Cancer Foundation of Australia
- » Radiation Oncology Section, DoHA
- » Starlight Children's Foundation of Australia.

This collaborative approach works to improve national coordination of cancer research, and the co-funding of cancer research adds value to the research investment of both Cancer Australia and its funding partners. Part of the evaluation of grant applications for this program utilises existing NHMRC processes.

Cancer Australia has been encouraged by the growing interest in this approach: a total of 378 applications are being assessed during 2010, a 27 per cent increase from the 2009 round. Cancer Australia has engaged research funding partners, health professionals, researchers and consumers in the assessment of applications for its research scheme. The participation of a range of stakeholders in the assessment of research applications provides a high-quality, balanced assessment process. The agency engaged over 100 external individuals in the assessment of applications across its research programs.

Through the 2009 round of the PdCCRS a total of 43 research projects worth a total of \$12.8 million were funded. Cancer Australia funded or co-funded 32 (74 per cent) of the successful research projects.

The research priorities identified by Cancer Australia and its funding partners aim to reduce the burden of cancer in Australia through targeted research which can influence clinical practice and health policy. More than 80 per cent of grants awarded in the 2009 round of the PdCCRS supported patient-centred research.

Support for Cancer Clinical Trials Program

Cancer clinical trials work to establish the effectiveness of new cancer treatment or new ways of using existing therapies, diagnostic tests, and/or preventive or supportive interventions. They therefore help generate evidence for best practice care.

In 2009–10 Cancer Australia administered the Support for Cancer Clinical Trials Program and provided funding to Australia's 13 Multi-site Collaborative National Cancer Clinical Trials Groups to build their capacity to undertake clinical trials. During the year the National Trials Groups had more than 90 cancer trials open across Australia. Cancer Australia also supported the National Trials Groups through funding national infrastructure services such as pharmaco and health

economic services, a national secretariat service, and the Cancer Australia Chair in Cancer Quality of Life at the University of Sydney.

People in regional Australia have limited access to cancer clinical trials. In 2009–10 Cancer Australia provided ongoing support to the Regional Multi-site Clinical Trials Capacity Building Network to increase the number of cancer clinical trials available to people in regional areas. The Regional Network is comprised of sites at Port Macquarie, Coffs Harbour, Bendigo, Albury-Wodonga and Hobart. It has contributed to an increase in the number of trials available to people in these regions. Six of the 10 trials available for activation across these sites would not have been opened, and 75 per cent of patients recruited by February 2010 would not have participated in these trials, without funding for this initiative from Cancer Australia.

The trials available for activation at the regional sites are all being undertaken by the Multi-site Collaborative National Cancer Clinical Trials Groups. The regional patients participating contribute to the trial information being collected at the national level. Increased patient recruitment to national trials has the potential to reduce the time required to conduct clinical trials. Benefits to trial participants include the potential for earlier access to new therapies which would otherwise be unavailable to people with cancer in regional centres.

Education and service development

Professional development for cancer professionals

During 2009–10 Cancer Australia continued to support health professionals to provide evidence based cancer care through the further development of a suite of targeted professional development initiatives.

Cancer Learning

Cancer Learning is the health professionals' one-stop website for cancer care information, education and resources. The project is coordinated by the Workforce Education and Development Group at the School of Medicine at the University of Sydney. This initiative has been undertaken through a consortium comprising:

- » Clinical Oncological Society of Australia (COSA)
- » NBOCC
- » University of Sydney
- » Queensland University of Technology
- » Cancer Council Australia
- » Royal Australian College of General Practitioners (RACGP).

Cancer Learning is designed for all health professionals, trainees and students with an interest in cancer care. It supports them to build their knowledge, progress their careers and enhance their skills in providing optimal patient care. It provides access to local and international evidence based cancer information resources and learning activities that have been evaluated for quality, accuracy, currency and relevance.

During the year, Cancer Australia worked in collaboration with other professional development bodies and key stakeholder groups to develop further resources, including:

- » professional development modules for Cancer Data and Clinician Managers that will support a sustainable workforce
- » two resources using the new Spaced Education Methodology which are being piloted for:
 - trainee oncologists who are new to prescribing chemotherapy drugs
 - cancer nurses who are new to the field of chemotherapy administration.

These resources are designed to reinforce knowledge and encourage self directed learning as well as support best practice.

The Cancer Learning website, www.cancerlearning.gov.au, has more than 1500 registered users—an increase of more than 300 per cent since the official launch in November 2008.

The National Cancer Nursing Education Initiative

The National Cancer Nursing Education (EdCaN) initiative supports the development of the nursing workforce's understanding and skills in relation to cancer control. It has achieved this through the:

- » adoption of a professional development framework
- » development of competencies for nurses working with people affected by cancer
- » development of teaching and learning resources.

EdCaN resources are managed by the University of Queensland on behalf of Cancer Australia, and are supported by the Peter MacCallum Cancer Centre, the Cancer Nurses Society of Australia and other key stakeholders.

In 2009–10 EdCaN continued to: support workforce development through directly engaging with CanNET teams in each jurisdiction; review and update the existing EdCaN framework and resources to ensure they reflect current evidence and support effective teaching and learning in cancer control; and promote the sustainability of the EdCaN framework.

EdCaN resources are available through the Cancer Learning website www.cancerlearning.gov.au.

Education Program in Cancer Care

The Education Program in Cancer Care (EPICC) initiative was led by the Medical Oncology Group of Australia Incorporated (MOGA) with funding support from Cancer Australia. EPICC is an online education program in cancer management to improve the quality of cancer care in rural and regional Australia. It provides the opportunity for medical practitioners to acquire sufficient knowledge and skills to play a more active role in the delivery of quality, evidence based cancer care, thus helping people receive quality care closer to home.

Cancer Australia has sought opportunities to align this resource with other educational resources developed through the Cancer Learning portal www.cancerlearning.gov.au.

Evidence Based Cancer Treatments Online for Primary Health Care

The Evidence Based Cancer Treatments Online for Primary Health Care (eviQ®) initiative is an online information resource of evidence based cancer treatments specifically for primary health care clinicians. Its development is led by the Cancer Institute NSW, and it is a module of their eviQ platform.

The initiative ensures that primary health care providers have access to the information needed to appropriately participate in the care of patients undergoing cancer treatment at various points of the care continuum. The target audience is primary care clinicians, including GPs, community nurses, practice nurses and remote area practitioners.

The eviQ Primary Health Care site houses protocols for a number of cancer types, in addition to other practical information. In 2009–10 the eviQ Primary Health Care module was further developed and made available treatment protocols for respiratory, gynaecological and urogenital cancers. These resources support the primary care workforce to provide essential routine surveillance, and reduce avoidable emergency department admissions.

The eviQ Primary Health Care site can be accessed at www.eviQ.org.au.

Care coordination model for older Australians with cancer—Pilot project

In 2009–10 Cancer Australia contracted Border Medical Oncology to pilot a project to improve care coordination and supportive care for older people diagnosed with cancer in the Hume region. Cancer Australia reviewed the incidence and trends of cancer in older Australians, and issues of co-morbidity, and supported the priority areas of this project:

- » scope current oncology and aged care services relationships to establish new relationships and referral pathways, and to enable better collaboration
- » develop a model of care coordination for older patients with cancer, including routine screening for support needs
- » educate oncology and aged care professionals in the assessment and management of older patients with cancer
- » educate and foster links with primary health care providers to enhance the care of older patients with cancer
- » assess the cost effectiveness of the model.

National Centre for Gynaecological Cancers

In 2009–10 the National Centre for Gynaecological Cancers (the Centre) continued to work with key organisations and individuals on a three-year workplan due to be completed in June 2011. The workplan aims to improve outcomes for women diagnosed with gynaecological cancers, their families and carers and covers the following objectives:

- » improving information and support for women affected by gynaecological cancers
- » building the evidence for effective treatment, multidisciplinary care and control of the cancers through research and clinical trials
- » supporting the sustainability of the workforce in providing coordinated, quality gynaecological cancer care.

An independent evaluation of the Centre's work has been completed. Major successes identified include: building and improving collaboration between organisations, clinicians, researchers and other key stakeholders; engaging consumers; and improving the availability of support and information for women affected by gynaecological cancers.

The National Centre for Gynaecological Cancers Advisory Group (see Appendix C) continued to be actively involved in all of the Centre's work, contributing extensively to a number of key projects including the development of the *National Gynaecological Cancers Service Delivery and Resource Framework*, and the development of clinical guidance material for the management of endometrial cancer.

Information and support

In 2009–10 the Centre posted 72 evidence based consumer information factsheets on its website. In developing a consolidated suite of gynaecological cancer resources, the Centre worked in consultation with various national and international cancer organisations to incorporate existing high-quality information and develop new factsheets where gaps were identified. Cancer Council New South Wales, Cancer Council Victoria, NBOCC, National Cancer Institute - United States, Gynaecological Cancer Society, and University of Pennsylvania's online cancer resource *OncoLink* are all acknowledged for generously granting permission for the use of their materials.

In 2009–10 the Centre funded a further two gynaecological cancer support projects under the Building Cancer Support Networks program, to build on the support available to women with gynaecological cancers. A total of five consumer support projects have now been funded by the Centre.

Evidence based care

During 2009–10 the Centre worked collaboratively and drew on expert advice to advance the evidence base in the treatment of women with gynaecological cancers. The following materials have now been posted on the Centre's website:

- » The final survey report on: *Referral practices by general practitioners and gynaecologists for women with gynaecological cancers*. This report identified predictors contributing to referral for women with gynaecological cancers.
- » Two consensus advisory documents to guide GPs and gynaecologists:
 - *Abnormal vaginal bleeding in pre and peri menopausal women: Investigations leading to a diagnosis of endometrial cancer;*
 - *Vaginal bleeding in post menopausal women: Investigations leading to a diagnosis of endometrial cancer.*

The Centre worked with NBOCC to engage eight sites across Australia to progress the pilot testing of a Cancer (Clinical) Data Set Specification for Gynaecological Cancers. This project aims to develop an agreed practice-ready National Clinical Data Set Specification and data dictionary for gynaecological cancers for submission to the National Health Information Standards and Statistics Committee.

The inaugural Jeannie Ferris, National Centre for Gynaecological Cancers Consumer Churchill Fellowship was awarded to Ms Merran Williams, a survivor of ovarian cancer. Ms Williams will undertake a research project in the United States to investigate survivorship programs that support women affected by ovarian cancer. The results will add valuable consumer perspectives to the evidence on how to improve cancer outcomes.

To improve evidence through research the Centre co-funded two gynaecological cancer research projects under Cancer Australia's 2009 PdCCRS funding round:

- » A study that will look at the post operative enteral nutrition in patients with advanced epithelial ovarian cancer
- » A phase 2 study of aromatase inhibitors in women with potential hormone sensitive recurrent/metastatic gynaecological neoplasms.

Workforce support for coordinated care

In 2009–10 the Centre worked in partnership with the Royal Australian and New Zealand College of Obstetricians and Gynaecologists to develop the first *National Gynaecological Cancers Service Delivery and Resource Framework*. The Framework is designed to help guide services in the delivery of quality multidisciplinary gynaecological cancer care. It was developed through an extensive consultation process that involved more than 100 consumers, key health professionals, professional groups, and state and territory health department representatives. The final draft will be released in 2010–11 for broader public consultation.

The Framework has been aligned with the Centre's gynaecological cancer workforce projects funded in each state and territory. These projects aim to implement elements of the Framework to improve outcomes for women with gynaecological cancers. Cancer Australia facilitates regular teleconferences between jurisdictional project officers and has supported a face-to-face meeting of the group to maximise collaboration and reduce duplication.

This initiative is being externally evaluated.

In 2009–10 the Centre brought together health professionals and consumers to assist in the development of an online education and training module for health professionals to address the psychosexual care of women with gynaecological cancers. Comprising six key topics, the module will be piloted in 2010–2011 before being placed on the Cancer Learning website.

The Royal Australian College of General Practitioners continues to manage and promote the GP Learning Module *Managing Gynaecological Malignancies in General Practice* that was developed by the Centre in 2008. Since September 2009, the module has formed part of a more comprehensive women's health learning module titled *Female cancers and psychosocial care*. Since then 80 online learners have completed the module.

Lung Cancer Program

The Australian Government provided \$6.83 million in new funding over four years from 2009–13 for the *Cancer Australia—Improved lung cancer data and treatment guidelines* measure. The focus of this program is to build an accessible evidence base through research, clinical guidance material and improved cancer data, as well as supporting health professionals to deliver consistent best practice care through targeted programs.

The National Lung Cancer Advisory Group (see Appendix C) was formed in August 2009 to establish the direction and workplan of the program. Throughout 2009–10 the group met quarterly to provide advice on the initial areas for action and implementation of the Lung Cancer Program.

In 2009–10 lung cancer continued to be incorporated into the research priorities for the PdCCRS.

In early 2010 Cancer Australia initiated a study to identify gaps in the optimal management of lung cancer through a review of the literature, consultation, and research into the investigation, referral, treatment and care of people with symptoms and signs that may indicate lung cancer. Curtin University was engaged to work with Cancer Australia to undertake the study. The aim of this review is to base further work on its findings.

Cancer Australia funded Cancer Council Australia to commence work in March 2010 on the review and updating of the clinical practice guidelines for the prevention, diagnosis and management of lung cancer. This initiative, using a Wikipedia-based process, will increase availability and accessibility of evidence based lung cancer information for health professionals.

The National Lung Cancer program, in partnership with the Australian Lung Foundation, is providing travel grants to specialist nurses, allied health professionals, young investigators and Aboriginal health workers who care for lung cancer patients, with the opportunity to attend the Australian Lung Cancer Conference in October 2010. These grants provide them with the opportunity to be presented with the most up-to-date research on science and treatment advances in lung cancer.

Translation into 12 languages of the DVD *Lung Cancer: Understanding, Managing, Living*, is being undertaken by Peter MacCallum Cancer Centre. Both the development of the DVD, and now its translation, have been funded by Cancer Australia.

Also in partnership with the Peter MacCallum Cancer Centre, the Lung Cancer Program is developing a current *Lung Cancer Patient Information Resource List* for health professionals throughout Australia. This list will serve as a guide to all available evidence based best practice information which will be appropriate for patients and families affected by lung cancer.

Better Coordination of Cancer Care Program

In 2009–10 Cancer Australia continued to strengthen cancer policy and clinical decision making by commissioning research into priority cancer control areas, such as primary care role redesign, Aboriginal peoples and Torres Strait Islanders cancer control and the functioning of multidisciplinary teams. Key achievements and outcomes of this research will be integrated into Cancer Australia's ongoing projects and policy development.

The Cancer Australia Inter-governmental Strategic Forum (see Appendix C) brings together senior cancer clinicians and policymakers from the Australian Government and each state and territory. The forum, which met three times in 2009–10, discussed a wide range of cancer control issues and provided advice to Cancer Australia in these areas.

Cancer Service Networks National Program

Throughout 2009–10 Cancer Australia continued to work collaboratively with all state and territory governments to embed and sustain the existing seven cancer service networks, and to establish a cancer service network in the Australian Capital Territory.

Each network is working to increase access to quality cancer care and improve cancer outcomes, particularly for people in rural and remote areas. While the implementation strategy for the continuation of each CanNET varies due to differences in geography, health systems and regional needs, all programs have focused on incorporating the CanNET national evaluation recommendations, and sustaining the key program elements of:

- » active consumer engagement
- » primary care engagement
- » multidisciplinary care
- » agreed referral pathways
- » quality assurance framework
- » clinical leadership
- » role redesign
- » continuing professional development.

Through CanNET several networks have developed Aboriginal and Torres Strait Islander-specific projects to improve service delivery and reduce the impact of cancer in these communities.

The CanNET National Support and Evaluation Service continued in 2009–10 to work alongside the CanNET programs to support the sharing of resources generated by their programs across jurisdictions, thus minimising duplication, and proceed with the national evaluation of the next phase of CanNET.

In partnership with five of the networks, Cancer Australia completed in the year a survey on the perceptions and experiences of cancer services by people affected by cancer. This survey will provide baseline information to help jurisdictions in the design and delivery of their cancer services.

Cancer data to improve cancer survival

Following the publication of *A National Cancer Data Strategy for Australia* in November 2008, Cancer Australia continued this year to support implementation through a number of activities. The National Cancer Data Strategy Advisory Group (see Appendix C) provided expert input and advice on the data initiatives developed through the year.

Cancer Australia and the AIHW received funding in the 2009–10 Budget to improve the range of cancer data and related evidence available at a population level in Australia.

The AIHW received funding to establish a national cancer monitoring centre.

Cancer Australia received funding for the development of data sets relating to:

- » stage, with an emphasis on metastatic disease (tumor, node and metastases¹¹ (TNM) or its equivalent for haematological and other cancers where TNM does not apply)
- » recurrences (either local or distant)—when they occur
- » initial treatment modalities delivered.

Cancer Australia has engaged the Western Australia Cancer and Palliative Care Network and Cancer Council Victoria, to develop and test methodologies that can be applied across all jurisdictions for collecting these data. This work is in its early stages.

Data set development

In 2009–10 Cancer Australia was involved in the development of a number of Data Set Specifications (DSS). DSS are data sets that are not mandated for collection but are recommended as best practice by the AIHW.¹²

Two DSS exist for cancer related data:

- » cancer (clinical)
- » breast cancer (cancer registries).

Cancer Australia has stewardship of the Cancer (Clinical) Data Set Specification (C(C)DSS), formerly known as the National Cancer Control Initiative Minimum Data Set. Throughout 2009–10 extensive consultation took place to provide input into the revision of this DSS and accompanying definitions.

Once finalised, the C(C)DSS will be forwarded to the National Health Information Standards and Statistics Committee. The committee reports to the Australian Health Ministers' Advisory Council through the National E-Health and Information Principal Committee.

The availability of the revised C(C)DSS will support the development of a number of specialist DSS which Cancer Australia has initiated:

- » a DSS for lung cancer
- » a DSS for prostate cancer and a DSS for testicular cancer in collaboration with Andrology Australia
- » a biospecimen DSS for tissue banking
- » a gynaecological cancers DSS (p29)

In addition, in 2009–10 Cancer Australia continued work with CanTeen, under the Australian Government's \$15 million Youth Cancer Networks Program, to develop a specialist clinical DSS and data dictionary for adolescent and young adult cancers. This work has contributed to the development of a nationally consistent approach to the collection and reporting of adolescent and young adult cancer data.

11 T= tumour—extent of primary tumour; N = nodal status—absence or presence and extent of regional lymph node metastases; M = metastasis status—absence or presence of distant metastasis

12 <http://meteor.aihw.gov.au/content/index.phtml/itemId/344846+>

The development of these DSS will support a more coordinated and consistent approach to the collection of cancer data. Over time, the availability of these data will provide more accurate information on national trends, diagnoses, and health service utilisation. These data will ultimately enable comparative analysis and benchmarking to improve clinical outcomes for all people with cancer.

Structured pathology reporting

Cancer Australia is collaborating with the Royal College of Pathologists Australasia and the Cancer Institute NSW on a project to promote and expand the use of structured pathology reporting of cancer. Further information can be found at www.rcpa.edu.au

Consumer engagement and support

People with an experience of cancer (consumers) have developed from their experience an understanding of the health system and ideas about how health and other support services could better meet their needs.

In 2009–10 Cancer Australia had more than 50 consumers appointed to its Consumer Network, and valued their contribution across all areas, including their participation in the selection process for new appointments to the network and participation in the evaluation of grant applications for the Building Cancer Support Networks Initiative.

The involvement of consumers at all stages of cancer research is a key assessment criterion for applications to the PdCCRS. In 2009–10 Cancer Australia supported training for 12 consumers to enable them to be involved in the assessments of research applications.

Cancer Australia continues to offer consumers opportunities to increase their expertise and knowledge for effective involvement in cancer control. In 2009–10 Cancer Australia developed and delivered a consumer orientation workshop for 28 new consumers appointed to the Cancer Australia Consumer Network. This workshop provided consumers with an opportunity to learn about Cancer Australia, and the various programs in which consumers may become involved. Cancer Australia will continue to align consumer interests and experiences with its work program.

The National Consumer Advisory Group met twice in 2009–10 providing advice and guidance on Cancer Australia's consumer engagement and support work program. Members of the Advisory Group work collaboratively with each of Cancer Australia's National Advisory Groups and the other working groups of Cancer Australia, and provide support and mentoring to consumers participating in Cancer Australia's Consumer Network.

Building Cancer Support Networks Initiative

During 2009–10 Cancer Australia worked in partnership to deliver the Building Cancer Support Networks Initiative. This grants program aims to improve the capacity of community-based organisations and networks to provide appropriate information and support for people with cancer and their families and caregivers, in order to minimise the impact of cancer on their lives.

The initiative aims to improve access to practical, emotional and peer support to help people adapt, understand and better manage cancer. In doing so, the program has worked with consumers and organisations to provide valuable information about health and wellbeing to

prepare people for living with, surviving and dying from cancer. The program has coordinated and strengthened community networks, both locally and nationally, to be robust, reliable and sustainable, and to provide quality support to help people with poorer cancer outcomes.

In 2009–10 Cancer Australia was provided with ongoing funding of \$2.2 million over four years for the Building Cancer Support Networks Initiative. On World Cancer Day (4 February 2010) the Parliamentary Secretary for Health announced the recipients of 22 grants under Round 4 of the initiative.

In 2009–10, under the initiative, Cancer Australia collaborated with the following 14 partners, each committed to improving access to coordinated, quality information and support for people affected by cancer:

- » Cancer Council New South Wales
- » Cancer Council Northern Territory
- » Cancer Council Queensland
- » Cancer Council South Australia
- » Cancer Council Tasmania
- » Cancer Council Victoria
- » Cancer Council Western Australia
- » Breast Cancer Network of Australia
- » Cancer Voices Australia
- » Federation of Ethnic Communities' Councils of Australia
- » National Aboriginal Community Controlled Health Organisation
- » National Centre for Gynaecological Cancers
- » Ovarian Cancer Australia
- » Prostate Cancer Foundation of Australia.

Two categories of grants were awarded: Targeted Grants were provided in partnership with Funding Partners for projects to build sustainable access to support options, and Capacity Building Grants were provided through open invitation for innovative projects focusing on developing sustainable, coordinated support options in priority areas.

Projects funded under Round 4 of this initiative are listed in Tables 4.1 and 4.2.

TABLE 4.1: BUILDING CANCER SUPPORT NETWORKS INITIATIVE—

Round 4 Targeted/Partner Grants

Grant recipient	Project name /description	Location	Priority area
Cancer Council New South Wales	<i>Brain Cancer Multimedia Support Network.</i> Develop first integrated multimedia consumer support network for brain cancer in New South Wales.	NSW	Rare cancers
Cancer Council Northern Territory	<i>Aboriginal Health Worker Telephone Support Cancer Network.</i> Offer information, emotional support and advice to those working in a remote health setting to better equip them to assist Aboriginal people affected by cancer.	NT	Aboriginal communities
Cancer Council Queensland	<i>Out and About—Active Cancer Support.</i> Develop, trial and implement an exercise based peer support intervention for Queensland residents.	Qld	Rural and remote communities
Cancer Council South Australia	<i>Cancer Survivorship: A focus on return to work?</i> Scope and develop a targeted intervention to address unmet survivorship care needs.	SA	
Cancer Council Tasmania	<i>Support Service Portal.</i> Develop an online portal to allow all people affected by cancer to have access to relevant resources, information and support, regardless of gender, cancer type, cultural or linguistic background.	Tas.	Rural and remote communities
Cancer Council Victoria	<i>Telephone and Internet Support Groups Program for People with Advanced Cancer.</i> Provide services to socially and geographically isolated groups.	Vic.	Rural and remote communities
Cancer Council Western Australia	<i>Cancer Support Group Team Leader Training.</i> Develop, implement and evaluate support group leader facilitation training.	WA	Rural and remote communities
Breast Cancer Network Australia	<i>Improving Survivorship Outcomes for Women.</i> Enable women with breast cancer, health professionals and cancer and breast cancer organisations to be better informed about key survivorship issues for women.	Vic. and National	
Cancer Voices South Australia	<i>Cancer Voices South Australia Online Advocacy and Support.</i> Expand capacity of existing website for rural and remote consumers.	SA	Rural and remote communities

Grant recipient	Project name /description	Location	Priority area
Federation of Ethnic Communities' Councils of Australia	<i>CALD Communities and Cancer.</i> Conduct literature review on consumers with culturally and linguistic diverse (CALD) backgrounds and cancer services.	Vic. and NT	People with CALD backgrounds
Ovarian Cancer Australia	<i>Ovarian Cancer Australia Rural and Regional Tele-Support Service.</i> Expand existing tele-support network in rural and remote areas.	Vic.	Rural and remote communities and gynaecological cancers
Prostate Cancer Foundation Australia	<i>Prostate Cancer Foundation Australia Queensland Support Programs.</i>	Qld	Rural and remote communities

TABLE 4.2: BUILDING CANCER SUPPORT NETWORKS INITIATIVE—

Round 4 Capacity Building Grants

Grant recipient	Project name /description	Location	Priority area
Cancer Council New South Wales	<i>Online Multicultural Cancer Hub.</i> Hub will include an information library, research overviews, calendar of events, language-specific online support.	NSW	People with CALD backgrounds
Cancer Council South Australia	<i>Aboriginal and Torres Strait Islander Online Cancer Information and Resource Centre.</i> Create a culturally appropriate online cancer information and resource centre on the Council's website.	SA	Aboriginal communities
Aids Council of New South Wales	<i>Pink L.A.C.E (Lesbians Affected by Cancer Explored).</i> Reduce impact of cancer on lesbians in Northern Rivers region of New South Wales by improving linkages between support networks and access to support.	NSW	Rural and remote communities
Cancer Care Centre Inc	<i>Cancer Care Centre client support website.</i> Develop magazine-style information to feature on the website and include a forum and a blog.	SA	Rural and remote communities
Cancer Voices South Australia	<i>Pilot Study of Cancer Conversations in Aboriginal Communities.</i> Pilot and refine methodology for Cancer Conversations.	SA	Aboriginal communities
Melanoma Patients Australia	<i>Melanoma Support and Information Network Qld.</i> Develop a network of support and information services to melanoma patients in: North, Central, South East and Western Queensland.	Qld	Rural and remote communities

Grant recipient	Project name /description	Location	Priority area
Peter MacCallum Cancer Institute	<i>'Lung cancer, Understanding, Managing, Living'</i> Distribute and promote DVD.	National	Lung cancer
Peter MacCallum Cancer Institute	<i>'Lung cancer, Understanding, Managing, Living'</i> Translation to produce a multilingual DVD in seven different non-English languages (Italian, Greek, Cantonese, Arabic, Mandarin, Vietnamese, Malay).	National	People with CALD backgrounds and lung cancer
The Australian Lung Foundation	<i>The TWEET Project.</i> Develop network utilising both phone-based systems and web-based communications.	NSW and Vic.	Lung cancer
Women's Health Victoria	<i>Who Does and Who Doesn't: The use of information and support services by women from CALD backgrounds.</i> Investigate barriers to access to support and engage directly with women with CALD backgrounds to identify strategies to improve access.	Vic.	People with CALD backgrounds and gynaecological cancers

During 2009–10 Cancer Australia continued to fund and support 18 projects from Rounds 2 and 3 which concluded in June 2010. The reports and resources produced from these projects will improve information and support for:

- » Aboriginal peoples and Torres Strait Islanders
- » people living in rural and remote areas
- » adolescents and young adults with cancer
- » people living with myeloma
- » people living with lung cancer and their carers
- » women with gynaecological cancers
- » survivors of cancer
- » carers of people with cancer.

Summaries of these projects can be found on Cancer Australia's website at www.canceraustralia.gov.au

Australian Cancer Trials Online project

In 2009–10 Cancer Australia and its National Consumer Advisory Group continued the partnership with the University of Sydney and the Australian and New Zealand Clinical Trials Registry to develop and evaluate a website to provide clear and accessible information about cancer clinical trials for consumers.

The evaluation of the website has concluded, and recommendations are being incorporated into its further development. The website is designed to enable consumers to make more informed decisions about their participation in cancer clinical trials. Consumers have been extensively involved in the development of this website.

Stakeholder participation

Cancer Australia provides national leadership in cancer control by working within a consultative framework to improve cancer outcomes in Australia, collaborating with, and adding value to, the efforts of many groups and individuals.

Cancer Australia's work is shaped around:

- » partnerships and collaboration
- » engaging and collaborating with people affected by cancer
- » drawing on the expertise and knowledge of stakeholders.

Cancer Australia acknowledges the significant input and valuable advice extended to the organisation by its National Advisory Groups and all project reference and working groups, which provide advice and expert support for each of the agency's programs. Appendix C summarises the membership and terms of reference of the Cancer Australia National Advisory Groups and the Inter-governmental Strategic Forum.

Deliverables—Cancer Australia's priorities

The Australian Government's priority areas for Cancer Australia's efforts in 2009–10—including deliverables, targets and results—are outlined below.

TABLE 4.3

Program 1.1 Qualitative Deliverables

Targeted research
Deliverable
Conduct a nationally competitive, priority-driven cancer research grant round, with funding agreements in place by the end of February 2010.
<i>Target met</i>
Deliverable
Continue support for Australia's Multi-site, Collaborative National Cancer Clinical Trials Groups through provision of common pharmaco and health economic services.
<i>Target met</i>
Deliverable
Pilot the Regional Multi-site Clinical Trials Capacity Building Network.
<i>Target met</i>

Education and service development

Deliverable

Continue to support development of resources for health professionals working in all areas of cancer care and make them available through the Cancer Learning website.

Target met

Deliverable

Continue development of multidisciplinary teams for the assessment and management of cancer care through engagement of, and collaboration with, the jurisdictions.

Target met

Deliverable

Develop a brief intervention protocol for health professionals caring for patients with lung cancer.

Target met

Deliverable

Provide access to resources on gynaecological cancers through the National Centre for Gynaecological Cancers' website, for both consumers and health professionals.

Target met

Deliverable

Develop an education module for health professionals on the psychosexual management of women with gynaecological cancers.

Target met

Deliverable

Pilot a minimum data set for cervical, endometrial and ovarian cancer in conjunction with NBOCC to identify its feasibility and the resources needed for sustainability.

Target met

Deliverable

Develop a national gynaecological cancers service delivery framework.

Target met

Deliverable

Facilitate the establishment of robust multidisciplinary teams through the provision of professional development resources and technical support. This will take into account diverse factors, including: geography, jurisdictional approaches, minimum caseload requirements on a population basis, and the level of specialisation required in order to improve outcomes.

Target met

Deliverable

Support health professionals to provide best practice care to women affected by gynaecological cancers, through the provision of information and fact sheets on all gynaecological cancers available through the National Centre for Gynaecological Cancers' website.

Target met

Consumer support and engagement**Deliverable**

Continued engagement of consumers in Cancer Australia's work, demonstrated by their participation in more than 90 per cent of Cancer Australia's advisory, reference and evaluation groups.

Target met

Deliverable

Continue to develop partnerships with community organisations that provide quality support networks for people affected by cancer, as reflected in new Building Cancer Support Networks grants.

Target met

TABLE 4.4

Program 1.1 Quantitative Deliverables

Targeted research
Deliverable
Percentage of patient-centred research funded through the Priority-driven Collaborative Cancer Research Scheme.
Target
>80%
Result
<i>Target met</i>
Deliverable
Maintain support for multi-site, collaborative, national cancer clinical trials groups.
Target
13
Result
<i>Target met</i>

TABLE 4.5

Program 1.1 Key Performance Indicators: Qualitative Indicators

Targeted research
Indicator
Continue emphasis on priority-based cancer research through the Priority-driven Collaborative Cancer Research Scheme, measured through fundable applications matching the published priorities of Cancer Australia.
<i>Target met</i>
Education and service development
Indicator
Strengthen cancer policy and clinical decision-making through better use of currently collected data, measured through uptake into policy and practice.
<i>Target met</i>
Consumer support and engagement
Indicator
Access to, and utility of, web-based cancer consumer support resources indicated through feedback from consumer organisations.
<i>Target met</i>

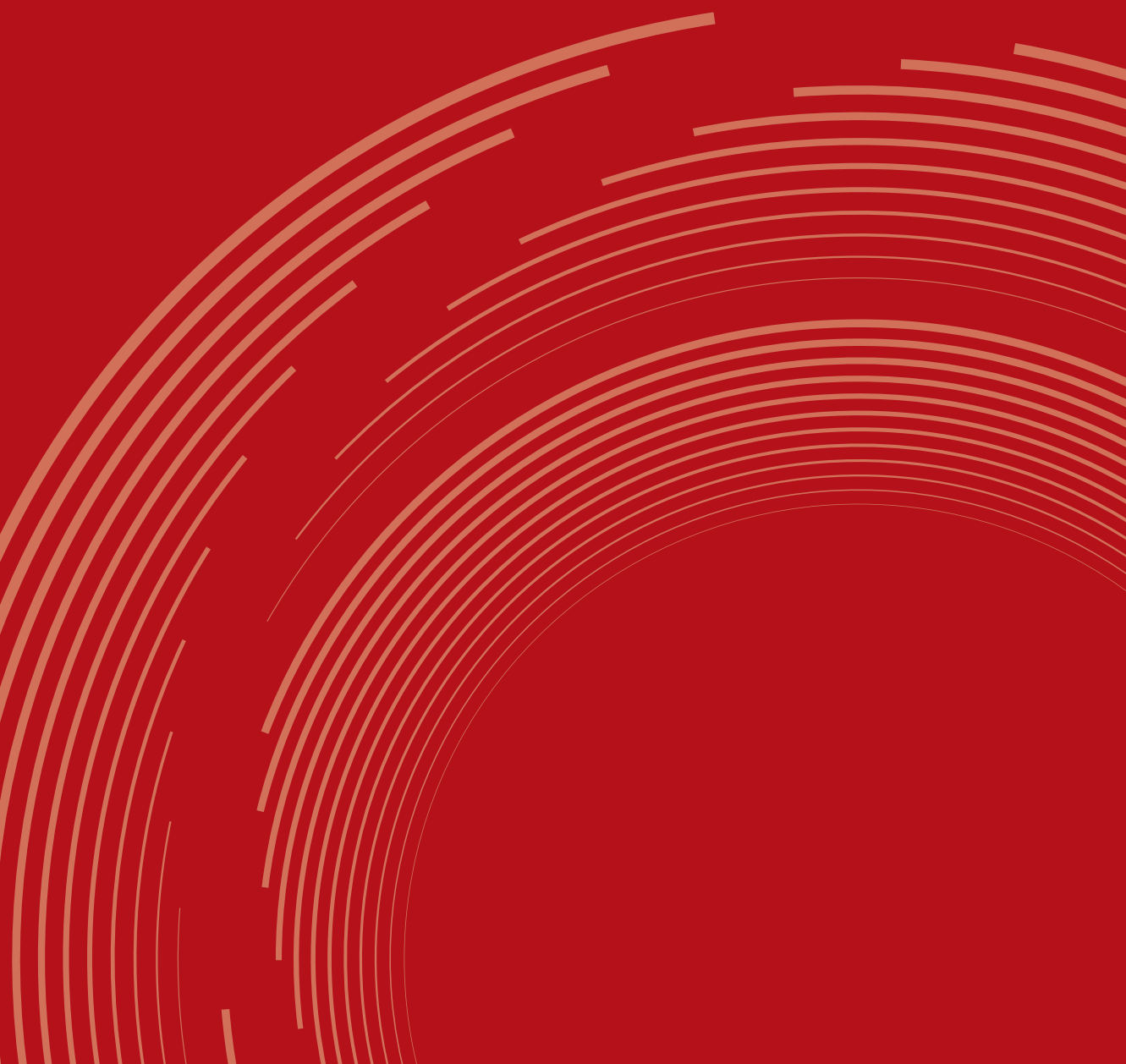
TABLE 4.6

Program 1.1 Key Performance Indicators: Quantitative Indicators

Targeted research
Indicator
Minimum number of cancer research grants funded through the Priority-driven Collaborative Cancer Research Scheme (the number of cancer research grants decline over forward years due to the Boost Cancer Research measure ceasing in 2010–11).
Target
11
Result
<i>Target met</i>
Education and service development
Indicator
Number of multidisciplinary teams aligned to Cancer Australia's programs (funding commences in 2009–10).
Target
18
Result
<i>Target met</i>
Consumer support and engagement
Indicator
Maintain consumer recruitment levels of individuals for involvement in Cancer Australia activities.
Target
40
Result
<i>Target met</i>



5 Management and accountability



5 Management and accountability

In 2009–10 Cancer Australia's Finance and Corporate Services team was responsible for providing financial, human resources, information technology (IT) and general administrative services as an integral part of Cancer Australia's operations.

Key results for the year

- » Implemented Purchase Order and Commitment Accounting modules within Cancer Australia's accounting system to increase control and assurance of committed and uncommitted funding.
- » Commenced redevelopment of the Cancer Australia website to improve the quality of information available to the Australian public.
- » Reduced the level of administration work within teams through the creation of new, consolidated templates and business process re-engineering.
- » Increased agency transparency through completion of the government's Operation Sunlight¹³ agenda.
- » Implemented a shared services agreement with the NHMRC.
- » Updated fraud control, risk management and business continuity plans.

Cancer Australia's Audited Financial Statements are at Appendix A. Other Mandatory Information reports for 2009–10 are at Appendix B, and cover:

- » advertising and market research
- » asset management
- » Australian National Audit Office access
- » Commonwealth Disability Strategy
- » consultancies
- » ecologically sustainable development
- » exempt contracts
- » external scrutiny
- » freedom of information (FOI)
- » grant programs
- » occupational health and safety
- » purchasing
- » resource statement and resource table by outcome.

¹³ Operation Sunlight is the Government's reform agenda to improve the openness and transparency of public sector budgetary and financial management and to promote good governance practices.

Corporate governance

Corporate and operational plans

In 2009–10 Cancer Australia implemented the third year of its three-year strategic plan.

The Chief Executive Officer and all national managers met regularly as a committee to assess progress against Cancer Australia's operational plan during the year, to make decisions on the strategic management of the agency and to resolve organisation-wide matters that needed attention.

Cancer Australia updated its Chief Executive Instructions and Delegation Schedules as required under the *Financial Management and Accountability Act 1997*.

Internal audit arrangements

Cancer Australia's Audit Committee met five 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. The committee includes two independent members appointed from outside Cancer Australia.

In 2009–10 Cancer Australia's auditor conducted the internal audit function. These audits were conducted in compliance with the risk-based internal audit plan, which has been endorsed by the Audit Committee.

Fraud control

In accordance with the requirements of the Commonwealth Fraud Control Guidelines, Cancer Australia developed a new version of its fraud control plan (2009–11) following a risk assessment. This is supported by appropriate procedures and processes for fraud prevention, detection, investigation, reporting and data collection that meet the specific needs of the agency and comply with Australian Government guidelines.

Ethical standards

Cancer Australia, as a statutory agency, is bound by the *Public Service Act 1999* and the guidelines of the APS Commission for the management and development of its people.

During the year Cancer Australia drew on the 'Managing our people' policies and procedures maintained by DoHA for guidance and maintenance of appropriate ethical standards. This was in addition to the continued development of Cancer Australia's own policies and procedures. In 2009–10 all employees took part in The Cancer Australia Performance and Development Management Scheme, designed to support high standards of work and performance.

Cancer Australia provided all new employees with a copy of the *Australian Public Service Values and Code of Conduct* to ensure awareness of ethical standards and expectations.

Remuneration for Senior Executive Service (SES) officers

The former Chief Executive Officer was a 'principal executive office' holder, as defined in the *Remuneration Tribunal Act 1973*. The position's remuneration was set by the Minister for Health and Ageing within the salary determination set by the Remuneration Tribunal each year.

One Senior Executive Service (SES) officer remains employed under an Australian Workplace Agreement (AWA). Remuneration was determined by the Chief Executive Officer, in accordance with remuneration guidelines promulgated by DoHA.

Consultancies

Annual reports contain information about actual expenditure on contracts for consultancies. Information on the value of Cancer Australia's contracts and consultancies is available on the AusTender website, www.tenders.gov.au, and in Appendix B of this report.

Financial overview

Cancer Australia achieved efficiencies across the organisation in 2009–10, in part due to business process re-engineering and establishing a shared services arrangement with NHMRC.

The 2009–10 departmental expenses were \$3,939,119 (GST exclusive).

The 2009–10 administered expenses were \$23,282,169 (GST exclusive).

A resource summary of Cancer Australia's administered and departmental expenses is provided in Appendix B. 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 A.

Management of human resources

As at 30 June, 2010, Cancer Australia had 20 positions, including 19 ongoing and 1 non-ongoing staff.

Most staff are located in Canberra, with three based in Melbourne and one in Sydney. The workforce is predominately female (86 per cent).

Staff members are attracted by the challenges of playing a role in reducing the impact of cancer, and Cancer Australia's significant work program. The organisation is committed to attracting and retaining appropriately skilled and dedicated staff and to offering staff flexible working conditions and competitive remuneration.

Cancer Australia staffing statistics

The distribution of staff by classification as at 30 June 2010 is shown in Table 5.1. The distribution of staff by classification as at 30 June 2009 is shown in Table 5.2. Salary structures are listed in Table 5.3 and employment arrangements in Table 5.4.

TABLE 5.1

Cancer Australia staff numbers by classification and full-time or part-time status at 30 June 2010

Classification	Female		Male		Total
	Full-time	Part-time	Full-time	Part-time	
Chief Executive Officer	1 S	0	0	0	1
Senior Executive Band 1	1	0	0	0	1
Executive Level (EL) 2	2 M 1	0	0	0	3
EL 1	4	0	2	0	6
APS 6	1 M 5	2	0	0	8
APS 5	0	0	0	0	0
APS 4	0	0	0	0	0
APS 1–3	0	0	0	0	0
Medical	0	1	0	0	1
Total	15	3	2	0	20

M—Melbourne based; S—Sydney based; All other staff Canberra based

TABLE 5.2

Cancer Australia staff numbers by classification and full-time or part-time status at 30 June 2009

Classification	Female		Male		Total
	Full-time	Part-time	Full-time	Part-time	
Chief Executive Officer	0	0	1	0	1
SES Band 1	1	0	0	0	1
Executive Level 2	2 M 1	0	0	0	3
EL 1	1 CH 4	0	2	0	7
APS 6	1 M 4	1	0	0	6
APS 5	1	1 A	0	0	2
APS 4	0	0	0	0	0
APS 1–3	0	0	0	0	0
Medical	0	1	0	0	1
Total	15	3	3	0	21

A—Adelaide based; CH—Coffs Harbour based; M—Melbourne based; All other staff Canberra based

TABLE 5.3

Salary structures at Cancer Australia

Classification	Salary range (\$)
EL2	99,190–141,063
EL1	83,137–94,819
APS Level 6	67,653–76,323
APS Level 5	61,326–64,728
APS Level 4	56,384–59,575
APS Level 3	49,766–55,162
APS Level 2	43,064–46,994
APS Level 1	36,847–41,381
Medical Officer salary structure	Salary range (\$)
Medical Officer Class 4	128,156–141,063
Medical Officer Class 3	117,518–123,044
Medical Officer Class 2	105,101–110,741
Medical Officer Class 1	74,627–96,046

TABLE 5.4

Employment arrangements

Staff	AWA	Common Law or s. 24
SES	1	
Non-SES	11	7

Cancer Australia staff are employed on individual employment contracts consistent with the relevant provisions of the *Public Service Act 1999*. Cancer Australia has linked its individual employment contracts to DoHA's Collective Agreement.

Performance pay

The former CEO was the only member of staff to receive performance pay in 2009–10. No other member of Cancer Australia staff was employed under performance-based remuneration conditions in 2009–10.

Training and development

Cancer Australia provides financial and leave assistance to its staff enrolled in external study or training that is relevant to the operational needs of the agency. In 2009–10 Cancer Australia budgeted an allocated training portion per staff member to ensure the continuation of its ongoing strategy of improving skills and knowledge across the agency.

Each staff member has the opportunity to identify and access appropriate training through the organisation's Performance Development Scheme.



Ministerial and parliamentary coordination

Cancer Australia provides quality, timely and relevant evidence based advice to the Minister for Health and Ageing on cancer-related issues, provides national leadership in cancer control and fulfils its program responsibilities. The agency collaborates closely with DoHA to support the Minister and implement Australian Government policies.

Appendices



Appendix A—Audited financial statements



INDEPENDENT AUDITOR'S REPORT

To the Minister for Health and Ageing

Scope

I have audited the accompanying financial statements of Cancer Australia for the year ended 30 June 2010, which comprise: the Statement by the Chief Executive and Chief Financial Officer; Statement of Comprehensive Income; Balance Sheet; Statement of Changes in Equity; Cash Flow Statement; Schedule of Commitments; Schedule of Asset Additions; Schedule of Administered Items; and Notes to and forming part of the Financial Statements, including a Summary of Significant Accounting Policies.

The Responsibility of the Chief Executive for the Financial Statements

Cancer Australia's Chief Executive is responsible for the preparation and fair presentation of the financial statements in accordance with the Finance Minister's Orders made under the *Financial Management and Accountability Act 1997*, including the Australian Accounting Standards (which include the Australian Accounting Interpretations). This responsibility includes establishing and maintaining internal controls relevant to the preparation and fair presentation of the financial statements that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

My responsibility is to express an opinion on the financial statements based on my audit. I have conducted my audit in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards. These auditing standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement.

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

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statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to Cancer Australia's preparation and fair presentation of the financial statements 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 Cancer Australia's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by Cancer Australia's Chief Executive, as well as evaluating the overall presentation of the financial statements.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Independence

In conducting the audit, I have followed the independence requirements of the Australian National Audit Office, which incorporate the requirements of the Australian accounting profession.

Auditor's Opinion

In my opinion, the financial statements of Cancer Australia:

- (a) have been prepared in accordance with the Finance Minister's Orders made under the *Financial Management and Accountability Act 1997*, including the Australian Accounting Standards; and
- (b) give a true and fair view of the matters required by the Finance Minister's Orders including Cancer Australia's financial position as at 30 June 2010 and its financial performance and cash flows for the year then ended.

Australian National Audit Office



Puspa Dash
Executive Director

Delegate of the Auditor-General

Canberra
22 October 2010

Cancer Australia

STATEMENT BY THE CHIEF EXECUTIVE AND CHIEF FINANCIAL OFFICER

In our opinion, the attached financial statements for the year ended 30 June 2010 are based on properly maintained financial records and give a true and fair view of the matters required by the Finance Minister's Orders made under the *Financial Management and Accountability Act 1997*, as amended.

Signed 

Helen Zorbas
Chief Executive Officer

22-Oct-10

Signed 

Mark Lewington
Chief Financial Officer

22-Oct-10

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STATEMENT OF COMPREHENSIVE INCOME
for the year ended 30 June 2010

	Notes	2010 \$	2009 \$
EXPENSES			
Employee benefits	3A	2,368,492	2,671,721
Supplier expenses	3B	1,514,829	1,342,320
Depreciation and amortisation	3C	45,795	179,951
Write-down and impairment of assets	3D	10,003	237,957
Total expenses		<u>3,939,119</u>	<u>4,431,949</u>
LESS:			
Own-source revenue			
Provision of goods and rendering of services	4A	158,413	413,745
Total own-source revenue		<u>158,413</u>	<u>413,745</u>
Gains			
Sale of assets	4B	-	-
Other Gains	4C	52,000	52,000
Total gains		<u>52,000</u>	<u>52,000</u>
Total own-source income		<u>210,413</u>	<u>465,745</u>
Net cost of services		<u>3,728,706</u>	<u>3,966,204</u>
Revenue from Government	4D	3,886,000	3,713,000
Surplus (Deficit) before income tax on continuing operations		<u>157,294</u>	<u>(253,204)</u>
Total comprehensive income (loss) attributable to the Australian Government		<u>157,294</u>	<u>(253,204)</u>

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

BALANCE SHEET*as at 30 June 2010*

	Notes	2010 \$	2009 \$
ASSETS			
Financial Assets			
Cash and cash equivalents	5A	38,220	68,802
Trade and other receivables	5B	1,592,354	1,238,258
Total financial assets		<u>1,630,574</u>	<u>1,307,060</u>
Non-Financial Assets			
Property, plant and equipment	6A,B	2,487	29,612
Intangibles	6C,D	5,923	29,029
Other	6E	2,836	10,154
Total non-financial assets		<u>11,246</u>	<u>68,795</u>
Total Assets		<u>1,641,820</u>	<u>1,375,855</u>
LIABILITIES			
Payables			
Suppliers	7A	336,817	44,078
Other	7B	134,404	43,391
Total payables		<u>471,221</u>	<u>87,469</u>
Provisions			
Employee provisions	8A	590,376	683,925
Other	8B	-	181,531
Total provisions		<u>590,376</u>	<u>865,456</u>
Total Liabilities		<u>1,061,597</u>	<u>952,925</u>
Net Assets		<u>580,223</u>	<u>422,929</u>
EQUITY			
Parent Entity Interest			
Retained surplus (accumulated deficit)		<u>580,223</u>	<u>422,929</u>
Total parent entity interest		<u>580,223</u>	<u>422,929</u>
Total Equity		<u>580,223</u>	<u>422,929</u>

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

STATEMENT OF CHANGES IN EQUITY
for the year ended 30 June 2010

	Retained earnings		Asset revaluation reserve		Contributed equity/capital		Total equity	
	2010	2009	2010	2009	2010	2009	2010	2009
	\$	\$	\$	\$	\$	\$	\$	\$
Opening balance								
Balance carried forward from previous period	422,929	676,138	-	-	-	-	422,929	676,138
Adjustment for errors	-	(4)	-	-	-	-	-	(4)
Adjustment for changes in accounting policies	-	-	-	-	-	-	-	-
Adjusted opening balance	422,929	676,134	-	-	-	-	422,929	676,134
Comprehensive income								
Other comprehensive income	-	-	-	-	-	-	-	-
Surplus (Deficit) for the period	157,294	(253,205)	-	-	-	-	157,294	(253,205)
Total comprehensive income	157,294	(253,205)	-	-	-	-	157,294	(253,205)
of which:								
Attributable to the Australian Government	157,294	(253,205)	-	-	-	-	157,294	(253,205)
Closing balance as at 30 June	580,223	422,929	-	-	-	-	580,223	422,929
Closing balance attributable to the Australian Government	580,223	422,929	-	-	-	-	580,223	422,929

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

CASH FLOW STATEMENT*for the year ended 30 June 2010*

	Notes	2010 \$	2009 \$
OPERATING ACTIVITIES			
Cash received			
Appropriations		3,500,636	3,614,808
Net GST received		66,898	94,596
Other revenue		337,407	499,805
Total cash received		<u>3,904,941</u>	<u>4,209,209</u>
Cash used			
Employees		2,461,792	2,657,992
Suppliers		1,468,163	1,722,307
Total cash used		<u>3,929,955</u>	<u>4,380,299</u>
Net cash from (used by) operating activities	9	<u>(25,014)</u>	<u>(171,090)</u>
INVESTING ACTIVITIES			
Cash received			
Proceeds from sales of property, plant and equipment		4,287	-
Total cash received		<u>4,287</u>	<u>-</u>
Cash used			
Purchase of property, plant and equipment		3,174	8,558
Purchase of intangibles		6,681	5,100
Total cash used		<u>9,855</u>	<u>13,658</u>
Net cash from (used by) investing activities		<u>(5,568)</u>	<u>(13,658)</u>
Net increase (decrease) in cash held		<u>(30,582)</u>	<u>(184,748)</u>
Cash and cash equivalents at the beginning of the reporting period		68,802	253,550
Cash and cash equivalents at the end of the reporting period	5A	<u>38,220</u>	<u>68,802</u>

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

SCHEDULE OF COMMITMENTS
as at 30 June 2010

	2010	2009
	\$	\$
BY TYPE		
Commitments receivable		
GST recoverable on commitments	9,307	54,939
Total commitments receivable	<u>9,307</u>	<u>54,939</u>
Commitments payable		
Other commitments		
Operating leases ¹	-	242,187
Other ²	93,069	362,143
Total other commitments	<u>93,069</u>	<u>604,330</u>
Net commitments by type	<u>83,762</u>	<u>549,391</u>
BY MATURITY		
Commitments receivable		
Operating lease income		
One year or less	9,307	54,939
From one to five years	-	-
Over five years	-	-
Total operating lease income	<u>9,307</u>	<u>54,939</u>
Commitments payable		
Operating lease commitments		
One year or less	-	242,187
From one to five years	-	-
Over five years	-	-
Total operating lease commitments	<u>-</u>	<u>242,187</u>
Other Commitments		
One year or less	93,069	362,143
From one to five years	-	-
Over five years	-	-
Total other commitments	<u>93,069</u>	<u>362,143</u>
Net commitments by maturity	<u>83,762</u>	<u>549,391</u>

NB: Commitments are GST inclusive where relevant.

Nature of lease/General description of leasing arrangement

¹ Operating Leases:

Cancer Australia did not have any operating lease commitments at 30 June 2010.

² 'Other' Commitments refer to agreements or contacts related to goods and services of which the supplier is yet to perform.

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

SCHEDULE OF ASSET ADDITIONS

for the year ended 30 June 2010

The following non-financial non-current assets were added in 2009–10:

	Property, plant & equipment \$	Intangibles \$	Total \$
By purchase—appropriation ordinary annual services	3,174	6,681	9,855
Total additions	3,174	6,681	9,855

The following non-financial non-current assets were added in 2008-09:

	Property, plant & equipment \$	Intangibles \$	Total \$
By purchase—appropriation ordinary annual services	8,558	5,100	13,658
Total additions	8,558	5,100	13,658

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

SCHEDULE OF ADMINISTERED ITEMS

	Notes	2010 \$	2009 \$
Income administered on behalf of Government			
<i>for the year ended 30 June 2010</i>			
Revenue			
Non-taxation revenue			
Return of grant monies	14A	<u>136,244</u>	<u>360,940</u>
Total non-taxation revenue		<u>136,244</u>	<u>360,940</u>
Total revenues administered on behalf of Government		<u>136,244</u>	<u>360,940</u>
Total income administered on behalf of Government		<u>136,244</u>	<u>360,940</u>
Expenses administered on behalf of Government			
<i>for the period ended 30 June 2010</i>			
Consultants	15A	<u>104,263</u>	<u>248,495</u>
Contractors	15A	<u>1,156,786</u>	<u>1,060,120</u>
Sitting and Advisory Fees	15A	<u>235,928</u>	<u>260,866</u>
Other	15A	<u>230,015</u>	<u>234,915</u>
Grants	15B	<u>21,555,177</u>	<u>22,150,584</u>
Total expenses administered on behalf of Government		<u>23,282,169</u>	<u>23,954,980</u>

This schedule should be read in conjunction with the accompanying notes.

SCHEDULE OF ADMINISTERED ITEMS

	Notes	2010 \$	2009 \$
Assets administered on behalf of Government			
<i>as at 30 June 2010</i>			
Financial assets			
Cash and cash equivalents	16A	<u>240,068</u>	<u>595,631</u>
Receivables	16B	<u>992,300</u>	<u>958,407</u>
Total financial assets		<u>1,232,368</u>	<u>1,554,038</u>
Total assets administered on behalf of Government		<u>1,232,368</u>	<u>1,554,038</u>
Liabilities administered on behalf of Government			
<i>as at 30 June 2010</i>			
Payables			
Suppliers	17A	<u>108,167</u>	<u>83,548</u>
Grants	17B	<u>6,772,515</u>	<u>3,256,203</u>
Total payables		<u>6,880,682</u>	<u>3,339,751</u>
Total liabilities administered on behalf of Government		<u>6,880,682</u>	<u>3,339,751</u>

This schedule should be read in conjunction with the accompanying notes.

SCHEDULE OF ADMINISTERED ITEMS

	Notes	2010 \$	2009 \$
Administered Cash Flows			
<i>for the year ended 30 June 2010</i>			
OPERATING ACTIVITIES			
Cash received			
Net GST received		2,136,398	2,035,081
Other receipts		125,336	360,940
Total cash received		<u>2,261,734</u>	<u>2,396,021</u>
Cash used			
Grant payments		21,555,177	21,953,268
Suppliers		365,634	1,701,753
Total cash used		<u>21,920,811</u>	<u>23,655,021</u>
Net cash flows from (used by) operating activities		<u>(19,659,077)</u>	<u>(21,259,000)</u>
Net Increase (Decrease) in Cash Held		<u>(19,659,077)</u>	<u>(21,259,000)</u>
Cash and cash equivalents at the beginning of the reporting period		595,631	38,832
Cash from Official Public Account for:			
– Appropriations		19,419,568	22,176,738
		<u>20,015,199</u>	<u>22,215,570</u>
Cash to Official Public Account for:			
– Appropriations		116,054	360,940
		<u>116,054</u>	<u>360,940</u>
Cash and cash equivalents at the end of the reporting period	16A	<u>240,068</u>	<u>595,631</u>

This schedule should be read in conjunction with the accompanying notes.

SCHEDULE OF ADMINISTERED ITEMS

	2010	2009
	\$	\$
Administered Commitments		
<i>as at 30 June 2010</i>		
BY TYPE		
Commitments receivable		
GST recoverable on commitments	<u>2,204,576</u>	941,008
Total commitments receivable	<u>2,204,576</u>	<u>941,008</u>
Commitments payable		
Other commitments		
Other ¹	<u>26,726,362</u>	10,696,583
Total other commitments	<u>26,726,362</u>	<u>10,696,583</u>
Net commitments by type	<u>24,521,786</u>	<u>(9,755,575)</u>
BY MATURITY		
Other commitments receivable		
One year or less	1,076,471	707,444
From one to five years	1,128,105	233,564
Over five years	-	-
Total other commitment receivable	<u>2,204,576</u>	<u>941,008</u>
Commitments payable		
Other commitments		
One year or less	13,129,287	8,127,374
From one to five years	13,597,075	2,569,209
Over five years	-	-
Total other commitments	<u>26,726,362</u>	<u>10,696,583</u>
Net commitments by maturity	<u>24,521,786</u>	<u>9,755,575</u>

NB: Commitments are GST inclusive where relevant.

Cancer Australia provides funding to support the Australian Government's initiative to improve cancer control.

¹ A commitment is recorded by Cancer Australia at the time an agreement or contract is entered into of which the grantee or supplier has yet to provide the goods or services.

This schedule should be read in conjunction with the accompanying notes.

Notes to and forming part of the Financial Statements

Note 1: Summary of Significant Accounting Policies

1.1 Objectives of Cancer Australia

Cancer Australia is a statutory agency established under the *Financial Management and Accountability Act 1997*, and is also subject to the *Public Service Act 1999* and the *Auditor-General Act 1997*. The objectives of Cancer Australia as specified in the Cancer Australia Act 2006, are to: 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 structured to meet one outcome:

Outcome 1: Minimised impacts of cancer, including through national leadership in cancer control, with targeted research, cancer service development, education and consumer support.

Cancer Australia activities contributing towards the outcome are classified as either departmental or administered. Departmental activities involve the use of assets, liabilities, income and expenses controlled or incurred by Cancer Australia in its own right. Administered activities involve the management or oversight by Cancer Australia, on behalf of the Government, of items controlled or incurred by the Government.

The continued existence of Cancer Australia in its present form and with its present programs is dependent on Government policy and on continuing appropriations by Parliament for Cancer Australia's administration and programs.

Departmental and Administered activities are identified under the one Cancer Australia Outcome.

The Government announced on 15 June 2010 its intention to amalgamate Cancer Australia, with the National Breast and Ovarian Cancer Centre (NBOCC). The planned amalgamation will take effect from early 2011-12. The amalgamated agency will be called Cancer Australia.

1.2 Basis of Preparation of the Financial Statements

The financial statements are required by section 49 of the *Financial Management and Accountability Act 1997* and are general purpose financial statements.

The financial statements have been prepared in accordance with:

- » Finance Minister's Orders (or FMO's) for reporting periods ending on or after 1 July 2009; and
- » Australian Accounting Standards and Interpretations 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 and values are rounded to the nearest dollar unless otherwise specified.

Unless an alternative treatment is specifically required by an accounting standard or the FMO, assets and liabilities are recognised in the balance sheet when and only when it is probable that future economic benefits will flow to the entity or a future sacrifice of economic benefits will be required and the amounts of the assets or liabilities can be reliably measured. However, assets and liabilities arising under Agreements Equally Proportionately Unperformed are not recognised unless required by an accounting standard. Liabilities and assets that are unrecognised are reported in the schedule of commitments or the schedule of contingencies.

Unless alternative treatment is specifically required by an accounting standard, income and expenses are recognised in the statement of comprehensive income when and only when the flow, consumption or loss of economic benefits has occurred and can be reliably measured.

Administered revenues, expenses, assets and liabilities and cash flows reported in the Schedule of Administered Items and related notes are accounted for on the same basis and using the same policies as for departmental items, except where otherwise stated at Note 1.20.

1.3 Significant Accounting Judgements and Estimates

In the process of applying the accounting policies listed in this note, Cancer Australia has made the judgement that there is no significant impact on the amounts recorded in the financial statements.

No accounting assumptions and 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.

1.4 New Australian Accounting Standards

Adoption of New Australian Accounting Standard Requirements

No accounting standard has been adopted earlier than the application date as stated in the standard. There have been no new standards, amendments to standards or interpretations that have been issued by the AASB in the current financial year which have had a material impact on Cancer Australia.

Future Australian Accounting Standard Requirements

A number of new standards, amendments to standards or interpretations have been issued by the Australian Accounting Standards Board but are effective for future reporting periods. It is estimated that the impact of adopting these pronouncements when effective will have no material financial impact on future reporting periods.

1.5 Revenue

Revenue from Government

Amounts appropriated for departmental outputs for the year (adjusted for any formal additions and reductions) are recognised as revenue 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.

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.

Resources received free of charge are recorded as either revenue or gains depending on their nature.

Other Types of Revenue

Revenue from the sale of goods is recognised when:

- » the risks and rewards of ownership have been transferred to the buyer;
- » Cancer Australia retains no managerial involvement or effective control over the goods;
- » the revenue and transaction costs incurred can be reliably measured; and
- » it is probable that the economic benefits associated with the transaction will flow to the entity.

Revenue from rendering of services is recognised by reference to the stage of completion of contracts at the reporting date. The revenue is recognised when:

- » the amount of revenue, stage of completion and transaction costs incurred can be reliably measured; and
- » the probable economic benefits associated with the transaction will flow to the entity.

The stage of completion of contracts at the reporting date is determined by reference to:

- » services performed to date as a percentage of total services to be performed.

Receivables for goods and services, which have 30 day terms, 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.

Interest revenue is recognised using the effective interest method as set out in AASB 139 *Financial Instruments: Recognition and Measurement*.

1.6 Gains**Other Resources Received Free of Charge**

Resources received free of charge are recognised as gains 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.

Resources received free of charge are recorded as either revenue or gains depending on their nature.

Contributions of assets at no cost of acquisition or for nominal consideration are recognised as gains at their fair value when the asset qualifies for recognition, unless received from another Government Cancer Australia or authority as a consequence of a restructuring of administrative arrangements (Refer to Note 1.7).

Sale of Assets

Gains from disposal of non-current assets are recognised when control of the asset has passed to the buyer.

1.7 Transactions with the Government as Owner

Equity Injections

Amounts appropriated which are designated as 'equity injections' for a year (less any formal reductions) are recognised directly in contributed equity in that year.

1.8 Employee Benefits

Liabilities for services rendered by employees are recognised at the reporting date to the extent that they have not been settled.

Liabilities for 'short-term employee benefits' (as defined in AASB 119 Employee Benefits) and termination benefits due within twelve months of end of reporting period are measured at their nominal amounts.

The nominal amount is calculated with regard to the rates expected to be paid on settlement of the liability.

All other employee benefit liabilities are measured at the present value of the estimated future cash outflows to be made in respect of services provided by employees up to the reporting date.

Leave

The liability for employee benefits includes provision for annual leave and long service leave. No provision has been made for sick leave as all sick leave is non-vesting and the average sick leave taken in future years by employees of Cancer Australia is estimated to be less than the annual entitlement for sick 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 employer 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.

Separation and Redundancy

Provision is made for separation and redundancy benefit payments. Cancer Australia recognises a provision for termination when it has developed a detailed formal plan for the terminations and has informed those employees affected that it will carry out the terminations.

Superannuation

Staff of Cancer Australia are members of the Commonwealth Superannuation Scheme (CSS), the Public Sector Superannuation Scheme (PSS) or the PSS accumulation plan (PSSap).

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 by the Department of Finance and Deregulation as an administered item.

Cancer Australia makes employer contributions to the employee superannuation scheme at rates determined by an actuary to be sufficient to meet the current cost to the Government of the superannuation entitlements of Cancer Australia's employees. 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.

1.9 Leases

Operating lease payments are expensed on a straight-line basis which is representative of the pattern of benefits derived from the leased assets.

Cancer Australia has no finance leases.

1.10 Borrowing Costs

All borrowing costs are expensed as incurred.

1.11 Cash

Cash and cash equivalents includes cash on hand, cash held with outsiders, 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. Cash is recognised at its nominal amount.

1.12 Financial Assets

Cancer Australia classifies its financial assets in the following categories:

- » loans and receivables.

The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

Financial assets are recognised and derecognised upon trade date.

Effective Interest Method

The effective interest method is a method of calculating the amortised cost of a financial asset and of allocating interest income over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, or, where appropriate, a shorter period.

Income is recognised on an effective interest rate basis except for financial assets that are recognised at fair value through profit or loss.

Loans and Receivables

Trade receivables, loans and other receivables that have fixed or determinable payments that are not quoted in an active market are classified as 'loans and receivables'. Loans and receivables are measured at amortised cost using the effective interest method less impairment. Interest is recognised by applying the effective interest rate.

Impairment of Financial Assets

Financial assets are assessed for impairment at the end of each reporting period.

- » Financial assets held at amortised cost—if there is objective evidence that an impairment loss has been incurred for loans and receivables or held to maturity investments held at amortised cost, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of estimated future cash flows discounted at the asset's original effective interest rate. The carrying amount is reduced by way of an allowance account. The loss is recognised in the statement of comprehensive income.
- » Financial assets held at cost—If there is objective evidence that an impairment loss has been incurred the amount of the impairment loss is the difference between the carrying amount of the asset and the present value of the estimated future cash flows discounted at the current market rate for similar assets.

1.13 Financial Liabilities

Financial liabilities are classified as either financial liabilities 'at fair value through profit or loss' or other financial liabilities.

Financial liabilities are recognised and derecognised upon 'trade date'.

Financial Liabilities at Fair Value Through Profit or Loss

Financial liabilities at fair value through profit or loss are initially measured at fair value. Subsequent fair value adjustments are recognised in profit or loss. The net gain or loss recognised in profit or loss incorporates any interest paid on the financial liability.

Other Financial Liabilities

Other financial liabilities, including borrowings, are initially measured at fair value, net of transaction costs.

Other financial liabilities are subsequently measured at amortised cost using the effective interest method, with interest expense recognised on an effective yield basis.

The effective interest method is a method of calculating the amortised cost of a financial liability and of allocating interest expense over the relevant period. The effective interest rate is the rate that exactly discounts estimated future cash payments through the expected life of the financial liability, or, where appropriate, a shorter period.

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).

1.14 Contingent Liabilities and Contingent Assets

Contingent liabilities and contingent assets are not recognised in the balance sheet but are reported in the relevant schedules and 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.

1.15 Acquisition of Assets

Assets are recorded at cost on acquisition except as stated below. The cost of acquisition includes the fair value of assets transferred in exchange 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 Cancer Australia's accounts immediately prior to the restructuring.

1.16 Property, Plant and Equipment

Asset Recognition Threshold

Purchases of property, plant and equipment are recognised initially at cost in the balance sheet, 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).

The initial cost of an asset includes an estimate of the cost of dismantling and removing the item and restoring the site on which it is located. This is particularly relevant to 'make good' provisions in property leases taken up by Cancer Australia where there exists an obligation to restore property to its original condition. These costs are included in the value of Cancer Australia's leasehold improvements with a corresponding provision for the 'make good' recognised.

Revaluations

Fair values for each class of asset are determined as shown below:

<i>Asset Class</i>	<i>Fair value measured at</i>
Infrastructure, plant and equipment	Market selling price

Following initial recognition at cost, property plant and equipment are carried at fair value less subsequent accumulated depreciation and accumulated impairment losses. Valuations are conducted with sufficient frequency to ensure that the carrying amounts of assets do not differ materially from the assets' fair values as at the reporting date. The regularity of independent valuations depends upon the 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 reverses 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 reverse a previous revaluation increment for that class.

Any accumulated depreciation as at the revaluation date is eliminated against the gross carrying amount of the asset and the asset restated to the revalued amount.

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:

	2010	2009
Plant and Equipment	3 years	3 to 20 years

Impairment

All assets were assessed for impairment at 30 June 2010. 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.

The recoverable amount of an asset is the higher of its fair value less costs to sell 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.

1.18 Intangibles

Cancer Australia's intangibles comprise internally developed software for internal use and purchased software. These assets are carried at cost less accumulated amortisation and accumulated impairment losses.

Software is amortised on a straight-line basis over its anticipated useful life. The useful lives of Cancer Australia's software are 3 years (2008-09: 3 years).

All software assets were assessed for indications of impairment as at 30 June 2010.

1.19 Taxation / Competitive Neutrality

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

Revenues, expenses and assets are recognised net of GST except:

- » where the amount of GST incurred is not recoverable from the Australian Taxation Office; and
- » for receivables and payables.

1.20 Reporting of Administered Activities

Administered revenues, expenses, assets, liabilities and cash flows are disclosed in the schedule of administered items and related notes.

Except where otherwise stated below, 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.

Administered Cash Transfers to and from the Official Public Account

Revenue collected by Cancer Australia for use by the Government rather than Cancer Australia is administered revenue. Collections are transferred to the Official Public Account maintained by the Department of Finance and Deregulation. 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 Cancer Australia on behalf of the Government and reported as such in the statement of cash flows in the schedule of administered items and in the administered reconciliation table in Note 18: Administered Reconciliation Table.

Revenue

All administered revenues are revenues relating to the course of ordinary activities performed by Cancer Australia on behalf of the Australian Government.

Loans and Receivables

Where loans and receivables are not subject to concessional treatment, they are carried at amortised cost using the effective interest method. Gains and losses due to impairment, derecognition and amortisation are recognised through profit or loss.

Grants and Subsidies

Cancer Australia administers a number of grant and subsidy schemes on behalf of the Government.

Grant and subsidy 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. A commitment is recorded when the Government enters into an agreement to make these grants but services have not been performed or criteria satisfied.

Changes in the comparatives of some administered items have been made. Where this has occurred, details have been included in the Note as such.

Note 2: Events After the Reporting Period

Cancer Australia are not aware of any events occurring after 30 June 2010 that have the potential to significantly affect the financial statements of Cancer Australia.

2008/09: On the 30 September 2009, Cancer Australia moved to a shared services model with the National Health and Medical Research Council (NHMRC). This projected move required Cancer Australia to recognise at 30 June 2009, the value of the cessation of its current services that would be provided by the NHMRC, as at 1 October 2009.

Note 3: Expenses

	2010	2009
	\$	\$
Note 3A: Employee Benefits		
Wages and salaries	1,840,660	1,944,589
Superannuation:		
Defined contribution plans	165,538	156,891
Defined benefit plans	143,735	193,353
Leave and other entitlements	218,559	376,888
Total employee benefits	<u>2,368,492</u>	<u>2,671,721</u>
Note 3B: Suppliers		
Goods and services		
Consultants	191,174	136,671
Contractors	288,429	105,424
Printing	232,880	-
Make good expense	101,963	-
Licences	70,777	192,790
Other	372,672	380,832
Total goods and services	<u>1,257,895</u>	<u>815,718</u>
Goods and services are made up of:		
Provision of goods—external parties	270,972	38,247
Rendering of services—related entities	304,074	188,146
Rendering of services—external parties	682,849	589,325
Total goods and services	<u>1,257,895</u>	<u>815,718</u>
Service Level Agreement—related entities ¹	131,392	-
Operating lease rentals—external parties:		
Minimum lease payments	110,038	507,117
Workers compensation expenses	15,504	19,485
Total other supplier expenses	<u>256,934</u>	<u>526,602</u>
Total supplier expenses	<u>1,514,829</u>	<u>1,342,320</u>

¹ During the 2009–10 financial year, Cancer Australia entered into a shared services arrangement with the National Health and Medical Research (NHMRC). The shared services included co-location, IT infrastructure and support, HR administrative support, and travel/accommodation services at marginal cost. Cancer Australia has not been able to quantify the difference between the marginal cost and the market value of the services provided.

Note 3: Expenses

	2010	2009
	\$	\$

Note 3C: Depreciation and Amortisation

Depreciation:

Infrastructure, plant and equipment	23,086	92,900
Total depreciation	23,086	92,900

Amortisation:

Intangibles:

Computer Software—Internally developed	7,040	27,930
Computer Software—Purchased	15,669	59,121
Total amortisation	22,709	87,051
Total depreciation and amortisation	45,795	179,951

Note 3D: Write-Down and Impairment of Assets

Asset write-downs and impairments from:

Impairment of property, plant and equipment	2,925	-
Impairment on intangible assets	7,078	237,957
Total write-down and impairment of assets	10,003	237,957

The Government announced on 15 June 2010 its intention to amalgamate Cancer Australia, with the National Breast and Ovarian Cancer Centre (NBOCC). The planned amalgamation will take effect from early 2011–12. The amalgamated agency will be called Cancer Australia.

Note 4: Income

	2010	2009
	\$	\$
REVENUE		
Note 4A: Provision of Goods and Rendering of Services		
Rendering of services—related entities	128,551	413,745
Rendering of services—external parties	<u>29,862</u>	<u> </u>
Total other revenue	<u>158,413</u>	<u>413,745</u>
GAINS		
Note 4B: Sale of Assets		
Property, plant and equipment:		
Proceeds from sale	4,287	-
Carrying value of assets sold	<u>(4,287)</u>	<u> </u>
Net gain from sale of assets	<u> </u>	<u> </u>
Note 4C: Other Gains		
Resources received free of charge	<u>52,000</u>	<u>52,000</u>
Total other gains	<u>52,000</u>	<u>52,000</u>
REVENUE FROM GOVERNMENT		
Note 4D: Revenue from Government		
Appropriations:		
Departmental outputs	<u>3,886,000</u>	<u>3,713,000</u>
Total revenue from Government	<u>3,886,000</u>	<u>3,713,000</u>

Note 5: Financial Assets

	2010	2009
	\$	\$
Note 5A: Cash and Cash Equivalents		
Cash on hand or on deposit	38,220	68,802
Total cash and cash equivalents	<u>38,220</u>	<u>68,802</u>
Note 5B: Trade and Other Receivables		
Good and Services:		
Goods and services—related entities	2,890	69,704
Goods and services—external parties	330	4,721
Total receivables for goods and services	<u>3,220</u>	<u>74,425</u>
Appropriations receivable:		
For existing outputs	1,541,893	1,156,528
Total appropriations receivable	<u>1,541,893</u>	<u>1,156,528</u>
Other receivables:		
GST receivable from the Australian Taxation Office	47,241	7,305
Total other receivables	<u>47,241</u>	<u>7,305</u>
Total trade and other receivables (gross)	<u>1,592,354</u>	<u>1,238,258</u>
Total trade and other receivables (net)	<u>1,592,354</u>	<u>1,238,258</u>
Receivables are expected to be recovered in:		
No more than 12 months	1,592,354	1,238,258
More than 12 months	-	-
Total trade and other receivables (net)	<u>1,592,354</u>	<u>1,238,258</u>
Receivables are aged as follows:		
Not overdue	1,592,354	1,207,230
Overdue by:		
0 to 30 days	-	31,028
31 to 60 days	-	-
61 to 90 days	-	-
More than 90 days	-	-
Total receivables (gross)	<u>1,592,354</u>	<u>1,238,258</u>

No allowance for impairment was required at reporting date

Note 6: Non-Financial Assets

	2010	2009
	\$	\$

Note 6A: Property, Plant and Equipment

Property, plant and equipment:

Fair value	390,784	393,122
Accumulated depreciation	(242,127)	(220,265)
Accumulated impairment losses	(146,170)	(143,245)
Total other property, plant and equipment	2,487	29,612
Total property, plant and equipment	2,487	29,612

Impairment testing was conducted on property, plant and equipment in accordance with Note 1.

Furniture and fittings and other office equipment are not currently in use and have been placed in storage. Assets in storage will be sold within the next 12 months.

Note 6: Non-Financial Assets

Note 6B: Reconciliation of the Opening and Closing Balances of Property, Plant and Equipment (2009–10)

	Property, plant & equipment \$	Total \$
As at 1 July 2009		
Gross book value	393,122	393,122
Accumulated depreciation and impairment	(363,510)	(363,510)
Net book value 1 July 2009	29,612	29,612
Additions:		
By purchase	3,174	3,174
Impairment on property, plant and equipment	(2,925)	(2,925)
Depreciation expense	(23,087)	(23,087)
Other movements:		
Write back of depreciation on disposal	1,225	1,225
Disposals:		
Other disposals	(5,512)	(5,512)
Net book value 30 June 2010	2,487	2,487
Net book value as of 30 June 2010 represented by:		
Gross book value	390,784	390,784
Accumulated depreciation	(242,127)	(242,127)
Accumulated impairment losses	(146,170)	(146,170)
	2,487	2,487
As at 1 July 2008		
Gross book value	405,041	405,041
Accumulated depreciation and impairment	(139,670)	(139,670)
Net book value 1 July 2008	265,371	265,371
Additions:		
By purchase	8,558	8,558
Impairment on property plant & equipment	(143,245)	(143,245)
Depreciation expense	(92,900)	(92,900)
Other movements:		
Write back of depreciation on disposal	2,961	2,961
Disposals:		
Other disposals	(11,133)	(11,133)
Net book value 30 June 2009	29,612	29,612
Net book value as of 30 June 2009 represented by:		
Gross book value	393,122	393,122
Accumulated depreciation	(220,265)	(220,265)
Accumulated impairment losses	(143,245)	(143,245)
	29,612	29,612

Note 6: Non-Financial Assets

	2010	2009
	\$	\$

Note 6C: Intangibles

Computer software:

Internally developed—in use	83,790	83,790
Purchased	184,157	177,476
Total computer software (gross)	267,947	261,266
Accumulated amortisation	(168,405)	(145,696)
Accumulated impairment losses	(93,619)	(86,541)
Total computer software (net)	5,923	29,029
Total intangibles	5,923	29,029

Impairment testing was conducted on intangibles in accordance with Note 1.

No intangibles are expected to be sold or disposed of within the next 12 months.

Note 6: Non-Financial Assets

Note 6D: Reconciliation of the Opening and Closing Balances of Intangibles (2009–10)

	Computer software internally developed \$	Computer software purchased \$	Total \$
As at 1 July 2009			
Gross book value	83,790	177,476	261,266
Accumulated amortisation and impairment	(74,480)	(157,757)	(232,237)
Net book value 1 July 2009	9,310	19,719	29,029
Additions:			
By purchase	-	6,681	6,681
Impairment on intangibles	(2,270)	(4,808)	(7,078)
Amortisation	(7,040)	(15,669)	(22,709)
Net book value 30 June 2010	-	5,923	5,923
Net book value as of 30 June 2010 represented by:			
Gross book value	83,790	184,157	267,947
Accumulated amortisation and impairment	(60,449)	(107,956)	(168,405)
Accumulated impairment losses	(23,341)	(70,278)	(93,619)
	-	5,923	5,923
As at 1 July 2008			
Gross book value	83,790	172,376	256,166
Accumulated amortisation and impairment	(25,479)	(33,166)	(58,645)
Net book value 1 July 2008	58,311	139,210	197,521
Additions:			
By purchase	-	5,100	5,100
Impairment on intangibles	(21,071)	(65,470)	(86,541)
Amortisation	(27,930)	(59,121)	(87,051)
Net book value 30 June 2009	9,310	19,719	29,029
Net book value as of 30 June 2009 represented by:			
Gross book value	83,790	177,476	261,266
Accumulated amortisation and impairment	(53,409)	(92,287)	(145,696)
Accumulated impairment losses	(21,071)	(65,470)	(86,541)
	9,310	19,719	29,029

Note 6: Non-Financial Assets

	2010	2009
	\$	\$
Note 6E: Other Non-Financial Assets		
Prepayments	2,836	10,154
Total other non-financial assets	<u>2,836</u>	<u>10,154</u>
No indicators of impairment were found for other non-financial assets.		
Total other non-financial assets—are expected to be recovered in:		
No more than 12 months	2,836	10,154
More than 12 months	-	-
Total other non-financial assets	<u>2,836</u>	<u>10,154</u>

Note 7: Payables

	2010	2009
	\$	\$
Note 7A: Suppliers		
Trade creditors and accruals	336,817	44,078
Total supplier payables	<u>336,817</u>	<u>44,078</u>
Supplier payables expected to be settled within 12 months:		
Related entities	114,310	-
External parties	222,507	44,078
Total	<u>336,817</u>	<u>44,078</u>
Total supplier payables	<u>336,817</u>	<u>44,078</u>
Settlement is usually made within 30 days.		
Note 7B: Other Payables		
Salaries and wages	30,537	28,497
Superannuation	5,081	5,159
Other	98,786	9,735
Total other payables	<u>134,404</u>	<u>43,391</u>
Total other payables are expected to be settled in:		
No more than 12 months	134,404	43,391
More than 12 months	-	-
Total other payables	<u>134,404</u>	<u>43,391</u>

Note 8: Provisions

	2010	2009
	\$	\$
Note 8A: Employee Provisions		
Leave	590,376	683,925
Total employee provisions	<u>590,376</u>	<u>683,925</u>
Employee provisions are expected to be settled in:		
No more than 12 months	236,150	289,955
More than 12 months	354,226	393,970
Total employee provisions	<u>590,376</u>	<u>683,925</u>
Note 8B: Other Provisions		
Provision for onerous contracts	-	181,531
Total other provisions	<u>-</u>	<u>181,531</u>
Other provisions are expected to be settled in:		
No more than 12 months	-	181,531
Total other provisions	<u>-</u>	<u>181,531</u>
	Provision for onerous contracts	Total
Carrying amount 1 July 2009	181,531	181,531
Additional provisions made	-	-
Amounts used	(181,531)	(181,531)
Closing balance 2010	<u>-</u>	<u>-</u>

Cancer Australia moved to a shared services arrangement with another agency on 1 October 2009. Cancer Australia had two leasing arrangements; one on premises and the other on IT hardware and software. The move to a shared services arrangement resulted in some onerous contracts which were paid out in 2009–2010.

Note 9: Cash Flow Reconciliation

	2010	2009
	\$	\$
Reconciliation of cash and cash equivalents as per Balance Sheet to Cash Flow Statement		
Cash and cash equivalents as per:		
Cash flow statement	38,220	68,802
Balance sheet	38,220	68,802
Difference	<u>-</u>	<u>-</u>
Reconciliation of net cost of services to net cash from operating activities:		
Net cost of services	(3,728,706)	(3,966,204)
Add revenue from Government	3,886,000	3,713,000
Adjustments for non-cash items		
Depreciation / amortisation	45,795	179,951
Net write down of non-financial assets	10,003	237,958
Gain on disposal of assets	-	-
Changes in assets / liabilities		
(Increase) / decrease in net receivables	(354,096)	(50,059)
(Increase) / decrease in prepayments	7,318	41,007
Increase / (decrease) in employee provisions	(93,549)	26,702
Increase / (decrease) in supplier payables	292,739	(542,258)
Increase / (decrease) in other provisions	(181,531)	181,531
Increase / (decrease) in other payables	91,013	7,282
Net cash from (used by) operating activities	<u>(25,014)</u>	<u>(171,090)</u>

Note 10: Contingent Liabilities and Assets

Cancer Australia has not identified any quantifiable, unquantifiable or remote contingent assets or liabilities as at 30 June 2010 (2008–09: Nil)

Note 11: Senior Executive Remuneration

	2010	2009
Note 11A: Actual Remuneration Paid to Senior Executives		
Executive Remuneration		
The number of senior executives who received:		
\$160,000 to \$174,999	1	-
\$250,000 to \$264,999	-	1
\$265,000 to \$279,999	1	-
\$340,000 to \$354,999	-	1
Total	<u>2</u>	<u>2</u>

Total expense recognised in relation to Senior Executive employment

	\$	\$
Short-term employee benefits:		
Salary (including annual leave taken)	322,369	430,327
Changes in annual leave provisions	9,269	24,038
Performance bonus ¹	20,613	18,276
Other ²	37,449	75,616
Total Short-term employee benefits	<u>389,700</u>	<u>548,257</u>
Superannuation (post-employment benefits)	48,368	53,582
Other long-term benefits	-	-
Total	<u>438,068</u>	<u>601,839</u>

Notes

¹ A performance bonus of \$2,741.82 relates to 2009-10.

² "Other" includes housing allowance, reunion allowance and FBT expense.

Note 11: Senior Executive Remuneration

Note 11B: Salary Packages for Senior Executives

Average annualised remuneration packages for substantive Senior Executives

	As at 30 June 2010			As at 30 June 2009		
	No. SES	Base salary (including annual leave) \$	Total remuneration package ¹ \$	No. SES	Base salary (including annual leave) \$	Total remuneration package ¹ \$
Total remuneration:						
\$145,000 to \$159,999*	1	133,813	150,762	-	-	-
\$220,000 to \$234,999	1	198,233	233,320	1	192,050	229,988
\$340,000 to \$354,999	-	-	-	1	255,347	347,814
Total	2			2		

Notes

1. Non-Salary elements available to Senior Executives include:

- (a) Performance Bonus
- (b) Motor vehicle allowance
- (c) Superannuation
- (d) Housing allowance
- (e) Reunion allowance
- (f) FBT expense
- (g) Annual leave expense

*The Minister appointed the CEO to Cancer Australia on 15 June 2010. The remuneration package in the above table represents the portion of the CEO's salary that relates to Cancer Australia only. The CEO is also an office holder at the National Breast and Ovarian Cancer Centre.

Note 12: Remuneration of Auditors

	2010	2009
	\$	\$

Financial statement audit services were provided free of charge to the Agency.

The fair value of the services provided was for:

Financial statement audit	52,000	52,000
	<u>52,000</u>	<u>52,000</u>

No other services were provided by the Auditor-General.

Note 13: Financial Instruments

	2010	2009
	\$	\$

Note 13A: Categories of Financial Instruments

Financial Assets

Loans and receivables:

Cash and cash equivalents	38,220	68,802
Trade receivables	3,220	74,425

Total	<u>41,440</u>	<u>143,227</u>
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Carrying amount of financial assets	<u>41,440</u>	<u>143,227</u>
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Financial Liabilities

At amortised cost:

Trade creditors—suppliers	336,817	44,078
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Total	<u>336,817</u>	<u>44,078</u>
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Carrying amount of financial liabilities	<u>336,817</u>	<u>44,078</u>
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Note 13B: Fair Value of Financial Instruments

Financial Assets

The fair values of all monetary financial assets approximate their carrying amounts

Financial Liabilities

The fair values of all monetary financial liabilities approximate their carrying amounts. All financial liabilities are current, therefore a maturity analysis is not required.

Note 13: Financial Instruments

Note 13C: Credit Risk

Cancer Australia is exposed to minimal credit risk as loans and receivables are cash and trade receivables. The maximum exposure to credit risk is the risk from potential default of a debtor. This amount is equal to the total amount of the trade receivables (2010: \$3,221 and 2009: \$74,424). Cancer Australia has assessed the risk of the default on payment and has allocated \$0 in 2010 (2009: \$0) to an allowance for impairment.

Cancer Australia manages its credit risk by undertaking background and credit checks prior to establishing a debtor relationship. In addition, Cancer Australia has policies and procedures that guide employees' debt recovery techniques that are to be applied.

Cancer Australia holds no collateral to mitigate against credit risk.

The following table illustrates Cancer Australia's gross exposure to credit risk, excluding any collateral or credit enhancements.

	2010	2009
	\$	\$
Financial assets		
Cash and cash equivalents	38,220	68,802
Trade receivables	3,220	74,425
Total	41,440	143,227
Financial liabilities		
Trade creditors	336,817	44,078
Total	336,817	44,078

In relation to the entity's gross credit risk the following collateral is held: none

Credit quality of financial instruments not past due or individually determined as impaired

	Not past due nor impaired	Not past due nor impaired	Past due or impaired	Past due or impaired
	2010	2009	2010	2009
	\$	\$	\$	\$
Cash and cash equivalents	38,220	68,802	-	-
Trade receivables	3,220	74,425	-	-
Total	41,440	143,227	-	-

Note 13: Financial Instruments

Note 13D: Liquidity Risk

Cancer Australia's financial liabilities are creditors. The exposure to liquidity risk is based on the notion that Cancer Australia will encounter difficulty in meeting its obligations associated with financial liabilities. This is highly unlikely due to appropriation funding and mechanisms available to Cancer Australia (e.g. Advance to the Finance Minister) and internal policies and procedures put in place to ensure there are appropriate resources to meet its financial obligations.

Maturities for non-derivative financial liabilities 2010

	On demand	within 1 year	1 to 2 years	2 to 5 years	> 5 years	Total
	\$	\$	\$	\$	\$	\$
Trade creditors	-	336,817	-	-	-	336,817
Total	-	336,817	-	-	-	336,817

Maturities for non-derivative financial liabilities 2009

	On demand	within 1 year	1 to 2 years	2 to 5 years	> 5 years	Total
	\$	\$	\$	\$	\$	\$
Trade creditors	-	44,078	-	-	-	44,078
Total	-	44,078	-	-	-	44,078

Cancer Australia is dependent on the continuing appropriation by Parliament for Cancer Australia's administration and programs. Cancer Australia manages its budgeted funds to ensure it has adequate funds to meet payments as they fall due. In addition, Cancer Australia has policies in place to ensure timely payments are made when due and has no past experience of default.

Note 13E: Market Risk

Cancer Australia holds basic financial instruments that do not expose it to certain market risks. Cancer Australia is not exposed to 'Currency risk' or 'Other price risk'.

Interest rate risk

Cancer Australia is not exposed to any interest rate risk.

Notes to the Schedule of Administered Items

Note 14: Income Administered on Behalf of Government

	2010	2009
	\$	\$
REVENUE		
Note 14A: Other Revenue		
Return of grant monies	136,244	360,940
Total other revenue	<u>136,244</u>	<u>360,940</u>

Grant monies returned to Cancer Australia in the year subsequent to its disbursement is reflected in the above note.

Note 15: Expenses Administered on Behalf of Government

	2010	2009
	\$	\$
EXPENSES		
Note 15A: Suppliers		
Goods and services		
Consultants	104,263	248,495
Contractors	1,156,786	1,060,120
Sitting and Advisory Fees	235,928	260,866
Other	230,015	234,915
Total goods and services	<u>1,726,992</u>	<u>1,804,396</u>
Goods and services are made up of:		
Rendering of services – related entities	187,181	133,732
Rendering of services – external parties	1,539,811	1,670,664
Total goods and services	<u>1,726,992</u>	<u>1,804,396</u>
Total suppliers expenses	<u>1,726,992</u>	<u>1,804,396</u>
Note 15B: Grants		
Public sector:		
Australian Government entities (related entities)	645,602	1,471,708
State and Territory Governments	2,647,180	5,115,415
Local Governments	355,694	-
Private sector:		
Non-profit organisations	17,906,701	15,563,461
Total grants	<u>21,555,177</u>	<u>22,150,584</u>

Reclassification of prior year comparatives have been made to this note to reflect more accurately the business activities of Cancer Australia.

Note 16: Assets Administered on Behalf of Government

	2010	2009
	\$	\$
FINANCIAL ASSETS		
Note 16A: Cash and Cash Equivalents		
Cash and cash equivalents	240,068	595,631
Total cash and cash equivalents	<u>240,068</u>	<u>595,631</u>
Note 16B: Receivables		
Goods and services:		
Goods and services receivable—related entities	77,292	-
Goods and services receivable—external parties	17,499	-
Total receivables for goods and services	<u>94,791</u>	<u>-</u>
Other receivables:		
GST receivable from Australian Taxation Office	897,509	958,407
Total other receivables	<u>897,509</u>	<u>958,407</u>
Total receivables (gross)	<u>992,300</u>	<u>958,407</u>
Total receivables (net)	<u>992,300</u>	<u>958,407</u>
Receivables are expected to be recovered in:		
No more than 12 months	992,300	958,407
More than 12 months	-	-
Total trade and other receivables (net)	<u>992,300</u>	<u>958,407</u>
Receivables were aged as follows:		
Not overdue	992,300	958,407
Overdue by:		
0 to 30 days	-	-
31 to 60 days	-	-
61 to 90 days	-	-
More than 90 days	-	-
Total receivables (gross)	<u>992,300</u>	<u>958,407</u>
Total impairment allowance account	<u>-</u>	<u>-</u>

Goods and services receivables are with entities external to the Australian Government. Credit terms were net 30 days (2009: 30 days).

Note 17: Liabilities Administered on Behalf of Government

	2010	2009
	\$	\$
PAYABLES		
Note 17A: Suppliers		
Trade creditors and accruals	87,978	74,456
Other	20,189	9,092
Total suppliers	<u>108,167</u>	<u>83,548</u>
Supplier payables expected to be settled within 12 months:		
Related entities	20,189	9,092
External parties	87,978	74,456
Total suppliers	<u>108,167</u>	<u>83,548</u>
Supplier payables expected to be settled in greater than 12 months:		
Related entities	-	-
External parties	-	-
Total supplier	<u>108,167</u>	<u>83,548</u>
Settlement is usually made within 30 days.		
Note 17B: Grants		
Public sector:		
Australian Government entities (related entities)	-	132,000
State and Territory Governments	914,882	699,897
Local Governments	338,762	-
Private sector:		
Non-profit organisations	5,518,871	2,424,306
Total grants	<u>6,772,515</u>	<u>3,256,203</u>
Total grants—are expected to be settled in:		
No more than 12 months	6,772,515	3,256,203
More than 12 months	-	-
Total grants	<u>6,772,515</u>	<u>3,256,203</u>

Settlement is usually made according to the terms and conditions of each grant. This is usually within 30 days of performance or eligibility.

Note 18: Administered Reconciliation Table

	2010	2009
	\$	\$
Opening administered assets less administered liabilities as at 1 July	(1,785,713)	(7,472)
Adjustment for change in accounting policies	-	-
Lapsed Appropriation		151
Adjustments for errors	-	-
Adjusted opening administered assets less administered liabilities	(1,785,713)	(7,321)
Plus: Administered income	136,244	360,940
Less: Administered expenses (non CAC)	(23,282,169)	(23,954,980)
Administered transfers to/from Australian Government:		
Appropriation transfers from OPA:		
Annual appropriations for administered expenses (non CAC)	19,419,568	22,176,738
Transfers to OPA	(136,244)	(361,090)
Closing administered assets less administered liabilities as at 30 June	(5,648,314)	(1,785,713)

Note 19: Administered Contingent Assets and Liabilities

Cancer Australia has not identified any quantifiable, unquantifiable or remote contingencies as at 30 June 2010 (2008–09: Nil).

Note 20: Administered Financial Instruments

		2010	2009
		\$	\$
Note 20A: Categories of Financial Instruments			
Financial Assets			
Loans and receivables:			
Cash and cash equivalents	16A	240,068	595,631
Trade receivables	16B	94,791	-
Total		<u>334,859</u>	<u>595,631</u>
Carrying amount of financial assets		<u>334,859</u>	<u>595,631</u>
Financial Liabilities			
At amortised cost:			
Trade creditors	17A	87,978	74,456
Other creditors	17A	20,189	9,092
Grants payable	17B	6,772,515	3,256,203
Total		<u>6,880,682</u>	<u>3,339,751</u>
Carrying amount of financial liabilities		<u>6,880,682</u>	<u>3,339,751</u>

Note 20B: Fair Value of Financial Instruments

	Carrying amount 2010 \$	Fair value 2010 \$	Carrying amount 2009 \$	Fair value 2009 \$
Financial Assets				
Cash and cash equivalents				
Cash and cash equivalents	240,068	240,068	595,631	595,631
Loans and receivables				
Trade receivables	94,791	94,791	-	-
Total	<u>334,859</u>	<u>334,859</u>	<u>595,631</u>	<u>595,631</u>
Financial Liabilities				
Suppliers				
Trade creditors	87,978	87,978	83,548	83,548
Other creditors	20,189	20,189	-	-
Grants payable	6,772,515	6,772,515	3,256,203	3,256,203
Total	<u>6,880,682</u>	<u>6,880,682</u>	<u>3,339,751</u>	<u>3,339,751</u>

Note 20: Administered Financial Instruments

Note 20C: Credit Risk

The administered activities of Cancer Australia is not exposed to a high level of credit risk as the majority of financial assets are trade receivables, advances and loans to state, territory and local governments. Cancer Australia manages its credit risk by undertaking background and credit checks prior to allowing a debtor relationship. In addition, Cancer Australia has policies and procedures that guide employees' debt recovery techniques that are to be applied.

The following table illustrates Cancer Australia's gross exposure to credit risk, excluding any collateral or credit enhancements.

	2010 \$	2009 \$
Financial assets		
Cash and cash equivalents		
Cash and cash equivalents	240,068	595,631
Loans and receivables		
Trade receivables	94,791	-
Total	334,859	595,631
Financial liabilities		
Trade creditors	87,978	83,548
Other creditors	20,189	-
Grants payable	6,772,515	3,256,203
Total	6,880,681	3,339,751

Cancer Australia has assessed the risk of the default on payment and has allocated the following amounts to an allowance for impairment:

Goods and services receivables	\$0 in 2010	(2009: \$0)
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Credit quality of financial instruments not past due or individually determined as impaired

	Not Past Due Nor Impaired 2010 \$	Not Past due nor impaired 2009 \$	Past due or impaired 2010 \$	Past due or impaired 2009 \$
Loans and receivables				
Trade receivables	94,791	-	-	-
Total	94,791	-	-	-

Note 20: Administered Financial Instruments

Note 20D: Liquidity Risk

Cancer Australia's administered financial liabilities are trade creditors and grants payable. The exposure to liquidity risk is based on the notion that Cancer Australia will encounter difficulty in meeting its obligations associated with administered financial liabilities. This is highly unlikely due to appropriation funding and mechanisms available to the Entity (e.g. Advance to the Finance Minister) and internal policies and procedures put in place to ensure there are appropriate resources to meet its financial obligations.

The following tables illustrates the maturities for financial liabilities.

Maturities for non-derivative financial liabilities 2010

	On demand \$	within 1 year \$	1 to 2 years \$	2 to 5 years \$	> 5 years \$	Total \$
Trade creditors	-	87,978	-	-	-	87,978
Other creditors	-	20,189				20,189
Grants payable	-	6,772,515				6,772,515
Total	-	6,880,682	-	-	-	6,880,682

Maturities for non-derivative financial liabilities 2009

	On demand \$	within 1 year \$	1 to 2 years \$	2 to 5 years \$	> 5 years \$	Total \$
Trade creditors	-	83,548	-	-	-	83,548
Grants payable		3,256,203				3,256,203
Total	-	3,339,751	-	-	-	3,339,751

Cancer Australia's administered activities are appropriated from the Australian Government. Cancer Australia manages its budgeted administered funds to ensure it has adequate funds to meet payments as they fall due. In addition, Cancer Australia has policies in place to ensure timely payments are made when due and has no past experience of default.

Note 20E: Market Risk

Cancer Australia holds basic financial instruments that do not expose it to certain market risks. Cancer Australia is not exposed to "Currency risk".

Interest rate risk

Cancer Australia has no interest bearing items on the balance sheet.

Other price risk

Cancer Australia's administered activities are not exposed to "Other price risk". It does not hold any other financial instruments that would be exposed to price risk.

Note 21: Appropriations

Table A1: Acquittal of Authority to Draw Cash from the Consolidated Revenue Fund for Ordinary Annual Services Appropriations

Particulars	Administered expenses		Departmental outputs			Total	
	Outcome 1		2010	2009	2010	2009	
	\$	\$	\$	\$	\$	\$	
Balance brought forward from previous period (<i>Appropriation Acts</i>)	2,373,892	132,763	1,232,635	1,339,012	3,606,527	1,471,775	
Adjustment to Opening Balance		42,216				42,216	
Adjusted Opening Balance	2,373,892	174,979	1,232,635	1,339,012	3,606,527	1,513,991	
<i>Appropriation Act:</i>							
Appropriation Act (No. 1, 3&5) 2009-2010 as passed	23,600,000	23,505,000	3,886,000	3,713,000	27,486,000	27,218,000	
[Other annual appropriation acts as passed] (show each Appropriation Act as a separate line item)	-	450,000	-	-	-	450,000	
Appropriations reduced (<i>Appropriation Act</i> sections 10, 11 & 12)	(20)	-	-	-	(20)	-	
Advance to the Finance Minister (<i>Appropriation Act</i> section 13)	-	-	-	-	-	-	
Indigenous Employment Special Account receipts (<i>Appropriation Act</i> section 14)	-	-	-	-	-	-	
<i>FMA Act:</i>							
Repayments to the Commonwealth (<i>FMA Act</i> section 30)	-	177,024	-	-	-	177,024	
* Appropriations to take account of recoverable GST (<i>FMA Act</i> section 30A)	2,136,398	2,082,850	39,937	112,702	2,176,335	2,195,552	
Relevant agency receipts (<i>FMA Act</i> s 31)			408,591	461,878	408,591	461,878	
Transfer of agency functions (<i>FMA Act</i> s 32)	-	-	-	-	-	-	
Total appropriation available for payments	28,110,270	26,389,853	5,567,163	5,626,592	33,677,433	32,016,445	
Cash payments made during the year (GST inclusive)	(21,920,811)	(24,015,961)	(3,939,809)	(4,393,957)	(25,860,620)	(28,409,918)	
Appropriations credited to special accounts (GST exclusive)	-	-	-	-	-	-	
Balance of authority to draw cash from the Consolidated Revenue Fund for ordinary annual services appropriations and as represented by:	6,189,459	2,373,892	1,627,354	1,232,635	7,816,813	3,606,527	
Cash at bank and on hand ¹	230,786	595,631	38,220	68,802	269,006	664,433	
* Departmental appropriations receivable			1,541,893	1,156,528	1,541,893	1,156,528	
* Undrawn, unapplied administered appropriations	5,958,673	1,778,261			5,958,673	1,778,261	
* Net GST payable (to)/from ATO	-	-	47,241	7,305	47,241	7,305	
* Adjustments under s 101.13 of the Finance Minister's Orders not reflected above	-	-	-	-	-	-	
Total as at 30 June	6,189,459	2,373,892	1,627,354	1,232,635	7,816,813	3,606,527	

¹ Cash at bank and on hand includes cash received from external sources not returned to the Official Public Account (\$240,068-\$9,282).

Note 21: Appropriations

Table A2: Acquittal of Authority to Draw Cash from the Consolidated Revenue Fund for Ordinary Annual Services Appropriations (Reduction in Administered Items)

Particulars	Administered expenses		Total	
	Outcome 1		2010	2009
	2010	2009	\$	\$
Reduction in administered items				
Total administered items appropriated 2009–2010	23,600,000.00	23,955,000.00	23,600,000.00	23,955,000.00
Less administered items required by the agency as per <i>Appropriation Act s11</i> ² :				
<i>Appropriation Act (No. 1) 2009–2010</i>	23,282,168.93	23,505,000.00	23,282,168.93	23,505,000.00
<i>Appropriation Act (No. 3) 2009–2010</i>	-	449,979.85	-	449,979.85
Total administered items required by the agency as represented by:				
Spent	19,419,567.97	22,176,738.48	19,419,567.97	22,176,738.48
Retention	3,862,600.96	1,778,241.37	3,862,600.96	1,778,241.37
Total reduction in administered items—effective 2010–11	317,831.07	20.15	317,831.07	20.15

² Administered items for 2009–10 were reduced to these amounts when these financial statements were tabled in the Parliament as part of Cancer Australia's annual report. This reduction is effective in 2010–11 and the amounts in the Total Reduction row will be reflected in Table A1 in the 2010–11 financial statements in the row 'Appropriations reduced (*Appropriation Act* sections 10, 11 & 12):

Departmental and non-operating appropriations do not lapse at financial year-end. However, the responsible Minister may decide that part or all of a departmental or non-operating appropriation is not required and request the Finance Minister to reduce that appropriation. The reduction in that appropriation is effected by the Finance Minister's determination and is disallowable by Parliament. In 2009/10 no reduction in departmental outputs appropriations were determined by the Minister for Health and Ageing.

Note 22: Special Accounts

Cancer Australia does not operate any Special Accounts.

Note 23: Compensation and Debt Relief

Administered

No "Act of Grace" expenses were incurred during the reporting period (2009: No expense made).

No waivers of amounts owing to the Australian Government were made pursuant to subsection 34(1) of the *Financial Management and Accountability Act 1997*. (2009: No waiver made).

No ex-gratia payments were provided for during the reporting period. (2009: No payments made)

Departmental

No payments were made during the reporting period. (2009: No payments made).

No payments were made under s73 of the *Public Service Act 1999* during the reporting period. (2009: No payments made).

Note 24: Reporting of Outcomes

Cancer Australia allocates shared items to outcomes in proportion to the employee costs directly assigned to outcomes in the 2009–2010 financial year.

Note 24A: Net Cost of Outcome Delivery

	Outcome 1		Total	
	2010	2009	2010	2009
	\$	\$	\$	\$
Expenses				
Administered	23,282,169	23,954,980	23,282,169	23,954,980
Departmental	3,939,119	4,431,949	3,939,119	4,431,949
Total	27,221,288	28,386,929	27,221,288	28,386,929
Other Revenue				
Administered				
Prior year appropriation returns	136,244	360,940	136,244	360,940
Total administered	136,244	360,940	136,244	360,940
Departmental				
Provision of goods and rendering of services	158,413	413,745	158,413	413,745
Resources received free of charge	52,000	52,000	52,000	52,000
Total departmental	210,413	465,745	210,413	465,745
Total	346,657	826,685	346,657	826,685
Net cost of outcome delivery	26,874,631	27,560,244	26,874,631	27,560,244

Outcome 1 is described in Note 1.1. Net costs shown include intra-government costs that are eliminated in calculating the actual Budget Outcome.

Note 24: Reporting of Outcomes

Note 24B: Major Classes of Departmental Expense, Income, Assets and Liabilities by Outcomes

	Outcome 1		Total	
	2010	2009	2010	2009
	\$	\$	\$	\$
Departmental Expenses:				
Employee	2,368,492	2,671,721	2,368,492	2,671,721
Suppliers	1,514,829	1,342,320	1,514,829	1,342,320
Depreciation and amortisation	45,795	179,951	45,795	179,951
Write-down and impairment of assets	10,003	237,957	10,003	237,957
Total	3,939,119	4,431,949	3,939,119	4,431,949
Departmental Income:				
Income from government	3,886,000	3,713,000	3,886,000	3,713,000
Provision of goods and rendering of services	158,413	413,745	158,413	413,745
Other gains	52,000	52,000	52,000	52,000
Total	4,096,413	4,178,745	4,096,413	4,178,745
Departmental Assets				
Cash and cash equivalents	38,220	68,802	38,220	68,802
Trade and other receivables	1,592,354	1,238,258	1,592,354	1,238,258
Infrastructure, Property Plant & Equipment	2,487	29,612	2,487	29,612
Intangible assets	5,923	29,029	5,923	29,029
Other non-financial assets	2,836	10,154	2,836	10,154
Total	1,641,820	1,375,855	1,641,820	1,375,855
Departmental Liabilities				
Trade creditors	336,817	44,078	336,817	44,078
Employee provisions	590,376	683,925	590,376	683,925
Personal benefits payable	35,618	43,391	35,618	43,391
Other provisions	-	181,531	-	181,531
Other payables	98,786	-	98,786	-
Total	1,061,597	952,925	1,061,597	952,925

Outcome 1 is described in Note 1.1. Net costs shown include intra-government costs that were eliminated in calculating the actual Budget outcome.

Note 24: Reporting of Outcomes

Note 24C: Major Classes of Administered Expenses, Income, Assets and Liabilities by Outcomes

	Outcome 1		Total	
	2010	2009	2010	2009
	\$	\$	\$	\$
Administered expenses				
Advisory fees	235,928	260,866	235,928	260,866
Suppliers	1,261,049	1,308,615	1,261,049	1,308,615
Grants	21,555,177	22,150,584	21,555,177	22,150,584
Other expenses	230,015	234,915	230,015	234,915
Total	23,282,169	23,954,980	23,282,169	23,954,980
Administered income				
Return of grant monies	136,244	360,940	136,244	360,940
Total	136,244	360,940	136,244	360,940
Administered assets				
Cash and cash equivalents	240,068	595,631	240,068	595,631
Trade receivables	992,300	958,407	992,300	958,407
Total	1,232,368	1,554,038	1,232,368	1,554,038
Administered liabilities				
Trade creditors	108,167	83,548	108,167	83,548
Grants	6,772,515	3,256,203	6,772,515	3,256,203
Total	6,880,682	3,339,751	6,880,682	3,339,751

Outcome 1 is described in Note 1.1.

Appendix B— Mandatory reporting information

Advertising and market research

During 2009-10 Cancer Australia advertised Request for Tenders through Adcorp. A total of \$34,988.24 was spent from Administered Funds.

No advertising campaigns were undertaken during 2009-10.

Asset management

Asset management is not a significant part of Cancer Australia's strategic business. A departmental capital budget has been developed to ensure that there are sufficient funds to replace assets that reach the end of their useful lives.

During 2009-10, Cancer Australia entered into a shared services arrangement with the NHMRC. The shared services included co-location, and IT infrastructure and support.

Cancer Australia undertakes two regular stocktakes of fixed and intangible assets each financial year, and these were completed during 2009-10. The location and condition of assets were confirmed. All assets were assessed for impairment at 30 June 2010.

Australian National Audit Office access

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

Commonwealth Disability Strategy

Cancer Australia adheres to the existing employment policies of DoHA and complies with the *Disability Discrimination Act 1992*.

Consultancies

Consultants are engaged to provide professional, independent and expert advice or services. Cancer Australia engages consultants by using the methods applied in the procurement of other goods and services.

During 2009-10 one new consultancy contract was entered into involving total actual expenditure of \$34,100 (GST inclusive). In addition 6 ongoing consultancy contracts were active during the 2009-10 year, involving total actual expenditure of \$131,593.64 from Departmental Funds and \$62,174.23 from Administered Funds.

The new consultancy contract entered into during 2009-2010 was with IAB Services, and Table B1 shows all consultancy contracts of \$10,000 or more which were active during 2009-10.

TABLE B.1

Consultancy services active during 2009–10 of \$10 000 or more

Consultant Name	Description	Contract Price	Selection Process	Justification
Erwood Accelerated Purchasing	Procurement advice	\$83,466	Panel	A
Walter Turnbull	Internal Audit Services	\$165,000	Open tender	B
Cancer Council South Australia – David Roder	Data Research	\$158,547	Direct sourcing	B
Roex Management	Audit Committee Services	\$110,000	Direct sourcing	C
Robson Huntley & Associates	Audit Committee Services	\$33,000	Direct sourcing	C
IAB Services	Development of project & program performance and outcome measures	\$72,380	Open tender	B
TOTAL		\$622,393		

Seven ongoing consultancy contracts were active during the 2009-10 year, involving total actual expenditure of \$131,593.64 from Departmental Funds and \$62,174.23 from Administered Funds.

1: Explanation of selection process terms drawn from the Commonwealth Procurement Guidelines (December 2008):

Open tender

A procurement procedure in which a request for tender is published inviting all businesses that satisfy the conditions for participation to submit tenders. Public tenders are generally sought from the Australian Government AusTender Internet site.

Select tender

A procurement procedure in which the procuring agency selects which potential suppliers are invited to submit tenders. This procurement process may only be used under certain defined circumstances.

Direct sourcing

A form of restricted tendering, available only under certain defined circumstances, with a single potential supplier or suppliers being invited to bid because of their unique expertise and/or their special ability to supply the goods and/or services sought.

Panel

An arrangement under which a number of suppliers, usually selected through a single procurement process, may each supply property or services to an agency as specified in the panel arrangements. Tenders are sought from suppliers that have pre-qualified on the agency panels to supply the government. This category includes standing offers and supplier panels where the supply of goods and services may be provided for a pre-determined length of time, usually at a pre-arranged price.

2: Justification for decision to use consultancy:

A—skills currently unavailable within agency

B—need for specialised or professional skills

C—need for independent research or assessment.

Ecologically sustainable development and environmental performance

Section 516A of the *Environment Protection and Biodiversity Conservation Act 1991* requires Australian Government organisations to detail their environmental performance and contribution to ecologically sustainable development in their annual reports.

In 2009–10 Cancer Australia maintained a range of measures that contributed to ecologically sustainable development, including:

- » exclusive use of ecologically friendly printer paper
- » recycling paper, cardboard and printer cartridges
- » setting printers to default to printing on both sides of the paper
- » ensuring equipment such as desktop computers, photocopiers, dishwashers and printers incorporate energy-saving features
- » providing facilities to allow staff to recycle a range of kitchen and general waste.

Cancer Australia will continue to consider ecologically sustainable development as part of its aim for continuous improvement.

Exempt contracts

There were no exempt contracts let by Cancer Australia during 2009–10. All competitive tendering contracts let by Cancer Australia were listed through AusTender.

External scrutiny

No judicial or administrative tribunal decisions relating to Cancer Australia were handed down during 2009–10. There were no reports by the Auditor-General on the operations of the agency, other than the report on the financial statements at Appendix A. There were no reports on the operations of Cancer Australia conducted by a Parliamentary Committee or the Commonwealth Ombudsman in 2009–10.

Freedom of information

Section 8 of the *Freedom of Information Act 1982* (FOI Act) requires government agencies to publish information in an annual report about:

- » functions and decision-making powers that affect the public
- » arrangements for public participation in the formulation of policy
- » the categories of documents that are held by the agency
- » how these documents can be accessed by the public.

Freedom of information statistics 2009–10

During 2009–10, Cancer Australia:

- » received no requests for access to documents under the FOI Act
- » received no requests for internal review under the FOI Act
- » was not involved in any Administrative Appeals Tribunal matters in respect of the FOI Act.

Cancer Australia functions and powers

Information about the structure and functions of Cancer Australia can be found in Part 3 of this annual report, while information on performance against functions is provided in Parts 1 and 4. Information can also be found on Cancer Australia's website www.canceraustralia.gov.au

The Minister for Health and Ageing and Cancer Australia officers exercise decision-making powers under the *Cancer Australia Act 2006*. In the normal course of operations as an Australian Government agency, Cancer Australia staff also exercise functions and powers under Acts such as the *Financial Management and Accountability Act 1997* and the *Public Service Act 1999*.

Arrangements for public participation

An Advisory Council has been established to provide advice to the Chief Executive Officer about the performance of Cancer Australia's functions.

The agency has also established national advisory groups in each of its core administered program areas to provide advice and direction on a range of issues and activities undertaken by Cancer Australia and to recommend strategies and actions to improve cancer control in the areas of:

- » research
- » gynaecological cancers
- » consumer interests
- » data
- » lung cancer
- » education
- » service development.

Cancer Australia has also convened an Inter-governmental Strategic Forum, bringing together senior cancer clinicians and senior policymakers from the Australian Government and each state and territory. The Strategic Forum discusses a wide range of issues in cancer control and provides advice to Cancer Australia in these areas.

More than 50 consumers from across Australia with a wide range of cancer experiences participate in Cancer Australia's national advisory groups, project reference groups, working groups, and in other representative capacities. In 2009–10 Cancer Australia achieved its aim of ensuring that at least two consumers are involved in every national advisory group and in the Strategic Forum.

Categories of documents

Cancer Australia maintains various types of records relating to the performance of its functions. Records are retained for different periods, depending on their administrative and historical value, and are disposed of in accordance with standards and practices approved by the National Archives of Australia under the *Archives Act 1983*. The categories of documents held by Cancer Australia are listed in Table B.2.

TABLE B.2

Documents held by Cancer Australia

Category	Description
Program documents	Cancer Australia holds documents relating to: <ul style="list-style-type: none"> • contracts and tendering processes • dealings with Australian Government and state and territory government officials, committees and other government agencies • the performance of Cancer Australia's functions under the <i>Cancer Australia Act 2006</i>.
Working files	Cancer Australia holds files including correspondence, analysis and advice by staff, documents received from third parties and drafts of these and other documents.
Internal administration	Cancer Australia holds personnel records, organisation and staffing records, financial and expenditure records and internal operating documentation such as office procedures and policies.
Documents customarily available free of charge on request	Cancer Australia's annual report and selected other documents relating to its operations are available through the website at www.canceraustralia.gov.au .

Advisory Council*Organisation*

Secretariat and administrative support for the Council is provided by Cancer Australia.

The Council usually meets three times each year. Members serve for terms not exceeding three years. Members may be re-appointed by the Minister on completion of their term.

Powers and decisions

Under section 30 of the *Cancer Australia Act 2006*, the Council is an advisory body and has no decision-making power or other powers directly affecting members of the public.

Funding and secretariat services

Funds for the operation of the Council are provided from funds allocated to Cancer Australia. Major expenditure items consist of members' remuneration and travel allowances to attend council meetings.

Documents

The Council does not hold any documents open to public access on payment of a fee, or documents customarily available free of charge. The annual report of the Council, as part of the Cancer Australia annual report, is tabled in Parliament. The Council Secretariat maintains files containing documents about the administration of the Council, papers discussed at its meetings and correspondence on its activities.

Arrangement for outside participation

Persons or bodies outside the Australian Government may participate in the Council's advisory role by making representations to the Chair or any member of the Council.

Procedures and contact details for Cancer Australia and the Advisory Council

Inquiries regarding making a formal request under the FOI Act should be directed in writing to:

FOI Officer
Cancer Australia
PO Box 1201
Dickson ACT 2602

Grant programs

The following grant programs were administered by Cancer Australia in the period 1 July 2009 to 30 June 2010:

- » Cancer Research and Clinical Trials including Boost Cancer Research
- » Building Cancer Support Networks.

Information on grants awarded by Cancer Australia during the period 1 July 2009 to 30 June 2010 is available at www.canceraustralia.gov.au

Occupational health and safety

In 2009–10 Cancer Australia implemented Health and Safety Management Arrangements in accordance with amendments to the *Occupational Health and Safety Act 1991*. The arrangements provide comprehensive health and safety and consultative processes to ensure a safe workplace. There were no reportable occupational health and safety incidents during the year.

Purchasing

In 2009–10 Cancer Australia sourced goods and services in accordance with the principles set out in the Commonwealth Procurement Guidelines.

The agency developed and implemented a procurement policy and procedure document reflecting the need for compliance with these guidelines, focusing on:

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

Resource Statement and Resources for Outcomes

TABLE B.3

Cancer Australia's Resource Statement 2009-10

	Actual available appropriation for 2009–10 \$'000	Payments made 2009–10 \$'000	Balance remaining 2009–10
Ordinary annual services			
Departmental appropriation	5,472	3,930	1,542
Administered Expenses			
Outcome 1—Minimised impacts of cancer, including through national leadership in cancer control, with targeted research, cancer service development, education and consumer support	23,600	21,921	1,679
Total net resourcing for Cancer Australia	29,072	25,851	3,221

TABLE B.4

Cancer Australia's Summary Resource Table by Outcome 2009-10

	Budget * 2009–10 \$'000	Actual Expenses 2009–10 \$'000	Variation 2009–10 \$'000
Program 1.1: Improved cancer control			
Administered expenses			
Ordinary annual services (Appropriation Bill No.1)	23,600	23,282	318
Departmental expenses			
Ordinary annual services (Appropriation Bill No. 1)	3,886	3,729	157
Total for Program 1.1	27,486	27,011	475
Total expenses for Outcome 1	27,486	27,011	475
Average staffing level (number)	21	23	2

* Full year budget, including any subsequent adjustment made to the 2009-10 Budget.

Appendix C— Cancer Australia’s National Advisory Groups

Cancer Australia has established National Advisory Groups to provide input to and advice and direction on a range of issues and activities undertaken by Cancer Australia, and to provide support and advice for each of Cancer Australia’s administered programs.

Each National Advisory Group comprises experts across all aspects of cancer control, including people personally affected by cancer, health professionals, researchers and policymakers. Members are selected on an individual basis, and from nominations from a wide range of relevant national groups and organisations, to ensure a broad spectrum of expertise and experiences, gender balance and geographic representation across Australia. At least two consumer representatives are appointed to each group.

In 2009–10 the groups worked with Cancer Australia to focus on the Australian Government’s priorities for cancer control, with many showing a particular interest in, and commitment to, working to improve cancer data.

Cancer Australia values the advice and support extended to the organisation by the following National Advisory Groups:

Cancer Australia Inter-governmental Strategic Forum

The Cancer Australia Inter-governmental Strategic Forum brings together senior clinicians and senior health department cancer officials from the Australian Government and each state and territory government, to support a collaborative framework for discussion of and advice on national cancer control activities. The Forum’s members also include two consumer representatives and a representative from the New Zealand Cancer Control Council. In 2009–10 the Strategic Forum had 27 members, and met on three occasions.

Members are appointed on the basis of the government position or organisational role they hold, and composition of the forum is reviewed on each occasion that a member in a designated position leaves that area of responsibility.

The Forum provides an opportunity for discussion around issues of common interest and activity in cancer control. In 2009–10 it has also provided advice specifically in relation to the CanNET program and the Aboriginal peoples and Torres Strait Islander projects.

National Cancer Data Strategy Advisory Group

The National Cancer Data Strategy Advisory Group has provided Cancer Australia and other relevant parties with expert advice regarding the development and implementation of a National Cancer Data Strategy. In 2009–10 the group had 23 members, and was chaired by Professor David Currow, the CEO of Cancer Australia until 12 March 2010, and by Professor David Roder from 15 March 2010.

National Centre for Gynaecological Cancers Advisory Group

The National Centre for Gynaecological Cancers Advisory Group comprises consumers, gynaecological, medical and radiation oncologists, health professionals, researchers, epidemiologists and policy-makers, and has 21 members. The period of appointment is three years.

In this past year the group, chaired by Professor Sanchia Aranda, met on two occasions, and made an extensive contribution to the strategic management of the Centre and its individual projects.

National Consumer Advisory Group

The National Consumer Advisory Group was established to enable people affected by cancer to contribute to Cancer Australia's priority setting for cancer research and control, service planning and policy development. It also provides expert advice to Cancer Australia on current issues within the agency's work program which impact on consumers at any point in the cancer continuum, from prevention and early detection to treatment, psychosocial support, and quality service development.

The group has 14 members, and in 2009–10 the Deputy Chair, Mr John Newsom, acted as Chair.

The group met on two occasions during the year, and provided advice on sustainable and innovative strategies for the Building Cancer Support Networks program, priority areas for consumer recruitment and implementation of a mentoring system. The group was also extensively involved in the Cancer Australia Consumer Orientation Workshop conducted in May 2010.

Members of the National Consumer Advisory Group each serve terms of three years.

National Lung Cancer Advisory Group

The National Lung Cancer Advisory Group was formed in August 2009 to establish the direction and workplan of the Lung Cancer Program. Throughout 2009–10 the group met quarterly to provide advice on the initial areas for action and implementation.

The group has 24 members, and is chaired by Professor Kwun Fong. Members serve terms of three years.

National Research Advisory Group

The National Research Advisory Group, chaired by Dr Nik Zeps, provided expert advice in 2009–10 on current and emerging issues in cancer research and cancer clinical trials. Group members have specifically contributed to assessment panels for Cancer Australia research programs and provided other advice on an ongoing basis.

The group provided input into the setting of Cancer Australia's and the National Centre for Gynaecological Cancer's research priorities for the 2010 round of the Priority-driven Collaborative Cancer Research Scheme.

The group has 20 members, who serve terms of three years.

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Glossary

Aboriginal	A person of Aboriginal descent who identifies as an Aboriginal and is accepted as such by the community in which he or she lives.
Age standardisation	Adjusting rates to take into account how many old or young people are in the population being studied. When rates are age standardised, differences in the rates over time or between geographical areas do not simply reflect variations in the age distribution of the population. This is important when looking at cancer because it is a disease that predominantly affects the elderly. So if cancer rates are not age standardised, a higher rate in one country is likely to reflect the fact that it has a greater proportion of older people.
Allied health workers	People trained in occupations that support and supplement the functions of health professionals.
Cancer	A term for diseases in which abnormal cells divide without control. Cancer cells can invade nearby tissues and can spread through the bloodstream and lymphatic system to other parts of the body. There are several main types of cancer. Carcinoma is cancer that begins in the skin or in tissues that line or cover internal organs. Sarcoma is cancer that begins in bone, cartilage, fat, muscle, blood vessels, or other connective or supportive tissue. Leukaemia is cancer that starts in blood-forming tissue such as the bone marrow, and causes large numbers of abnormal blood cells to be produced and enter the bloodstream. Lymphoma and multiple myeloma are cancers that begin in the cells of the immune system.
Consumer	A term that can refer to: people affected by cancer; patients and potential patients; carers; organisations representing cancer consumer interests; members of the public who are targets of cancer promotion programs; and groups affected in a specific way as a result of cancer policy, treatments or services. See also People affected by cancer.
Cancer continuum	The full spectrum of cancer control services from prevention and early detection efforts, through diagnosis and treatment, to rehabilitation and support services for people living with cancer and/or palliative care.
Cancer control	All actions undertaken by all stakeholders that aim to reduce the burden of cancer on individuals and the community, such as: research; prevention; early detection and screening; treatment; survivorship issues; palliation; education and support for people with cancer and their families; and monitoring cancer outcomes.
Cancer control audit	Reviewing existing information about cancer control efforts in Australia.
Cancer journey	An individual's experience of cancer, from detection and screening, diagnosis and treatment, to relapse, recovery and/or palliative care.
Cancer of unknown primary origin	A case in which cancer cells are found in the body, but the place where the cells first started growing (the origin or primary site) cannot be determined.
Chemotherapy	The use of medications (drugs) to kill cancer cells, or to prevent or slow their growth.

Clinical trial	Research conducted with the patient's permission, which usually involves a comparison of two 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.
Colorectal cancer	Cancer of the colon (the lower part of the intestine, usually 1.5 to 2 metres) or of the rectum.
Delphi Process	The Delphi Process is a systematic, interactive and iterative method of consultation which relies on the participation of independent experts, selected through a process of nomination over multiple rounds. The experts are asked to provide feedback which informs future decision-making processes.
Epidemiology	The study of the patterns and causes of health and disease in populations, and the application of this study to improve health.
Gynaecological cancers	Cancers of the female reproductive tract, including cancers of the uterus, ovary, cervix, vagina, vulva, placenta and fallopian tubes.
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.
Incidence	The number of new cases of a disease diagnosed each year.
Indigenous	A person of Aboriginal or Torres Strait Islander descent who identifies as such and is accepted as such by the community with which he or she is associated.
Lymphoma	A cancer of the lymph nodes. Lymphomas are divided into two broad types, Hodgkin's lymphomas and non-Hodgkin's lymphomas.
Medical oncologist	A doctor who specialises in diagnosing and treating cancer using chemotherapy, hormonal therapy, and biological therapy. A medical oncologist often is the main health care provider for someone who has cancer. A medical oncologist also gives supportive care and may coordinate treatment given by other specialists.
Melanoma	A cancer of the body's cells that contain pigment (melanin), mainly affecting the skin.
Mortality	The death rate, or the number of deaths in a certain group of people in a certain period of time. Mortality may be reported for people who have a certain disease, live in one area of the country, or who are of a certain sex, age, or ethnic group.
Multidisciplinary care	An integrated team approach to cancer care. This happens when medical, nursing and allied health professionals involved in a patient's treatment together consider all treatment options and personal preferences of the patient and collaboratively develop an individual care plan that best meets the needs of that patient.
Multi-site Collaborative National Cancer Clinical Trials Groups	Networks of institutions and researchers who conduct studies jointly, use identical protocols and pool their data.
Non-melanoma skin cancer	All skin cancer excluding melanoma.

Palliative care	An approach 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 impeccable assessment and treatment of pain and other problems such as physical, psychosocial and spiritual.
Parliamentary processes	Processes that involve the exchange of information between Cancer Australia, DoHA and the Minister for Health and Ageing. This information may be in many forms, including minutes to the Minister, question time briefs, departmental briefs and senate estimates documents.
People affected by cancer	People who have had a personal experience of cancer, including patients, people living with cancer, cancer survivors, caregivers and family members.
Policy	A plan or course of action intended to influence and determine decisions, actions and other matters.
Prevalence	The number or proportion (of cases, instances, etc.) present in a population at a given time.
Prevention	Action to reduce or eliminate the onset, causes, complications or recurrence of disease or ill health.
Primary care	First level of health care, outside of hospitals. For example, a GP is a primary health care practitioner.
Prostate cancer	Cancer of the prostate, the male organ that sits next to the urinary bladder and contributes to semen (sperm fluid) production.
Psycho-oncology	Concerned with the psychological, social, behavioural and ethical aspects of cancer. This subspecialty addresses the two major psychological dimensions of cancer: the psychological responses of patients to cancer at all stages of the disease and that of their families and caretakers; and the psychological, behavioural and social factors that may influence the disease process.
Psychosocial	Treatment that 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.
Radiotherapy or radiation oncology	The use of radiation, usually x-rays or gamma rays, to kill tumour cells.
Screening	The presumptive identification of unrecognised disease or defects by means of tests, examinations or other procedures. In Australia organised screening programs must adhere to the Australian Health Ministers' Advisory Council's Population Based Screening Framework available at www.cancerscreening.gov.au .
Staging	Conventionally refers to the allocation of categories (0, I, II, III, IV) to groupings of tumours defined by internationally agreed criteria. Frequently these are based on the tumour, the nodes and the metastases. Staging may be based on clinical or pathological features.

Support networks	People on whom an individual can rely for the provision of emotional caring and concern, and reinforcement of a sense of personal worth and value. Other components of support may include provision of practical or material aid, information, guidance, feedback and validation of the individual's stressful experiences and coping choices.
Torres Strait Islander	A person of Torres Strait Islander descent who identifies as a Torres Strait Islander and is accepted as such by the community in which he or she lives.
Tumour	An abnormal growth of tissue. It may be localised (benign) or invade adjacent tissues (malignant) or distant tissues (metastatic).

Abbreviations

AIHW	Australian Institute of Health and Welfare
APS	Australian Public Service
AWA	Australian Workplace Agreement
CALD	culturally and linguistic diverse
CanNET	Cancer Service Networks National Demonstration program
DoHA	Department of Health and Ageing
DSS	data set specifications
EdCaN	National Cancer Nursing Education project
EL	Executive Level
EPICC	Education Program in Cancer Care
eviQ®	Evidence Based Cancer Treatments Online for Primary Health Care – an online service of the Cancer Institute NSW
FOI	Freedom of Information
GP	General Practitioner
IT	information technology
NBOCC	National Breast and Ovarian Cancer Centre
NHMRC	National Health and Medical Research Council
PdCCRS	Priority-driven Collaborative Cancer Research Scheme
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
SES	Senior Executive Service

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