



Australian Government
Cancer Australia

Annual Report



2014–2015

Annual Report



2014–2015



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 25 June 2015.

The annual report is available in print from 28 libraries around Australia and online at canceraustralia.gov.au.

Contact us

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All information in this publication is correct as at October 2015



Letter of transmittal



Australian Government
Cancer Australia

Dear Minister,

I am pleased to present the annual report of Cancer Australia for the year ended 30 June 2015.

This report has been prepared in accordance with the *Public Governance, Performance and Accountability Act 2013*, which requires that the report be tabled in Parliament. It reflects the Requirements for Annual Reports approved by the Joint Committee of Public Accounts and Audit under sections 63(2) and 70(2) of the *Public Service Act 1999*.

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

The report includes Cancer Australia's audited financial statements as required by section 46 of the *Public Governance, Performance and Accountability Act 2013*.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Helen Zorbas'.

Professor Helen Zorbas AO
Chief Executive Officer
Cancer Australia

8 October 2015



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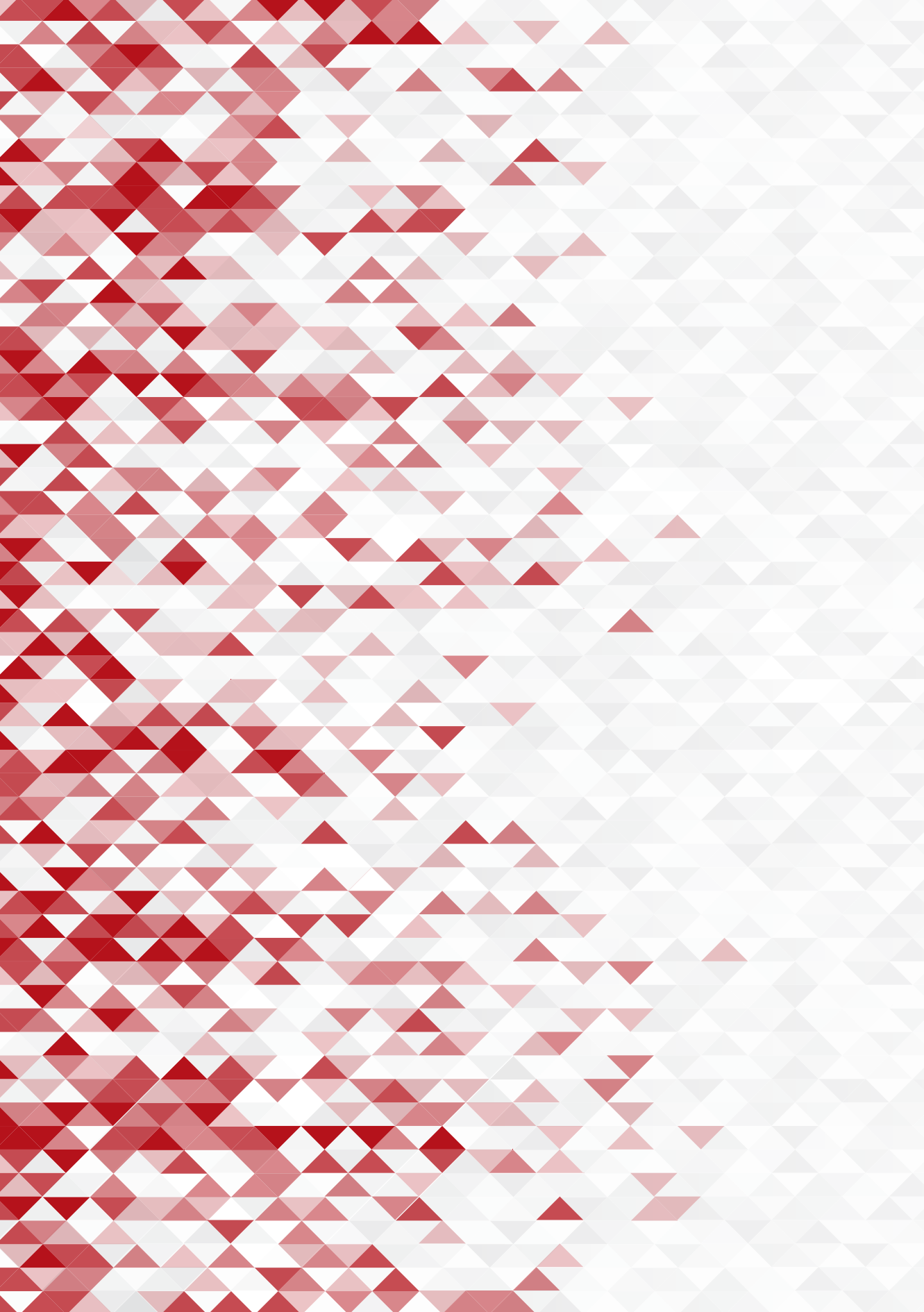


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1 Overview



Chief Executive Officer's Review

It is with great pleasure that I present the 2014–15 Cancer Australia Annual Report.

Over the course of the 2014–15 financial year, Cancer Australia continued to provide national leadership in cancer control through the delivery of policies and programmes which support improved outcomes for Australians diagnosed with cancer, their families and carers.



Helen Zorbas AO

This includes important work to promote effective cancer care to health professionals; strengthen national data capacity; fund priority research; and promote awareness of cancer to the community.

The outcomes achieved in these programmes are set out in Part 3 of this Annual Report; and information on Cancer Australia's management and accountability, including financial results, is provided in Part 4.

Cancer Australia's work in 2014–15 was underpinned by the strong foundation of the Strategic Plan, which sets the direction for the agency over five years, to 2019.

The Strategic Plan enables the agency to drive a shared vision for national cancer control and was developed following an extensive consultation process with over 150 stakeholders from across Australia.

The Plan acknowledges the ongoing challenges for delivering cost-effective and optimal cancer care, and is designed to maximise the benefits and impacts from our national cancer control efforts.

In line with the plan, in 2014–15 Cancer Australia continued to build the evidence base to inform policy and define best practice care; demonstrate new models of care in specific cancers; address variations in cancer outcomes; and strengthen the provision of expert advice on cancer control to Government, health professionals and the community.

Globally, at least one third of all cancer cases are preventable and more than half of all cancers could potentially be avoided through a combination of healthy lifestyle and regular screening.

In recognition of this, Cancer Australia published an evidence-based position statement on lifestyle risk factors and the primary prevention of cancer, to inform key messages for the community about modifiable lifestyle factors and reduction of cancer risk.

In 2014–15, Cancer Australia also published a high level report to improve the evidence base around primary prevention of lung cancer, titled *Risk factors for lung cancer: an overview of the evidence*.

In 2014–15, Cancer Australia engaged with key stakeholders, including Australian Institute of Health and Welfare (AIHW), individual state and territory Population-Based Cancer Registries, and jurisdictional health departments to develop methodologies for the collection, analysis and reporting of data on cancer stage, treatment and recurrence (STaR). In particular, important progress was made with the development and testing of the Business Rules for collection of staging data for the top five incidence cancers (prostate, breast, colorectal, lung and melanoma) and the mapping of the availability of cancer treatment data from the Pharmaceutical Benefits Scheme, Medicare Benefits Schedule and the National Hospital Morbidity Database. The agency also continued the development of a framework of National Cancer Control Indicators (NCCI) to monitor, benchmark and report national trends in cancer control over time.

— *Globally, at least one third of all cancer cases are preventable and more than half of all cancers could potentially be avoided through a combination of healthy lifestyle and regular screening.* —

To guide evidence-based, best practice care for people with cancer, Cancer Australia published clinical practice guidance for responding to suffering in adults with cancer; and evidence summaries and systematic reviews on cervical cancer and vulval cancer.

Together with seven Funding Partners, the agency awarded cancer research grants totalling almost \$10 million to 25 applicants through the 2014 round of the Priority-driven Collaborative Cancer Research Scheme (PdCCRS). During the last four rounds of the PdCCRS, Funding Partners have matched the Government's contribution at a ratio of approximately 1:1.

In 2014–15, Cancer Australia released *Cancer research in Australia: an overview of funding to cancer research projects and programmes in Australia 2006 to 2011*, to provide an overview of cancer research investment nationally. Work will continue in 2015–16 on a second audit regarding cancer research funding to people support schemes and initiatives which build cancer research capacity and infrastructure.

To identify opportunities to guide future delivery of 'right place' cancer care for regional Australians, Cancer Australia collaborated with jurisdictions to document the diagnostic and treatment services provided by 34 regional cancer services in each state and territory of Australia. This includes referral pathways for a range of cancer types, and maps the provision of services against service capability frameworks.



As part of Cancer Australia's work to address disparities in outcomes for Aboriginal and Torres Strait Islander people affected by cancer, the agency engaged with more than 500 stakeholders across Australia to inform the development of a National Aboriginal and Torres Strait Islander Cancer Framework. The Framework will identify evidence-based priorities to guide and inform national, jurisdictional, regional and local cancer control efforts.

The agency also published an education resource, *Lung Cancer in our Mob: a handbook for Aboriginal and Torres Strait Islander Health Workers*, to build their capacity in raising awareness and understanding of risk factors and impact of lung cancer in Aboriginal and Torres Strait Islander people.

► — *Cancer Australia continues to value the integral role of consumers and is committed to harnessing the valuable expertise of consumers to inform Cancer Australia's activities.* — ◀

During the financial year, two hundred consumers participated in Cancer Australia activities through representation in the agency's Advisory Council, strategic advisory groups, working and reference groups, steering committees, assessment panels and grant review panels.

I would like to acknowledge the exceptional contribution, commitment, and strategic advice of the outgoing Cancer Australia Advisory Council members throughout 2014–15 in supporting the delivery of Cancer Australia's outcomes and objectives.

I also wish to thank and acknowledge the Chair of the Advisory Council, Professor Jim Bishop, for his ongoing support and guidance.

I also extend my thanks to the members of Cancer Australia's strategic and programme advisory groups; and the members of the agency's various project steering committees, working groups and assessment panels. These groups provide important guidance to Cancer Australia about future priorities for the agency and emerging issues in cancer control and support the delivery of quality programme outcomes.

Cancer Australia's important work in providing evidence-based, best practice clinical guidance for health professionals in 2014–15 has been supported by the expert input of many health professionals, professional colleges and organisations, including the Australian College of Rural and Remote Medicine; Breast Surgeons of Australia and New Zealand; Cancer Council Australia; the Cancer Nurses Society of Australia; the Clinical Oncological Society of Australia;

the Royal Australasian College of Surgeons; the Royal Australian College of General Practitioners; the Royal Australian and New Zealand College of Radiologists; the Royal College of Pathologists of Australasia and the Menzies School of Health Research.

I would also like to acknowledge our eight PdCCRS Funding Partners in 2014:

- Cancer Council Australia
- Cancer Council NSW
- Cure Cancer Australia Foundation
- National Breast Cancer Foundation
- Prostate Cancer Foundation of Australia
- The Kids' Cancer Project
- The Leukaemia Foundation; and
- The Radiation Oncology and Optometry Section of the Australian Government Department of Health.

I especially thank the executive and staff of the Department of Health, for their collegiate and professional support throughout the year. Additionally I would like to acknowledge the productive collaborative relationship between Cancer Australia and our fellow Health agencies, most notably the AIHW and the National Health and Medical Research Council (NHMRC).

Finally, I would like to acknowledge the dedication and outstanding efforts of the Cancer Australia staff in delivering our expansive body of work in 2014–15. Cancer Australia is privileged to have staff who are truly committed to the agency's vision to improve outcomes for people with cancer.

It is an honour to work with people who aspire to consistently deliver excellence, in an organisation underpinned by strong values.

I look forward to continuing to engage with our stakeholders in 2015–16 in leading national cancer control initiatives and in delivering optimal outcomes for people with cancer in Australia.



Advisory Council Chair's Review

In 2014–15, the Cancer Australia Advisory Council (the Council) provided strategic advice and guidance to Cancer Australia to strengthen the agency's ability to provide national leadership in cancer control in the context of their new Strategic Plan.



Professor Jim Bishop AO

Over the past 12 months, the Council has contributed their knowledge and insights to provide advice on a wide range of areas of focus for the agency, including:

- ▶ Cancer Australia position statements, such as Lifestyle risk factors and the primary prevention of cancer
- ▶ Cancer Australia's work to improve lung cancer outcomes through the delivery of best practice lung cancer care

- ▶ Cancer Australia's work to reduce unwarranted variations in cancer outcomes, including in Aboriginal and Torres Strait Islander people
- ▶ New and emerging treatments and technologies which can impact on cancer care
- ▶ Cancer Australia's significant ongoing body of work to address gaps in national cancer data on stage, treatment and recurrence; and
- ▶ The 2015 recipients of the Jeannie Ferris Cancer Australia Recognition Award.

I would like to acknowledge Council members for their high level of commitment, generously using their breadth of knowledge, and skills to assist the agency, all of which played a fundamental role in guiding and supporting Cancer Australia's extensive body of work in 2014–15.

I would also like to express my sincere thanks and gratitude to members whose term of appointment concluded during 2014–15, including Prof Sanchia Aranda; Prof Jacinta Elston; Prof Don Iverson; Dr Liz Kenny; Mr Michael Milton OAM; Professor Ian Olver AM; Prof Christobel Saunders; Ms Lyn Swinburne AM; and Dr Julie Thompson.

Each member made a significant individual contribution and provided considered input to the Council's work throughout their term. Their service to Cancer Australia over many years is acknowledged and valued.

The Council also acknowledges and thanks the former Minister for Health, the Hon Peter Dutton MP, and the current Minister, the Hon Sussan Ley MP, for their continued support and interest in the work and achievements of Cancer Australia. We also thank and acknowledge the Department of Health and other key

stakeholder agencies for their continued collaboration and advice to Cancer Australia.

Lastly, I would like to commend the leadership of Cancer Australia's CEO, Helen Zorbas and her very talented and able senior management team and staff on the successful delivery of a strategic work plan for 2014–15.

The Council looks forward to contributing further to the work of Cancer Australia in 2015–16 and building on the achievements to date in improving cancer outcomes for all Australians.

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'. During 2014–15, the Advisory Council comprised 10 members, as appointed by the former Minister for Health and Ageing.

Membership

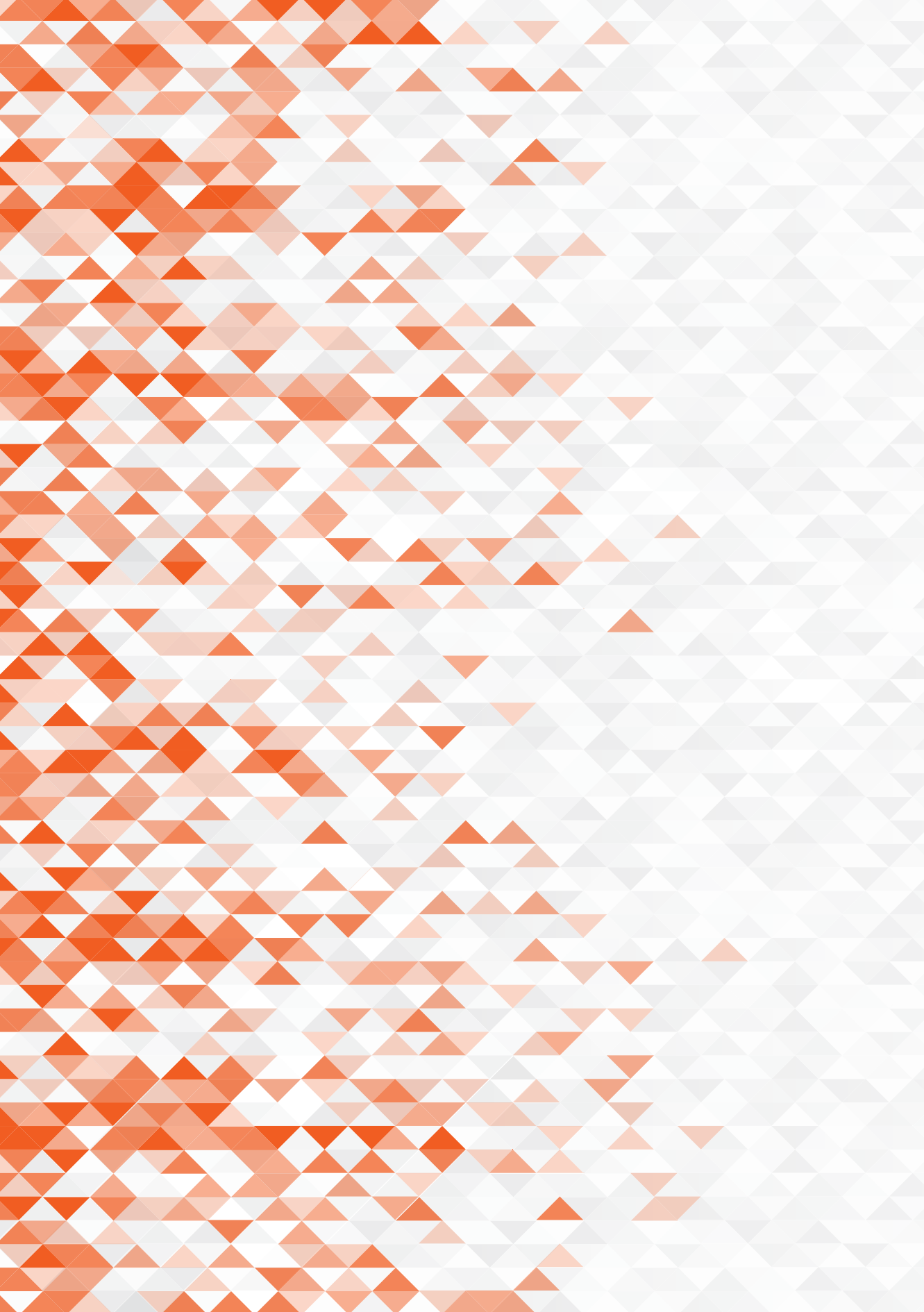
Advisory Council members bring experience and input from the diverse communities and sectors in which they live and work, and offer a wealth of professional knowledge and skills that add value to the work and strategic directions of Cancer Australia.

The 2014–15 members of the Advisory Council included:

- ▶ Professor Jim Bishop AO (Chair)
- ▶ Professor Sanchia Aranda
- ▶ Associate Professor Jacinta Elston
- ▶ Professor Don Iverson
- ▶ Dr Liz Kenny
- ▶ Mr Michael Milton OAM
- ▶ Professor Ian Olver AM
- ▶ 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.





2 About Cancer Australia



About Cancer Australia

Cancer Australia was established to benefit all Australians affected by cancer, and their families and carers.

Cancer is the major contributor to the fatal burden of disease in Australia, accounting for 35 per cent of the total.^{1,2} In Australia, one in two men and one in three women can expect to be diagnosed with cancer by the age of 85 years and the incidence of cancer is projected to continue to increase.^{3,4} It is estimated that, in 2014, 124,000 Australians were diagnosed with cancer.⁵ By 2020, the incidence is projected to be approximately 150,000.⁶ For the individuals affected, cancer can impact on every aspect of life, including long-term health and psychological wellbeing.

Cancer Australia is a specialist agency providing leadership in cancer control across all cancers and across the continuum of care. Cancer Australia works to minimise the burden of cancer and also has a focus on populations which experience poorer health outcomes, including Aboriginal and Torres Strait Islander peoples and people living in rural and remote Australia.

Cancer Australia builds the evidence base, analyses, interprets and translates the latest scientific cancer research and data to inform policy and practice, and to provide information and expert advice on cancer control to governments, health professionals and the community. Cancer Australia maintains a strategic and inclusive approach to consumer engagement in order to ensure that its work is informed by and responsive to the needs of people affected by cancer and the broader community.

Cancer Australia leads, coordinates and informs national, evidence-based strategies and integrated interventions in priority areas. This is achieved by harnessing expertise, effective partnerships, and a collaborative model that fosters engagement across the health system.

¹ Australian Institute of Health and Welfare 2014, *Australian Burden of Disease Study: Fatal Burden of Disease 2010*, Australian Burden of Disease Study series No 1, cat. no. BOD 1, AIHW, Canberra.

² Burden of disease is the years of healthy life lost through premature death or disability due to illness or injury. 83 per cent of the cancer burden comes from the years of life lost due to premature death.

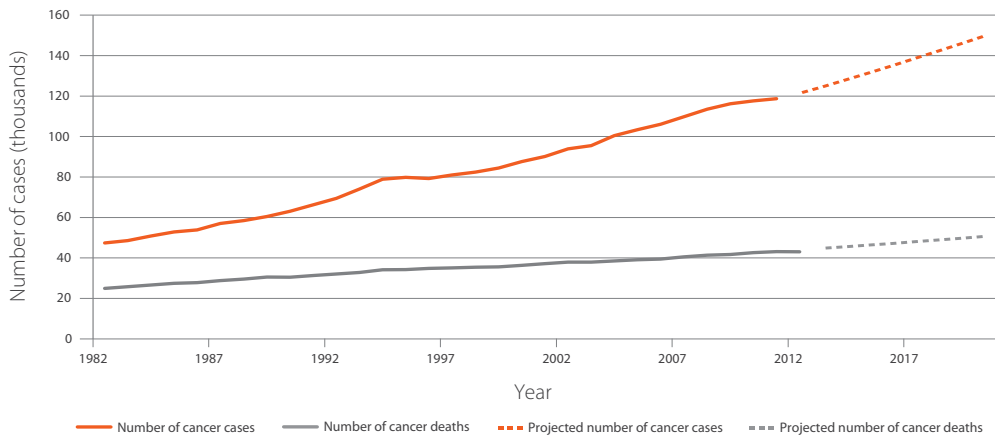
³ Australian Institute of Health and Welfare 2014, *Cancer in Australia: an overview 2014*, Cancer series no. 90, cat. no. CAN 88, AIHW, Canberra.

⁴ Australian Institute of Health and Welfare 2012, *Cancer incidence projections: Australia, 2011 to 2020*, Cancer series no. 66, cat. no. CAN 62, AIHW, Canberra.

⁵ AIHW, *Cancer in Australia: an overview 2014*.

⁶ AIHW, *Cancer incidence projections: Australia, 2011 to 2020*.

Figure 2.1: Trends in incidence and mortality of all cancers combined, Australia^{7,8}



Functions and role

Cancer Australia is a portfolio agency of the Department of Health. It was established under the *Cancer Australia Act 2006* and is a listed entity under the *Public Governance, Performance and Accountability Act 2013* (PGPA Act). It is also subject to the *Auditor-General Act 1997*, and its staff are employees of the Australian Public Service under the *Public Service Act 1999*.

The role and functions of Cancer Australia are set out in the *Cancer Australia Act 2006*. Its functions, as prescribed by the Act, are:

- ▶ to provide national leadership in cancer control
- ▶ to guide scientific improvements to cancer prevention, treatment and care
- ▶ to coordinate and liaise between the wide range of groups and health care providers with an interest in cancer

- ▶ to make recommendations to the Australian Government about cancer policy and priorities
- ▶ to oversee a dedicated budget for research into cancer
- ▶ to assist with the implementation of Commonwealth Government policies and programmes in cancer control
- ▶ to provide financial assistance, out of money appropriated by the Parliament, for research into cancer covered by the dedicated budget, and for the implementation of policies and programmes referred to above
- ▶ any functions which the Minister, by writing, directs Cancer Australia to perform.

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

⁷ Australian Institute of Health and Welfare. *Australian Cancer Incidence and Mortality (ACIM) books*. 2014. AIHW: Canberra www.aihw.gov.au/acim-books/. Accessed: June 2014.

⁸ Australian Institute of Health and Welfare. 2012. *Cancer incidence projections: Australia 2011 to 2020*. Cancer Series no 66. Cat. no. CAN 62. Canberra: AIHW.



Outcome and programme structure

The Australian Government requires agencies to measure their performance in terms of outcomes. The stated outcome of Cancer Australia's work in 2014–15 was:

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

The programme attached to this outcome is: *Improved cancer control.*

The agency's Outcome Strategy states:

The Australian Government, through Cancer Australia, aims to minimise the impact of cancer and improve health outcomes for people affected by cancer by coordinating and leading national, evidence-based interventions across the continuum of cancer care.

In order to minimise the impact of cancer, Cancer Australia will: translate evidence to inform the development and implementation of policies and programmes in cancer control; promote clinical best practice to health professionals across Australia; lead the development of innovative, sustainable, and evidence-based models of cancer care; strengthen national data capacity; fund research in priority areas; provide information for people affected by cancer about their diagnosis and treatment; and raise community awareness about the disease.

Cancer Australia will work in partnership with consumers, health professionals and professional colleges, researchers and research

funding bodies, non-government cancer and health organisations, other health portfolio agencies and Governments.

The full Agency Budget Statement for 2014–15 is available at: [www.health.gov.au/internet/budget/publishing.nsf/Content/2014-2015_Health_PBS_sup2/\\$File/2014-15_Health_PBS_4.07_CA.pdf](http://www.health.gov.au/internet/budget/publishing.nsf/Content/2014-2015_Health_PBS_sup2/$File/2014-15_Health_PBS_4.07_CA.pdf).

Organisational structure

Cancer Australia's structure is outlined in Figure 2.2. The organisation is led by the CEO, Professor Helen Zorbas AO. Professor Zorbas is supported by the:

- ▶ Executive Director, Associate Professor Christine Giles;
- ▶ Chief Finance Officer, Ms Anne Hicking;
- ▶ Acting General Manager, Service Development and Clinical Practice, Ms Caroline Nehill;
- ▶ General Manager, Cancer Care, Ms Jennifer Chynoweth;
- ▶ General Manager, Knowledge Management, Dr Cleola Anderiesz;
- ▶ General Manager, Health Promotion and Communication, Ms Jane Salisbury; and
- ▶ General Manager, Corporate Affairs, Mr Bill Northcote.

Associate Professor Giles has responsibility for Policy, Strategy and Public Reporting.

General Managers cover the fields and programmes of Knowledge Management, Service Development and Clinical Practice, Cancer Care, Health Promotion and Communication, and Corporate Affairs.



At 30 June 2015 Cancer Australia had 67 employees, of whom 49 were ongoing.

In carrying out its work, Cancer Australia has structures, systems and processes in place to ensure that its governance, compliance and accountability responsibilities are met (see Part 4 of this report).

Cancer Australia’s head office is located in Sydney. In 2014–15, the agency also continued its shared accommodation and service level agreement with the NHMRC for specified transactional corporate services in the Canberra and Melbourne offices.

The Cancer Australia Advisory Council

Cancer Australia draws on the broad diversity of expertise, skills and experience Advisory Council members bring to the organisation. The Advisory Council consists of a Chair and up to 12 members appointed by the Minister for Health. The Advisory Council Chair’s review is in Part 1 of this report.

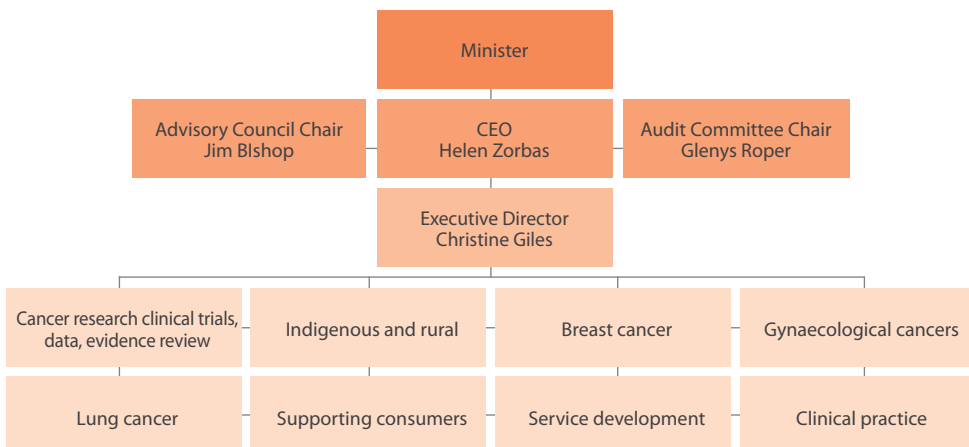
Audit Committee

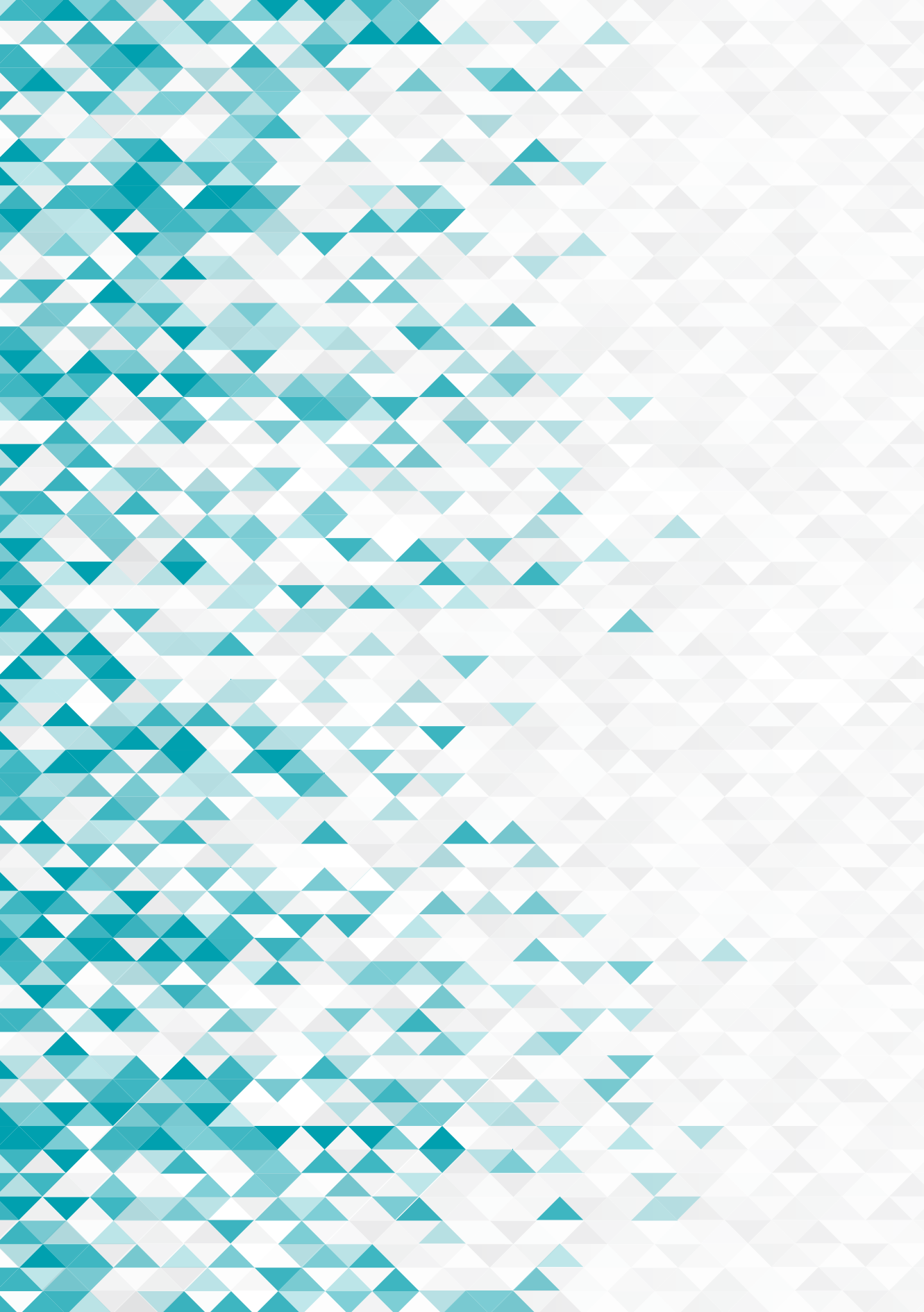
Cancer Australia benefits from advice and counsel provided through a standing Audit Committee, whose members are Ms Glenys Roper (Chair), Professor Susan Pond, and Cancer Australia’s Executive Director, Associate Professor Christine Giles. The term of committee member Mr Sean Van Gorp ended in November 2014 and Professor Pond was appointed to the committee in March 2015.

Advisory Groups

Cancer Australia acknowledges the significant input and valuable advice extended to the agency by strategic and tumour specific advisory groups. Appendix C provides information on the membership and roles of these groups.

Figure 2.2: Cancer Australia’s structure at 30 June 2015





3 Report on Performance



Report on Performance

In 2014–15, Cancer Australia continued its work to minimise the impact of cancer, including through national leadership in cancer control with targeted research, cancer service development, education and consumer support.⁹

As the Australian Government's national cancer control agency, Cancer Australia works to minimise the impact of cancer, address disparities and improve health outcomes for people affected by cancer, by leading and coordinating national, evidence-based interventions across the continuum of care. Cancer Australia provides leadership in cancer control across all cancers, with reference to burden of disease, cancer incidence, survival and mortality. Cancer Australia also has a focus on populations which experience poorer health outcomes, including Aboriginal and Torres Strait Islander peoples and people living in rural and remote areas of Australia.

Through a tailored programme of work in 2014–15, the Australian Government, through Cancer Australia, aimed to:

- ▶ provide leadership in national cancer control and promote effective cancer care
- ▶ fund priority research and strengthen national data capacity
- ▶ provide community access to cancer information.

This section outlines the main activities of Cancer Australia during 2014–15, and reports on performance against the deliverables and key performance indicators set out in the Cancer Australia Agency Budget Statement.

Central to the agency's success in reducing the impact of cancer in the community is continued engagement and collaboration across the health sector. In 2014–15, Cancer Australia worked closely with the Department of Health, and collaborated with the AIHW and the NHMRC, on specific cancer control activities of joint interest. Cancer Australia also further strengthened strategic relationships with other important stakeholders, including people affected by cancer and consumer groups, health professionals and the relevant professional colleges, non-government cancer and health organisations, researchers and research funding bodies.

Underpinning Cancer Australia's extensive body of work is a successful Risk Management Plan, which integrates risk considerations, management and compliance into all agency-wide planning and programme activities. Risk management strategies are developed, monitored and regularly evaluated for all key programme areas and projects. This approach ensures that all programme outcome opportunities are maximised.

⁹ Agency Budget Statements — www.health.gov.au

Tables 3.1, 3.2, 3.3 and 3.4 set out the agency's performance against quantitative and qualitative deliverables and key performance indicators for 2014–15.

Cancer Australia's financial statements are at Appendix A of this report, and Appendix B includes a summary table showing the total resources of the agency by outcome.

Leadership in national cancer control

Cancer Australia provided national leadership in cancer control in 2014–15 by continuing to coordinate and lead the development of innovative and evidence-based approaches to cancer control across the continuum of care.

Cancer Australia provides value in fulfilling its national leadership remit through its authoritative voice, the provision of evidence-based information and advice, and the development of strategic collaborations to achieve the best outcomes.

In 2014–15, Cancer Australia released the new Cancer Australia Strategic Plan 2014–19, which articulates the role of Cancer Australia, future trends and challenges in cancer and Cancer Australia's strategic goals for 2014–19. This five-year plan will enable the agency to drive a shared vision for national cancer control; coordinate efforts across the health system; and lead the development of innovative, evidence-based and sustainable approaches across the continuum of care to address current and future challenges.

In line with Cancer Australia's leadership role, in 2014–15 the agency undertook work to identify and assess cancer control priorities and

shape and influence national cancer control, including through the development of three key documents:

- ▶ a National Aboriginal and Torres Strait Islander Cancer Framework, to provide evidence-based priorities to address disparities and improve cancer outcomes for Aboriginal and Torres Strait Islander people
- ▶ an evidence-based paper on the implications of a growing ageing population on cancer, identifying issues and opportunities to address system challenges
- ▶ a Cancer Australia Statement to identify key appropriate and inappropriate practices in breast cancer care, to support and influence best practice in Australia.

It is planned that these key documents will be released in 2015–16.

Cancer Australia continues to value the integral role of consumers in patient-centred care and cancer control and has a strategic and inclusive approach to consumer engagement, which ensures that people affected by cancer are involved in all aspects of the agency's work. In 2014–15, 200 consumers participated in Cancer Australia activities, including through representation on the Cancer Australia Advisory Council; strategic advisory groups; programme and project advisory groups; working and reference groups; steering committees; assessment panels; and grant review panels.

To further promote the important role of consumer engagement in cancer control, Cancer Australia presented a workshop at the Union for International Cancer Control (UICC) World Cancer Congress in Melbourne in December 2014, based on Cancer Australia's



internationally recognised and nationally agreed *National Framework for Consumer Involvement in Cancer Control*. The workshop, which included a panel of national experts, successfully promoted the Framework, as well as Cancer Australia's online tools and resources to support consumer engagement, to a large and varied audience from specialist cancer agencies throughout Australia and the world. Cancer Australia also hosted a session at the Congress on *Early diagnosis and optimising treatment: How consumer engagement can accelerate progress*. The international panel members focused on the benefits of involving consumers in decision making about cancer care and control, and highlighted Cancer Australia's status as a recognised leader in consumer engagement in Australia and internationally.

Providing leadership in clinical best practice

In 2014–15, Cancer Australia published clinical practice guidance, evidence summaries and systematic reviews to assist health professional decision making and guide evidence-based, best practice clinical care for people with cancer. This included:

- ▶ *Clinical guidance for responding to suffering in adults with cancer*
- ▶ An evidence summary and systematic review on *The role of sentinel lymph node biopsy in the treatment of women with early stage vulval cancer*, and
- ▶ An evidence summary and systematic review on *Management of women with stage IB2 cervical cancer with treatments other than chemoradiotherapy*.

Cancer Australia also undertook systematic reviews to inform the development of clinical practice guidance material, to support best practice clinical care and improve outcomes for women with breast cancer, in the following areas:

- ▶ The use of hypofractionated radiotherapy for the treatment of women with early breast cancer
- ▶ The management of women with lobular carcinoma in situ, and
- ▶ The management of menopausal symptoms in younger women with breast cancer.

Evidence-based guidance on these topics will be released in 2015–16.

Understanding and addressing variations in cancer outcomes

Despite the overall high cancer survival rates in Australia, there are ongoing disparities in the impact of cancer, and unwarranted variations in incidence and outcomes across population and tumour groups. Cancer Australia is working to address these variations and improve outcomes for people with cancer by using the best available evidence to inform health promotion and early detection strategies and demonstrate the delivery of best practice and sustainable cancer care.

In 2014–15, Cancer Australia developed a National Aboriginal and Torres Strait Islander Cancer Framework with the Menzies School of Health Research, to identify national priorities for improving cancer outcomes for Aboriginal and Torres Strait Islander peoples and reducing the unwarranted variations in cancer outcomes experienced by this population group.

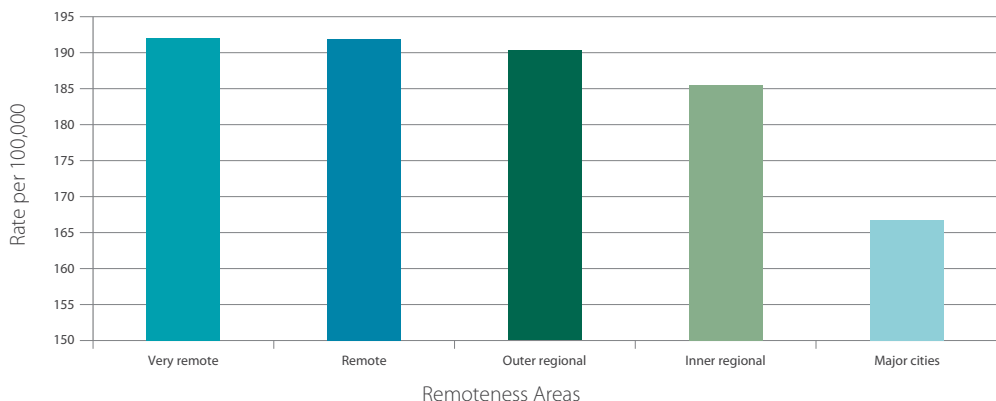
The Framework, which was underpinned by an evidence review, was developed in consultation with more than 500 stakeholders from across Australia. In June 2015, Cancer Australia held a National Forum to seek feedback on the Framework from key stakeholders, including health professionals; Aboriginal and Torres Strait Islander peoples; service providers; organisations with a cancer control interest; researchers; and policy makers. The Forum was highly effective, with stakeholders providing strategic input to the priorities and noting their support for the Framework, to be released in 2015–16.

In 2014–15, Cancer Australia also commissioned the development of a National Framework for Gynaecological Cancer Control to identify priority areas in gynaecological cancer control addressing best practice models of care; enhanced integration of primary care across the care continuum; improved outcomes for Aboriginal and Torres Strait Islander women; and research directions in gynaecological cancers. This Framework will be released in 2015–16.

In 2014–15 Cancer Australia undertook a review of the evidence and examined potential factors that contribute to the poorer breast cancer outcomes experienced by women from non-metropolitan areas. This work will highlight key opportunities and inform the development of new initiatives in areas which are likely to have the greatest impact in addressing the disparity for women with breast cancer in non-metropolitan areas.

In 2014–15, Cancer Australia collaborated through the National Cancer Expert Reference Group with jurisdictions across Australia to map the regional cancer services provided across Australia including tumour types, treatments and referral practices, against service capability frameworks. This work will inform evidence-based best practice cancer care for regional cancer services, and identify opportunities to strengthen the delivery of ‘right place’ cancer care.

Figure 3.1: Variation in cancer mortality, all cancers combined by remoteness, 2008–2012, Australia¹⁰



¹⁰ Australian Institute of Health and Welfare. *Cancer in Australia: an overview 2014*. Cancer series no. 90 Cat. no. CAN.88

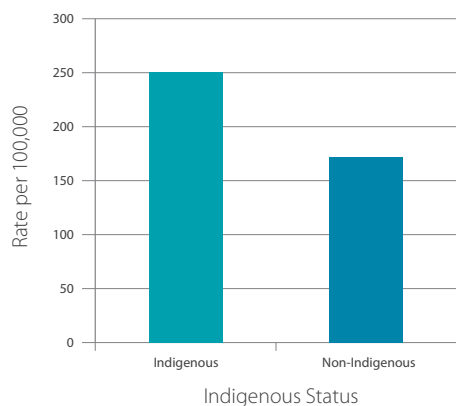


Increasing the capacity of Aboriginal and Torres Strait Islander Health Workers

Cancer Australia is committed to working together with Aboriginal and Torres Strait Islander communities to address disparities in Indigenous cancer outcomes, including in cancers which have a high impact, such as cervical cancer, and in breast cancer and lung cancer, the two most commonly diagnosed cancers in Indigenous Australians.

In 2014–15, Cancer Australia published an education resource, titled *Lung Cancer in Our Mob: a handbook for Aboriginal and Torres Strait Islander Health Workers*, which aims to increase the capacity of Aboriginal and Torres Strait Islander Health Workers to provide evidence-based lung cancer information and support to their communities. The resource was promoted in March 2015, and about 500 copies have been disseminated nationally.

Figure 3.2: Variation in cancer mortality, all cancers combined by Indigenous status, 2007–2011, Australia¹¹



¹¹ Australian Institute of Health and Welfare & Cancer Australia, 2013. *Cancer in Aboriginal and Torres Strait Islander people of Australia: an overview*. Cancer series no.78. Cat. no. CAN 75. Canberra: AIHW.

Cancer Australia also developed the *Women's Business Workshop Community Education Resource*, to promote awareness of gynaecological and breast cancer to Aboriginal and Torres Strait Islander women. The resources and associated workshop materials will support Aboriginal and Torres Strait Islander Health Workers in conducting the workshops in local communities across Australia.

Effective cancer care

In order to ensure that evidence-based diagnosis, treatment and supportive care is available for all Australians diagnosed with cancer, Cancer Australia translates national and international research to inform evidence-based care, and identifies new models of care designed to meet the needs of patients and the health care system.

Providing information and resources to guide effective cancer care

In 2014–15 Cancer Australia redeveloped the Cancer Learning website to provide evidence-based professional development e-learning opportunities for health professionals working in cancer care. The newly developed website will be released in a staged manner in early 2015–16 and will include a series of online modules by cancer topics; and highlight relevant learning resources for different groups of health professionals to facilitate professional development programmes in cancer care.

Identifying new models of cancer care

In 2014–15, Cancer Australia continued to lead a national approach to shared-follow up care for women with early breast cancer. This important work aims to improve access to follow-up care for women after breast cancer and address issues of capacity in the specialist workforce, in line with Productivity Commission recommendations. Cancer Australia undertook an evaluation of the *Shared care demonstration project* which found shared care to be an acceptable and feasible model of follow-up care for women with early breast cancer. With this validation, in 2014–15 Cancer Australia continued to support implementation of the *Shared care demonstration project* at five specialist breast cancer services across Australia (QLD, NSW, SA and two sites in VIC); evaluate adherence to clinical best practice guidelines; and conduct an economic evaluation of shared and specialist care for the follow up of early breast cancer.

Cancer Australia has a significant body of work in lung cancer which aims to reduce the impact of lung cancer and address the poorer outcomes experienced by people with this disease. In 2014–15 Cancer Australia funded four health service collaborations across Australia to demonstrate the delivery of best practice lung cancer care, in line with Cancer Australia's Principles for best practice management of lung cancer in Australia. The Principles support an evidence-based approach and include best practice elements and outcomes relevant to the Australian practice context. Once completed, it is envisaged that this work will contribute to reducing the impact of lung cancer in Australia; addressing inequalities in outcomes; and improving the wellbeing of those affected by lung cancer.

An evaluation framework and plan has been developed to inform further implementation of the Principles for best practice in lung cancer care during 2015–16.

Priority research and strengthened national data capacity

High-quality research and data are essential for improving cancer outcomes. They provide the scientific basis to drive reduced cancer incidence and mortality, increased survival, and improved quality of life by providing the evidence base for further research, best practice care, cancer control policy and future investment decisions.

In September 2014, Cancer Australia released the report *Cancer research in Australia: an overview of funding to cancer research projects and programmes in Australia 2006 to 2011*, which presents a summary of direct funding to cancer research in Australia in the period 2006–2011. This report builds on an earlier report published by Cancer Australia in 2008, and provides a comparison of the direct funding to cancer research internationally and across three trienniums nationally. The report represents a major contribution to our understanding of the levels of research funding, the number of research projects and research programmes funded in Australia, the sources of this funding, as well as the pattern of funding across the research continuum and funding to different tumour types. The findings identify opportunities for optimising cancer research investment, including through partnering and leveraging investment by co-funding, targeting research investment to priority areas, and fostering research collaborations in Australia and internationally.



In 2014–15 Cancer Australia also completed an audit on funding initiatives to build cancer research capacity in the period 2006 to 2011. This audit captures, for the first time in Australia, funding to people support schemes and initiatives which build cancer research capacity and infrastructure. A corresponding report outlining the key findings of the audit will be released in early 2015–16.

Priority-driven Collaborative Cancer Research Scheme

In 2014-15, Cancer Australia and its Funding Partners awarded 25 cancer research grants in priority areas through the Priority-driven Collaborative Cancer Research Scheme (PdCCRS), totaling almost \$10 million. Of this, Cancer Australia contributed \$5.62 million of funding and \$4.07 million of funding was contributed by Funding Partners. The research grants included: one project funded through Cancer Australia's Lung Cancer Programme, one project funded through Cancer Australia's Indigenous and Rural Programme and two projects funded through Cancer Australia's Gynaecological Cancers Programme. During the last four rounds of the PdCCRS, Funding Partners have matched the Government's contribution at a ratio of approximately 1:1.

Through the PdCCRS, Cancer Australia partners with other organisations (Funding Partners) to coordinate and maximise funding of cancer research at a national level. Research is funded in areas of identified priority and brings together both government and non-government organisations to maximise research investment. The success and value of the PdCCRS is widely endorsed by stakeholders across Australia.

For the 2014 round of the PdCCRS, Cancer Australia's research priorities included research projects in the following areas:

- ▶ origins and causes of cancer
- ▶ prevention of cancer
- ▶ early detection and treatment of cancer
- ▶ patient support, survivorship or end-of-life care
- ▶ cancers with high burdens of disease and mortality such as lung, colon and rectum, pancreas, cancer of unknown primary, and lymphoma, and
- ▶ populations with poorer outcomes such as Aboriginal and Torres Strait Islander peoples, people from low socioeconomic status areas, and people from rural and remote areas.

Cancer Australia partnered with the National Health and Medical Research Council (NHMRC) to assess the applications for funding and partnered with organisations; Cancer Council Australia, Cancer Council NSW, Cure Cancer Australia Foundation, the Leukaemia Foundation, National Breast Cancer Foundation, Prostate Cancer Foundation of Australia, The Kids' Cancer Project, and the Radiation Oncology and Optometry section of the Australian Government Department of Health.

Support for Cancer Clinical Trials Programme

In 2014–15, Cancer Australia provided funding through the *Support for Cancer Clinical Trials* programme to Australia's 13 National Cancer Cooperative Trials Groups (CTGs) to support the development of industry-independent cancer clinical trial protocols, namely:

- ▶ Australasian Gastro-Intestinal Trials Group
- ▶ Australasian Leukaemia and Lymphoma Group
- ▶ Australasian Lung Cancer Trials Group
- ▶ Australasian Sarcoma Study Group
- ▶ Australian and New Zealand Breast Cancer Trials Group
- ▶ Australian and New Zealand Children's Haematology and Oncology Group
- ▶ Australia New Zealand Gynaecological Oncology Group
- ▶ Australia and New Zealand Melanoma Trials Group
- ▶ Australian and New Zealand Urogenital and Prostate Cancer Trials Group
- ▶ Cooperative Trials Group for Neuro-Oncology
- ▶ Primary Care Collaborative Cancer Clinical Trials Group
- ▶ Psycho-Oncology Co-operative Research Group
- ▶ Trans-Tasman Radiation Oncology Group.

In 2014–15 Cancer Australia further supported the CTGs through funding for national technical services in:

- ▶ genomic cancer clinical trials: developing mutation-specific cancer clinical trial protocols which are common to several tumour types, to increase understanding of targeted prevention and/or treatment interventions for people diagnosed with cancer
- ▶ health-economics and pharmaco-economics: supporting collection of appropriate economic data during clinical trials to inform health policy and practice
- ▶ quality of life: facilitating inclusion of quality of life measures into cancer clinical trials to enable incorporation of evidence-based, best practice psychological care in optimal care of patients.

Strengthening national cancer data

Cancer Australia is progressively developing and implementing methodologies to collect, collate and report national data on cancer stage at diagnosis, treatments applied and frequency of recurrence after treatment in Australia.

The collection of this data will address an identified gap in national cancer data.

In 2014–15, Cancer Australia engaged with key stakeholders including the AIHW, individual state and territory Population-Based Cancer Registries, and jurisdictional health departments, to develop methodologies for the collection of these data, and processes for collation and transfer of these data into a central national database. Important progress was made with the development and testing of the Business Rules for collection of staging data for



the top five incidence cancers (prostate, breast, colorectal, lung and melanoma) and the mapping of the availability of cancer treatment data from the Pharmaceutical Benefits Scheme, Medicare Benefits Schedule and the National Hospital Morbidity Database.

Over time, these data will enhance understanding of the impact of stage, treatment and recurrence on survival across Australia; enable monitoring of cancer outcomes across the population; help determine if patterns of care by stage at diagnosis are consistent with best practice; and enable monitoring of cancer and health service needs.

In addition, Cancer Australia is developing a framework of key National Cancer Control Indicators to monitor and report national trends in cancer control over time, to enable assessment of the effectiveness of cancer control strategies in Australia.

In 2014–15, Cancer Australia developed a framework of indicators spanning prevention to survival and commenced collection and analysis of relevant data. These indicators will allow for the comparison of Australian data with international benchmarks (where comparable international data are available) and evaluation of trends over time in cancer prevention, early detection, treatment and survivorship; and will help inform evidence-based improvements in policy and practice across the continuum of cancer care.

In 2014–15, Cancer Australia continued its work to promote a nationally-consistent approach to data collection in Australia through the promotion of Cancer Australia's Gynaecological Cancer Data Set Specification (DSS); the piloting and approval of Cancer Australia's Prostate

and Testicular Cancer DSS; and the inclusion of Cancer Australia's Lung Cancer DSS in the National Health Data Dictionary. Over time, these data set specifications will contribute towards improving the availability of clinical information on cancer, recognising national trends and identifying gaps in care, to ultimately inform better policy and practice.

In 2014–15, Cancer Australia supported the Royal College of Pathologists of Australasia to develop a report to identify the opportunities, issues, barriers and critical success factors to implementing structured pathology reporting for cancer in Australia. The report will assist Cancer Australia to inform opportunities and approaches available through structured pathology reporting for the collection of standardised cancer data.

Contributing to the national and international evidence base

Cancer Australia has a lead role in building the evidence base and analysing, interpreting and translating the latest scientific cancer research and data to inform policy and practice.

In 2014–15, five articles were published by Cancer Australia authors in peer-reviewed publications, including: *Assessment of spiritual suffering in the cancer context: a systematic literature review*; *Breast cancer survival in New Zealand women*; *Meeting the cancer challenge: the roles and goals of Cancer Australia*; *Conceptual analysis of suffering in cancer: a systematic review*; and *Psychological distress and quality of life in lung cancer: the role of health-related stigma, illness appraisals and social constraints*.

In 2014–15 Cancer Australia also awarded a Translational Research into Practice Fellowship for research into training health professionals in smoking cessation and tobacco abuse prevention for Aboriginal Australians.

In November 2014, Cancer Australia published *Risk factors for lung cancer: an overview of the evidence*, to increase awareness and understanding of the key lifestyle, environmental and occupational factors that affect lung cancer risk, and the role of family history. The report summarises the evidence for a range of factors that are associated with a person's risk of developing lung cancer and is based on a systematic review of the international literature.

Community cancer awareness and providing information about cancer to the community

As a reputable and trusted source of information, Cancer Australia provides reliable, evidence-based information and guidance on cancer control to the community.

In June 2015, Cancer Australia published an evidence-based position statement *Lifestyle risk factors and the primary prevention of cancer* to provide evidence-based information and recommendations for seven modifiable lifestyle risk factors relevant to the Australian population, which can reduce the risk of cancer. The Position Statement was developed based on existing high level evidence and evidence reviews, with input from national and international experts.

In 2014–15, Cancer Australia also undertook the development of an online interactive tool, to raise awareness of the relationship between lifestyle factors and cancer risk, and encourage behavioural change and healthy lifestyle choices. The tool provides users with an assessment and recommendations in response to a series of questions related to six modifiable lifestyle factors and is expected to be released in 2015–16. Cancer Australia's work in this area highlights the agency's commitment to reducing the impact of cancer through the provision of evidence-based information to the community to increase their awareness and understanding of cancer risk reduction strategies.

Providing information and support for people affected by cancer

Cancer Australia's principal website is a central source of knowledge and facilitates access to evidence-based information, resources, data and research, with average monthly visits increasing to over 74,000. In 2014–15, Cancer Australia's online library of evidence-based cancer resources continued to grow, with over 564 resources currently available. To ensure the website is accessible to all Australians, Cancer Australia also updated the website to ensure it can be used effectively across devices such as mobile phones, tablets and computer screens with varying sizes; and implemented processes to ensure that all resources on the Cancer Australia website meet AA Web Content Accessibility guidelines.

In 2014–15, Cancer Australia also developed a new website for children's cancers to provide information and support to families and carers of children with cancer and the health professionals who care for them.



Through the provision of evidence-based information, Cancer Australia continues to meet the demonstrated information needs of consumers, health professionals and the community to support informed decision-making about treatment and care, and improve cancer awareness and early detection. In 2014–15, Cancer Australia released 195 new resources, including 19 resources which were translated into 10 key languages, all of which are available through the Cancer Australia website. This included the release of an education resource on Close the Gap Day to support Aboriginal and Torres Strait Islander Health Workers to provide evidence-based information about cancer to their communities. In 2014–15, Cancer Australia distributed over 54,800 hard copy Cancer Australia resources to health professionals, consumers and the community across Australia.

In November 2014, Cancer Australia completed a redevelopment of the Australian Cancer Trials website to improve accessibility for people with cancer and their carers who are searching for information about cancer trials. The Australian Cancer Trials website provides consumers with up to date details about cancer clinical trials in Australia and assists them to make informed decisions about clinical trial participation.

Providing information for men with prostate cancer

Cancer Australia continued to work with the Prostate Cancer Foundation of Australia (PCFA) on the *Supporting men with prostate cancer through evidence-based resources and support* initiative, to provide increased access and availability of evidence-based information, resources and psychosocial support for men and their families affected by prostate cancer.

Through this initiative support kits, including evidence-based fact sheets, resources and social networking tools, were developed to enable men, their partners and carers, to better navigate the cancer journey and address psychosocial and psychosexual issues for men affected by prostate cancer.

Eighty-four self-sustaining peer support groups for people affected by prostate cancer were also established through this initiative, including 38 in regional and rural areas and 22 for specific population groups, including gay and bisexual men, younger men, partners and carers, men with advanced prostate cancer, and culturally and linguistically diverse groups.

Supporting people with cancer community initiatives

During 2014–15 Cancer Australia continued to support six community organisations through Round 6 of the *Supporting people with cancer* Grant initiative to improve the coordination, accessibility and development of quality cancer support networks. These grants have made a significant contribution to the ongoing provision of information, resources and support for people affected by cancer.

In 2015, an additional eight community organisations were awarded funding through Round 7 of the *Supporting people with cancer* Grant initiative. Over the next three years these projects will develop information and support for priority groups, including regional and rural communities, Aboriginal and Torres Strait Islander communities, and culturally and linguistically diverse communities.

Activities will include the development of a central source of information for people affected by rare cancers; a nurse-led telephone support service for people affected by lung cancer; the development of information and support for people from culturally and linguistically diverse communities and the design and delivery of an Aboriginal and Torres Strait Islander led cancer advocacy programme that supports Indigenous consumers to advocate for the cancer care needs of their communities.

In 2014–15, Cancer Australia also awarded Ralph Lauren Pink Pony seeding grants to four community organisations to implement initiatives that improve access to quality information, support and services for women with breast cancer in Australia.

Providing support for women in rural areas with breast cancer

Women diagnosed with breast cancer living in rural areas are faced with additional challenges such as geographic isolation and limited contact with specialist health professionals, which may limit access to the full range of treatment options and support services. In 2014–15, Cancer Australia funded Breast Cancer Network Australia (BCNA) to deliver a programme of work aimed at supporting women in rural areas with breast cancer, through information forums, access to online peer support, training BCNA Community Liaison Officers and supporting BCNA member groups. Since the programme's commencement in July 2011, over 3,190 people have attended 25 regional Information Forums and over 14,100 online members have been part of the online peer support network.

Cancer Australia also supported BCNA to promote and disseminate the *My Journey Kit*, a resource for women newly diagnosed with early breast cancer, and the *Hopes and Hurdles* kit, for women with secondary breast cancer. Over 108,800 My Journey Kits and 7,200 Hopes and Hurdles packs have been distributed by BCNA since the resources were launched in 2004 and 2007, respectively.

Improved reach of cancer messages

In 2014–15, Cancer Australia worked to increase the reach and impact of cancer control messages to the community, through targeted information and communication strategies during key cancer awareness months and on World Cancer Day, Close the Gap Day, and during Men's Health Week.

Cancer Australia continued its role as a trusted and authoritative national voice in cancer with a strong media presence in 2014–15, featuring in over 577 stories across all forms of media and receiving 71 requests for expert comment or information on a range of topics. In April 2015, Cancer Australia was featured in a four page article in *International Innovation* magazine, titled 'Building the Knowledge Base', which has a global readership of 120,000. The article outlined Cancer Australia's approaches towards achieving its strategic objectives in cancer control; the success of its collaborative approaches and focus on consumer engagement; funding initiatives for research and support for clinical trials; the critical role of high-quality data in cancer control; and strategies to drive evidence-based best practice in cancer.



During Breast Cancer Awareness Month in October 2014, Cancer Australia hosted its annual flagship event, the Pink Ribbon Breakfast. The 2014 event highlighted the importance of follow-up care for women with breast cancer and brought together approximately 500 guests including His Excellency General the Honourable Sir Peter Cosgrove, Governor-General of the Commonwealth of Australia; Her Excellency Lady Cosgrove; and the Honourable Peter Dutton MP, Minister for Health at the time. Cancer Australia's breast awareness messages featured prominently in national media coverage across Australia, resulting in an estimated audience reach* in excess of 4 million audience impressions.

In addition, Cancer Australia continued to promote evidence based cancer awareness messages during specific awareness months. This includes Lung Cancer Awareness Month (November), Ovarian Cancer Awareness Month (February), World Cancer Day (4 February), Bowel Cancer Awareness Month (June), Prostate Cancer Awareness Month (September), Childhood Cancer Awareness Month (September) and Men's Health Week (June).

Media and community focus on cancer during these awareness months provides Cancer Australia with the opportunity to present new information to raise community awareness, increase the reach of key cancer messages, and promote accurate information about the disease to consumers and the wider community.

In June 2015, Cancer Australia announced the recipients of the third Jeannie Ferris Cancer Australia Recognition Award for outstanding contributions to improving outcomes for women with gynaecological cancers. The successful recipients were:

- ▶ Ms Bridget Whelan, in the category of individuals with a personal experience of gynaecological cancers
- ▶ Professor Michael Friedlander AM, in the category of health professionals or researchers working in the area of gynaecological cancer.

This Award is named in honour of the late Jeannie Ferris, former Senator for South Australia, who was committed to raising awareness about gynaecological cancer in Australia. Senator Ferris was diagnosed with ovarian cancer in October 2005 and passed away in April 2007.

* Audience reach is calculated using readership, listener and viewer data for media outlets.

Deliverables and Key Performance Indicators

The Australian Government's priority areas for Cancer Australia in 2014–15 – including deliverables, indicators, targets and results – are outlined below.

Table 3.1: Qualitative deliverables for Programme 1.1

Provide leadership in national cancer control and promote effective cancer care	
Deliverable:	Translate research into evidence-based information to inform policy and practice
Target:	Provide evidence-based information to guide clinical best practice in gynaecological cancers
Target met	

Table 3.2: Quantitative deliverables for Programme 1.1

Fund priority research and strengthen national data capacity	
Deliverable:	Minimum number of cancer research grants funded by Cancer Australia through the Priority-driven Collaborative Cancer Research Scheme
Target:	6
Target met	

Provide community access to cancer information	
Indicator:	Total number of Cancer Australia resources to inform health professionals, consumers and the community
Target:	270
Target met	

Table 3.3: Qualitative key performance indicator for Programme 1.1

Provide leadership in national cancer control and promote effective cancer care	
Indicator:	Improve outcomes for Australians diagnosed with cancer
Target:	Demonstrated improvements in the delivery of best practice cancer care in identified cancers
Target met	

Table 3.4: Quantitative key performance indicators for Programme 1.1

Fund priority research and strengthen national data capacity	
Indicator:	Percentage of funding to applied research through the Priority-driven Collaborative Cancer Research Scheme
Target:	≥70%
Target met	

Provide community access to cancer information	
Indicator:	Number of consumers involved in Cancer Australia advisory and project activities
Target:	60
Target met	



2014-2015 Highlights

200

consumers involved across all aspects
of Cancer Australia's work



500+

copies distributed of *Lung cancer in our Mob: a handbook for Aboriginal and Torres Strait Islander health workers*

to build their capacity to provide evidence-based lung cancer information and care to their communities

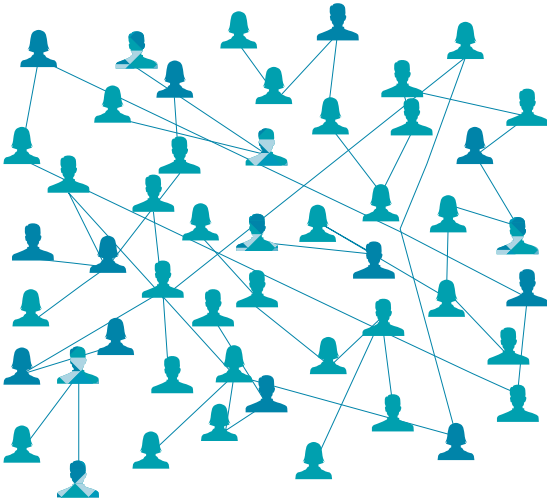
COLLABORATIVE NATIONAL CANCER CLINICAL TRIALS GROUPS FUNDED

to support the development of industry-independent cancer clinical trial protocols to improve evidence-based, best-practice care for people with cancer

54,800+

CANCER AUSTRALIA RESOURCES DISTRIBUTED

to health professionals, consumers and the community across Australia



500

STAKEHOLDERS CONSULTED

across Australia to develop
the National Aboriginal
and Torres Strait Islander
Cancer Framework

 = 10 stakeholders

577

features in stories about cancer

across all forms of media

195

new Cancer Australia resources

including 19 resources translated into
10 key languages

Together
with

7

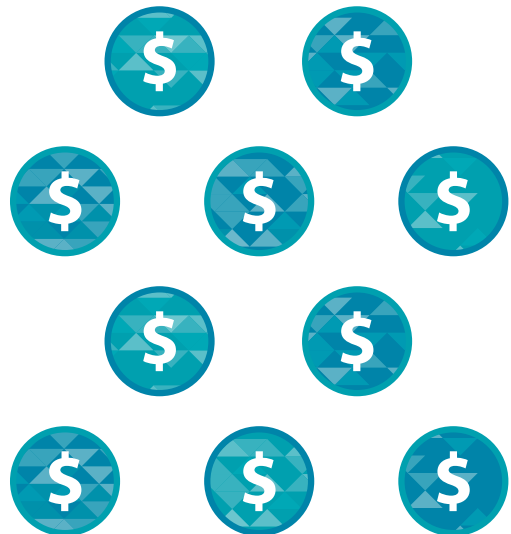
funding
partners

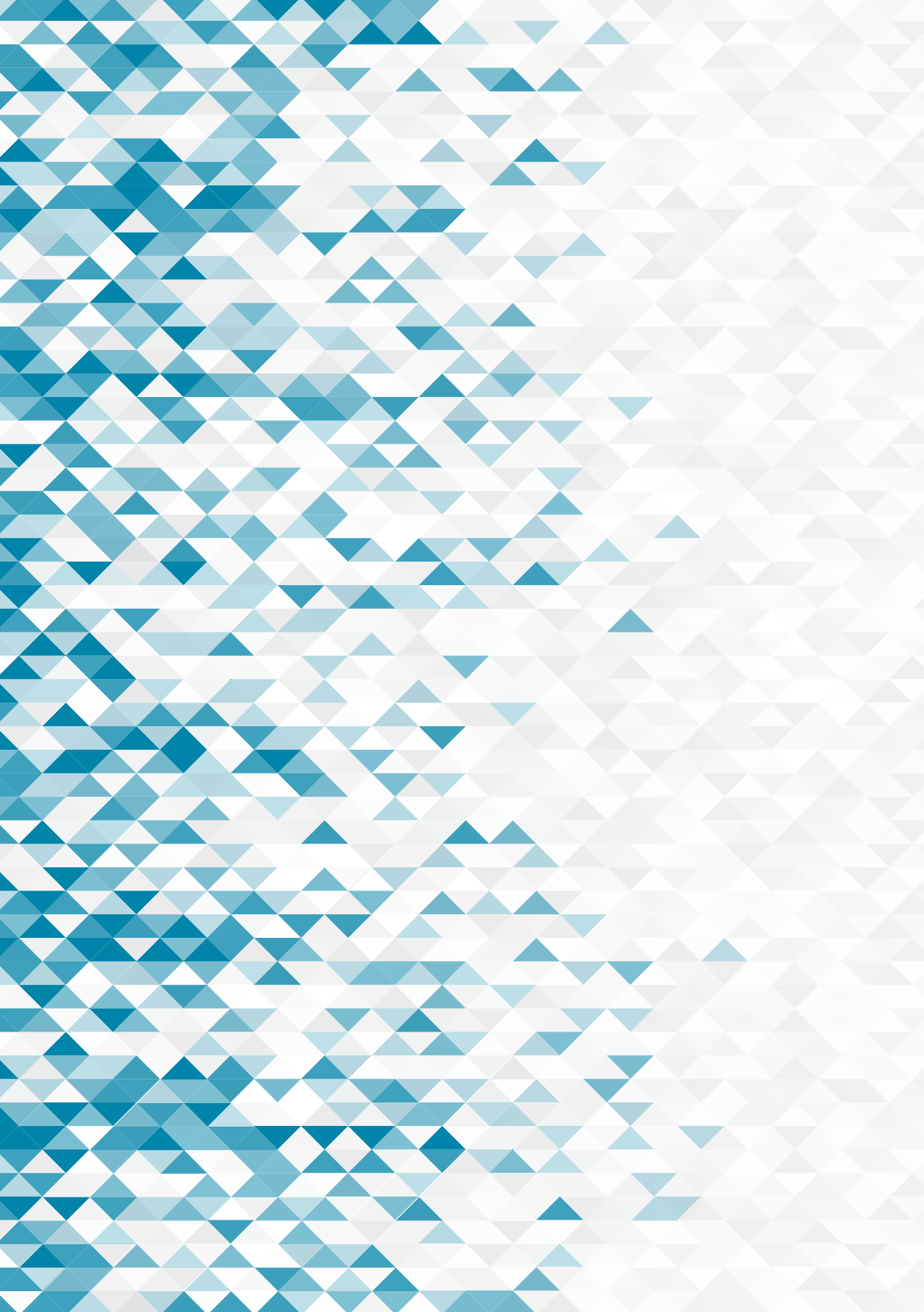
CANCER AUSTRALIA PROVIDED NEARLY

\$10M

to cancer research grants through
the Priority-driven Collaborative
Cancer Research Scheme

 = \$1 million





4 Management and Accountability



Management and accountability

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

In 2014–15, Cancer Australia's Corporate Affairs team was responsible for organising and complying with relevant legislation and Commonwealth policy in regard to procurement, grants, human resources, information technology, records management, security, business continuity planning, and general administrative services required to support the agency's operations.

Cancer Australia's financial resources were organised by the agency's Finance team. Cancer Australia's audited financial statements are at Appendix A. Other mandatory information can be found at Appendix B, and covers:

- ▶ advertising and market research
- ▶ asset management
- ▶ Australian National Audit Office access
- ▶ competitive tendering and contracting
- ▶ consultancies
- ▶ disability reporting
- ▶ ecologically sustainable development
- ▶ exempt contracts
- ▶ external scrutiny
- ▶ freedom of information (FOI)
- ▶ grant programmes purchasing
- ▶ resource statement and resource table by outcome
- ▶ small business
- ▶ work health and safety.

Corporate governance

Strategic and business plans

In 2014–15, all Cancer Australia projects were underpinned by a robust business planning framework which incorporated the agency's Portfolio Budget Statement 2014–15, the Cancer Australia Strategic Plan 2014–19 and the Cancer Australia Business Plan 2014–15.

The business planning process for 2014–15 supported the new strategic direction for the agency and aligned all projects to the programme objectives outlined in the Portfolio Budget Statement.

The Cancer Australia Strategic Plan 2014–19 defines Cancer Australia's goals for this period and the agency's distinctive role in providing effective national leadership in cancer control. The Strategic Plan also identifies the current and emerging trends and challenges in national cancer control.

The Cancer Australia Business Plan 2014–15 aligns to the goals outlined in the Strategic Plan. It also documents the organisation's programme deliverables, and incorporates the key performance indicators as outlined in the Portfolio Budget Statement.

In 2014–15, quarterly reporting of project progress was conducted through a deliverables register and monthly tracking of expenditure and risks was facilitated through a central project log. Weekly Senior Management Team meetings were held to discuss organisation-wide operational matters and discussion on progress against the Business Plan was held at monthly managers' meetings.

Internal audit arrangements

Cancer Australia's Audit Committee met three 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 members appointed from outside Cancer Australia.

In 2014–15 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

Cancer Australia has prepared and regularly reviews its fraud risk assessments and fraud control plans. Cancer Australia has in place appropriate fraud prevention, detection, investigation, monitoring and reporting mechanisms which meet the specific needs of the agency. Cancer Australia has also taken all reasonable measures to minimise and appropriately deal with fraud relating to the agency, to comply with the *Commonwealth Fraud Control Guidelines*.

During 2014–15, Cancer Australia's fraud control plan was updated and fraud awareness workshops for staff were conducted.

Ethical standards

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

During the year Cancer Australia reinforced its internal guidelines and policies so that they reflected the appropriate ethical standards.

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.

Cancer Australia is committed to ensuring that it is responsive to the needs of Australia's culturally and linguistically diverse population.

In 2013, Cancer Australia developed an Access and Equity Agency Multicultural Plan 2013–15 which aims to ensure that our services and resources are accessible by all Australians, irrespective of their place of birth, cultural or linguistic backgrounds, or religious beliefs. The Plan is structured around six dimensions which are: leadership, performance, engagement, capability, responsiveness and openness.

An internal Access and Equity Committee has been established to oversee the implementation of the Plan and is on track to complete the actions outlined in the Plan by 2015–16.

The Plan can be found on the Accountability and Reporting page on the Cancer Australia website: www.canceraustralia.gov.au/about-us/accountability-and-reporting#AMP



Remuneration for Senior Executive Service officers

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

Senior Executive Service (SES) officers employed under the *Public Service Act 1999* have conditions set out under the Cancer Australia SES Handbook. Remuneration is determined by the Chief Executive Officer, in accordance with remuneration guidelines promulgated by the Department of Health.

Consultancies

This Annual Report contains 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. Additional information is at Appendix B of this report.

Financial overview

The 2014–15 departmental expenses were \$13,834,665 (GST exclusive).

The 2014–15 administered expenses were \$16,206,525 (GST exclusive).

Cancer Australia delivered a comprehensive programme of work in 2014–15 in line with the Departmental and Administered funding appropriated by the Australian Government.

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

At 30 June 2015, Cancer Australia had 67 employees, of whom 49 were ongoing and 18 were non-ongoing. Most staff were located in Sydney, with five based in Melbourne and seven in Canberra. The workforce was predominantly female (91 per cent).

At 30 June 2015 Cancer Australia had one non-ongoing employee who identified as Indigenous.

Cancer Australia staff have a diverse range of skill sets, with expertise in areas including epidemiology, clinical practice, research analysis, data, population health, public health, project management, financial management, public policy, health promotion, and communications.

Cancer Australia staffing statistics

The distribution of staff by classification as at 30 June 2015 is shown in Table 4.1. The distribution of staff as at 30 June 2014 is shown in Table 4.2.

Table 4.1: Cancer Australia staff numbers by classification and full-time or part-time status at 30 June 2015

Classification	Female Full-time	Female Part-time	Male Full-time	Male Part-time	Total
Chief Executive Officer	1	-	-	-	1
Senior Executive Band 2	1	-	-	-	1
Senior Executive Band 1	1	-	-	-	1
Executive Level (EL) 2	3	1	1	-	5
Executive Level (EL) 2	2M	-	-	-	2
EL 1	7	-	-	-	7
EL 1	1C	-	1C	-	2
APS 6	18	4	2	-	24
APS 6	3C	1C	1C	-	5
APS 6	1M	-	1M	-	2
APS 5	10	1	-	-	11
APS 4	4	-	-	-	4
APS 4	1M	-	-	-	1
APS 1-3	-	-	-	-	-
Medical	-	1	-	-	1
Total	53	8	6	-	67

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



Table 4.2: Cancer Australia staff numbers by classification and full-time or part-time status at 30 June 2014

Classification	Female Full-time	Female Part-time	Male Full-time	Male Part-time	Total
Chief Executive Officer	1	-	-	-	1
Senior Executive Band 2	1	-	-	-	1
Senior Executive Band 1	2	-	-	-	2
Executive Level (EL) 2	2	1	1	-	7
Executive Level (EL) 2	1C	-	-	-	-
EL 1	2M	-	-	-	-
EL 1	10	1	1C	-	13
APS 6	1C	-	-	-	-
APS 6	12	3	4	1A	25
APS 6	1C	1C	1C	-	-
APS 5	1M	-	1M	-	-
APS 4	12	1	2	-	15
APS 4	1	1	-	-	2
APS 1-3	-	-	-	-	-
Medical	-	1	-	-	1
Total	47	9	10	1	67

A—Adelaide based; M—Melbourne based; C—Canberra based; All other staff Sydney based

Table 4.3: Salary structures at Cancer Australia (as at 30 June 2015)

Classification	Salary Range
EL2	\$112,652–\$133,373
EL1	\$94,419–\$107,687
APS Level 6	\$76,834–\$86,681
APS Level 5	\$69,648–\$73,512
APS Level 4	\$64,036–\$67,660
APS Level 3	\$56,520–\$62,648
APS Level 2	\$48,908–\$53,371
APS Level 1	\$41,848–\$46,997

Continued



Medical Officer salary structure	Salary Range
Medical Officer Class 4	\$145,548–\$160,207
Medical Officer Class 3	\$133,467–\$139,742
Medical Officer Class 2	\$119,365–\$125,769
Medical Officer Class 1	\$84,755–\$109,080

Employment arrangements

Cancer Australia staff at Executive Level 2 and below are employed under the conditions of the Cancer Australia Enterprise Agreement 2011–2014. Ten staff are in receipt of individual flexibility arrangements under clause 20 of the Enterprise Agreement.

Performance pay

No member of Cancer Australia's staff was employed under performance-based remuneration conditions in 2014–15.

Training and development

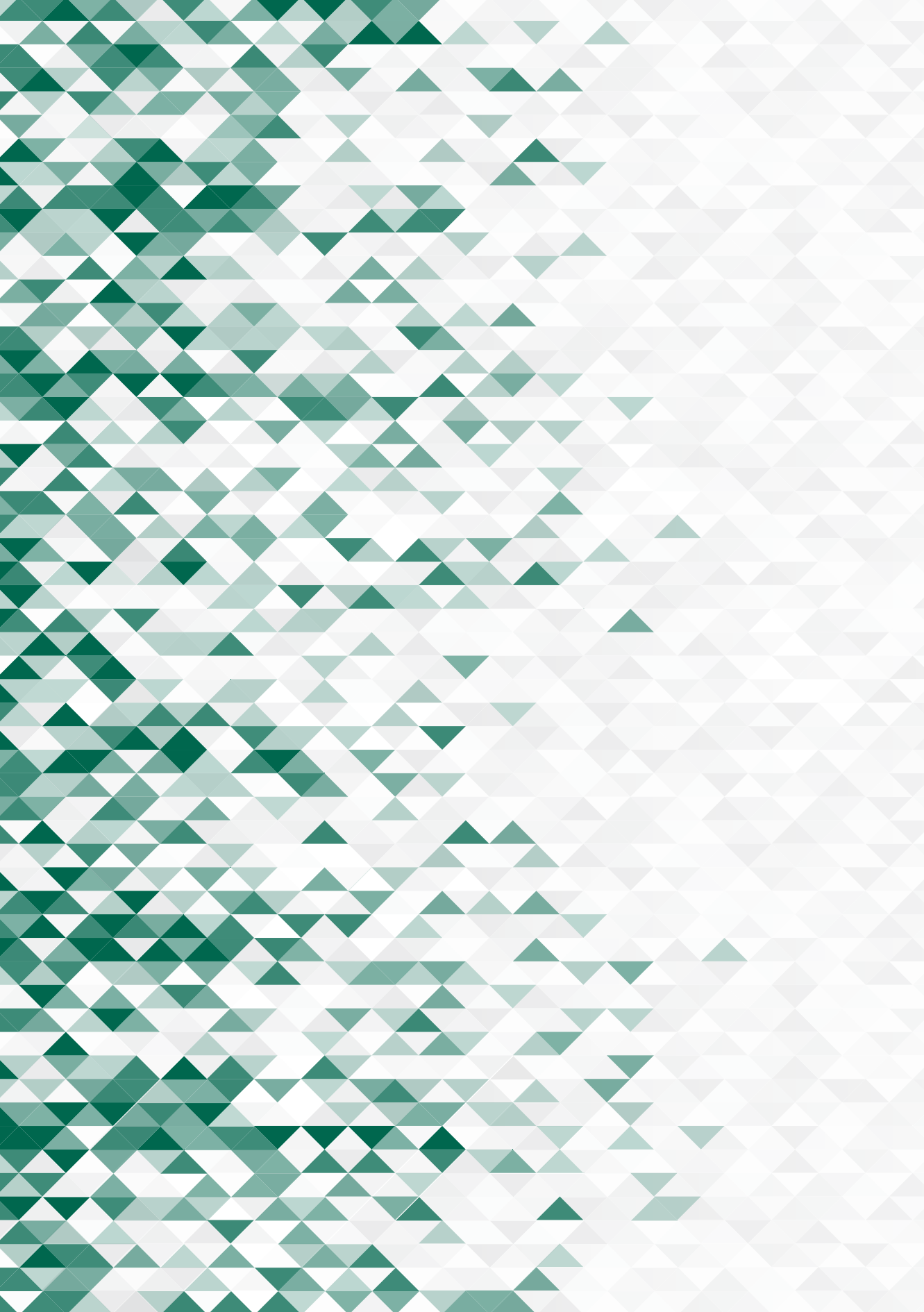
Cancer Australia provides financial and leave assistance to its staff enrolled in external study or training that is relevant to the operational needs of the agency. Each staff member has the opportunity to identify and access appropriate training through the organisation's Performance Development Programme.

In addition to individual training opportunities, during 2014–15 Cancer Australia implemented a leadership and development programme for its Executive Level 1 and 2 staff. An APS Development Strategy was approved by the Senior Management Team and a tailored Project Management programme was held in the 2014–2015 financial year.

Ministerial and parliamentary coordination

During 2014–15, Cancer Australia provided high-quality, timely and evidence-based advice to the Minister for Health on cancer-related issues. The agency continued to collaborate closely with the Department of Health to support the Minister and implement Australian Government policies.





5 Appendices



Appendix A: Audited financial statements



INDEPENDENT AUDITOR'S REPORT

To the Minister for Health

I have audited the accompanying annual financial statements of Cancer Australia for the year ended 30 June 2015, which comprise:

- Statement by the Accountable Authority and Chief Finance Officer;
- Statement of Comprehensive Income;
- Statement of Financial Position;
- Statement of Changes in Equity;
- Cash Flow Statement;
- Schedule of Commitments;
- Administered Schedule of Comprehensive Income;
- Administered Schedule of Assets and Liabilities;
- Administered Reconciliation Schedule;
- Administered Cash Flow Statement;
- Schedule of Administered Commitments; and
- Notes to and forming part of the financial statements comprising a Summary of Significant Accounting Policies and other explanatory information.

In addition, we have audited Cancer Australia's compliance with specific requirements of the *Charitable Fundraising Act 1991* (NSW) for the year ended 30 June 2015.

Chief Executive's Responsibility for the Financial Statements and for Compliance with the Charitable Fundraising Act 1991(NSW)

The Chief Executive of Cancer Australia is responsible under the *Public Governance, Performance and Accountability Act 2013* for the preparation and fair presentation of annual financial statements that comply with Australian Accounting Standards and the rules made under that Act, and compliance with the *Charitable Fundraising Act 1991* (NSW). The Chief Executive of Cancer Australia is also responsible for such internal control as is necessary to enable the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on the financial statements, and Cancer Australia's compliance with specific requirements of the *Charitable Fundraising Act 1991* (NSW), 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 about whether the financial statements are free from material misstatement and whether Cancer Australia has complied with specific requirements of the *Charitable Fundraising Act 1991* (NSW).

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements and Cancer Australia's compliance with specific requirements of the *Charitable Fundraising Act 1991*(NSW). The procedures selected depend on the auditor's judgement, including the

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assessment of the risks of material misstatement of the financial statements and non-compliance with specific requirements of the *Charitable Fundraising Act 1991*(NSW), 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 that give a true and fair view, and compliance with the *Charitable Fundraising Act 1991*(NSW), in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made by the Accountable Authority of the entity, 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 my audit, I have followed the independence requirements of the Australian National Audit Office, which incorporate the requirements of the Australian accounting profession.

Opinion

- a) In my opinion, the financial statements of Cancer Australia:
- i. comply with Australian Accounting Standards and the *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015*; and
 - ii. present fairly the financial position of Cancer Australia as at 30 June 2015 and its financial performance and cash flows for the year then ended; and
 - iii. agree with the underlying financial records of Cancer Australia, that have been maintained, in all material respects, in accordance with the *Charitable Fundraising Act 1991*(NSW) and its regulations for the year ended 30 June 2015.
- b) In my opinion, monies received by Cancer Australia, as result of fundraising appeals conducted during the year ended 30 June 2015, have been accounted for and applied, in all material respects, in accordance with the *Charitable Fundraising Act 1991* (NSW) and its regulations; and
- c) In my opinion, there are reasonable grounds to believe that Cancer Australia will be able to pay its debts as and when they fall due.

Australian National Audit Office



Peter Kerr
Executive Director
Delegate of the Auditor-General
Canberra
11 September 2015



STATEMENT BY THE ACCOUNTABLE AUTHORITY AND CHIEF FINANCE OFFICER

In our opinion, the attached financial statements for the year ended 30 June 2015 comply with subsection 42(2) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), and are based on properly maintained financial records as per subsection 41(2) of the PGPA Act.

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

In accordance with Authority Conditions 7(4) and 7(5) issued by the NSW Minister under Section 19 of the *Charitable Fundraising Act 1991* (NSW) (the Act), in our opinion:

- (a) the Statement of Comprehensive Income, together with the Note on the information to be furnished under the Act, gives a true and fair view of the income and expenditure with respect to fundraising appeals;
- (b) the Statement of Financial Position, together with the Note on the information to be furnished under the Act gives a true and fair view of the state of affairs with respect to fundraising appeals conducted by Cancer Australia;
- (c) the provisions of the Act, the Regulations under the Act and the conditions attached to the Authority have been complied with by Cancer Australia; and
- (d) the internal controls exercised by Cancer Australia are appropriate and effective in accounting for all income received and applied by Cancer Australia from any of its fundraising appeals.

Signed 
Helen Zorbas
Accountable Authority

11 September 2015

Signed 
Anne Hicking
Chief Finance Officer

11 September 2015

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Statement of Comprehensive Income

for the period ended 30 June 2015

	Notes	2015 \$	2014 \$
NET COST OF SERVICES			
Expenses			
Employee benefits	4A	7,522,518	7,853,816
Suppliers	4B	5,939,342	6,226,814
Depreciation and amortisation	4C	366,799	584,886
Write-down and impairment of assets	4D	-	84,773
Finance costs	4E	2,988	4,939
Losses from asset disposals	4F	3,018	5,540
Total expenses		13,834,665	14,760,768
Own-Source income			
Own-source revenue			
Sale of goods and rendering of services	5A	1,975,408	2,633,524
Other revenue	5B	331,930	481,851
Total own-source revenue		2,307,338	3,115,375
Net cost of services		11,527,327	11,645,393
Revenue from Government	5C	12,032,000	12,215,000
Surplus		504,673	569,607
Total comprehensive income		504,673	569,607

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

Statement of Financial Position

as at 30 June 2015

	Notes	2015 \$	2014 \$
ASSETS			
Financial Assets			
Cash and cash equivalents	7A	388,572	1,312,042
Trade and other receivables	7B	3,929,722	2,800,456
Total financial assets		4,318,294	4,112,498
Non-Financial Assets			
Property, plant and equipment	8A,B	360,056	557,480
Intangibles	8C,D	81,728	119,599
Inventories	8E	-	34,026
Other non-financial assets	8F	87,442	231,331
Total non-financial assets		529,226	942,436
Total assets		4,847,520	5,054,934
LIABILITIES			
Payables			
Suppliers	9A	636,209	1,134,268
Other payables	9B	446,088	702,385
Total payables		1,082,297	1,836,653
Provisions			
Employee provisions	10A	1,829,946	1,791,689
Other provisions	10B	183,665	179,653
Total provisions		2,013,611	1,971,342
Total liabilities		3,095,908	3,807,995
Net assets		1,751,612	1,246,939
EQUITY			
Contributed equity		984,160	984,160
Retained surplus		767,452	262,779
Total equity		1,751,612	1,246,939

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



Statement of Changes in Equity for the period ended 30 June 2015

	Retained earnings		Contributed equity/capital		Total equity	
	2015 \$	2014 \$	2015 \$	2014 \$	2015 \$	2014 \$
Opening balance						
Balance carried forward from previous period	262,779	711,499	984,160	984,160	1,246,939	1,695,659
Adjusted opening balance	262,779	711,499	984,160	984,160	1,246,939	1,695,659
Comprehensive income						
Surplus for the period	504,673	569,607	-	-	504,673	569,607
Total comprehensive income	504,673	569,607	-	-	504,673	569,607
Contributions by owners						
Appropriations repealed through the <i>Statute Stocktake (Appropriations) Bill 2013</i> ¹	-	(1,018,327)	-	-	-	(1,018,327)
Sub-total transactions with owners	-	(1,018,327)	-	-	-	(1,018,327)
Closing balance as at 30 June	767,452	262,779	984,160	984,160	1,751,612	1,246,939

¹ On 1 July 2013, the *Statute Stocktake (Appropriations) Bill 2013* repealing all annual Appropriation Acts from 1 July 1999 through 30 June 2010 received Royal Assent. This Bill has reduced Cancer Australia's unspent departmental appropriation balance by \$1,018,327 (refer Note 24C).

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

Cash Flow Statement

for the period ended 30 June 2015

	Notes	2015 \$	2014 \$
OPERATING ACTIVITIES			
Cash received			
Appropriations		10,642,973	12,445,534
Sales of goods and rendering of services		2,083,150	1,788,371
Net GST received		407,390	394,745
Fundraising		141,300	239,561
Total cash received		13,274,813	14,868,211
Cash used			
Employees		(7,396,379)	(7,453,403)
Suppliers		(6,666,422)	(7,113,383)
Total cash used		(14,062,801)	(14,566,786)
Net cash (used by) / from operating activities	11	(787,988)	301,425
INVESTING ACTIVITIES			
Cash received			
Proceeds from sales of property, plant and equipment		90	-
Total cash received		90	-
Cash used			
Purchase of property, plant and equipment		(96,853)	(240,439)
Purchase of intangibles		(38,719)	(15,833)
Total cash used		(135,572)	(256,272)
Net cash (used by) investing activities		(135,482)	(256,272)
FINANCING ACTIVITIES			
Cash received			
Contributed equity		-	-
Total cash received		-	-
Net cash from financing activities		-	-
Net increase / (decrease) in cash held		(923,470)	45,153
Cash and cash equivalents at the beginning of the reporting period		1,312,042	1,266,889
Cash and cash equivalents at the end of the reporting period	7A	388,572	1,312,042

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



Schedule of Commitments

as at 30 June 2015

	2015 \$	2014 \$
BY TYPE		
Commitments receivable		
Net GST recoverable on commitments¹		
Operating lease	-	58,465
Other commitments	66,235	109,760
Total commitments receivable	66,235	168,225
Commitments payable		
Other commitments		
Operating leases ²	-	(584,650)
Other ³	(2,105,468)	(2,030,547)
Total other commitments payable	(2,105,468)	(2,615,197)
Net commitments by type	(2,039,233)	(2,446,972)
BY MATURITY		
Commitments receivable		
GST recoverable on commitments		
Operating lease income		
Within 1 year	-	58,465
Between 1 to 5 years	-	-
Total operating lease income	-	58,465
Other commitments		
Within 1 year	65,553	105,815
Between 1 to 5 years	682	3,945
Total other commitments	66,235	109,760
Total commitments receivable	66,235	168,225
Commitments payable		
Operating lease commitments		
Within 1 year	-	(584,650)
Between 1 to 5 years	-	-
Total operating lease commitments	-	(584,650)
Other commitments		
Within 1 year	(2,097,968)	(1,455,040)
Between 1 to 5 years	(7,500)	(575,507)
Total other commitments payable	(2,105,468)	(2,030,547)
Net commitments by maturity	(2,039,233)	(2,446,972)

Note:

¹ Commitments are GST inclusive where relevant.

² In 2011–12 Cancer Australia entered into a 41 month commercial lease on the premises with the option to renew. There are no restrictions placed upon the lessee by entering into this lease. The lease ended on 28 February, 2015 with the same office space leased on a month-to-month basis.

³ Other commitments refer to agreements or contracts 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.



Administered Schedule of Comprehensive Income

for the period ended 30 June 2015

	Notes	2015 \$	2014 \$
NET COST OF SERVICES			
Expenses			
Suppliers	16A	2,049,393	2,857,464
Grants and service delivery contracts	16B	14,157,132	14,584,925
Total expenses administered on behalf of Government		16,206,525	17,442,389
Income			
Revenue			
Non-taxation revenue			
Return of grant monies	17	12,989	365,493
Total non-taxation revenue		12,989	365,493
Total own-source revenue administered on behalf of Government		12,989	365,493
Net (cost of) services		(16,193,536)	(17,076,896)
(Deficit) on continuing operations		(16,193,536)	(17,076,896)

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

Administered Schedule of Assets and Liabilities

as at 30 June 2015

	Notes	2015 \$	2014 \$
ASSETS			
Financial Assets			
Cash and cash equivalents	18A	36,267	1,203,870
Trade and other receivables	18B	110,177	146,393
Total financial assets		146,444	1,350,263
Total assets administered on behalf of Government		146,444	1,350,263
LIABILITIES			
Payables			
Suppliers	19A	771,253	1,288,161
Grants	19B	1,722,302	578,155
Other payables	19C	155,826	25,560
Total payables		2,649,381	1,891,876
Total liabilities administered on behalf of Government		2,649,381	1,891,876
Net (liabilities) / assets		(2,502,937)	(541,613)

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



Administered Reconciliation Schedule

	2015 \$	2014 \$
Opening assets less administered liabilities as at 1 July	(541,613)	(600,943)
Net (cost of) / contribution by services		
Income	12,989	365,493
Expenses		
Payments to entities other than Commonwealth entities	(15,926,200)	(17,101,155)
Payments to Commonwealth entities	(280,325)	(341,234)
Transfers (to) / from the Australian Government:		
Appropriation transfers from Official Public Account		
Payments to entities other than Commonwealth entities	14,269,583	17,476,159
Appropriation transfers to Official Public Account		
Transfers to OPA	(37,371)	(339,933)
Closing assets less liabilities as at 30 June	(2,502,937)	(541,613)

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

Administered Cash Flow Statement for the period ended 30 June 2015

	Notes	2015 \$	2014 \$
OPERATING ACTIVITIES			
Cash received			
Net GST received		454,018	465,802
Other		37,371	339,933
Total cash received		491,389	805,735
Cash used			
Grants		(12,662,536)	(13,724,642)
Suppliers		(3,228,668)	(3,274,001)
Total cash used		(15,891,204)	(16,998,643)
Net cash used by operating activities	20	(15,399,815)	(16,192,908)
Cash and cash equivalents at the beginning of the reporting period		1,203,870	260,552
Cash from Official Public Account			
Appropriations		14,269,583	17,476,159
Cash to Official Public Account			
Appropriations		(37,371)	(339,933)
Cash and cash equivalents at the end of the reporting period	18A	36,267	1,203,870

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



Schedule of Administered Commitments

as at 30 June 2015

	2015 \$	2014 \$
BY TYPE		
Commitments receivable		
Net GST recoverable on commitments ¹	330,303	255,115
Total commitments receivable	330,303	255,115
Commitments payable		
Other commitments		
Other ²	(8,255,226)	(12,801,551)
Total other commitments	(8,255,226)	(12,801,551)
Total commitments payable	(8,255,226)	(12,801,551)
Net commitments by type	(7,924,923)	(12,546,436)
BY MATURITY		
Commitments receivable		
Net GST recoverable		
One year or less	246,403	163,115
From one to five years	83,900	92,000
Total other commitments receivable	330,303	255,115
Total commitments receivable	330,303	255,115
Commitments payable		
Other Commitments		
One year or less	(7,303,706)	(6,223,900)
From one to five years	(951,520)	(6,577,651)
Over five years	-	-
Total other commitments	(8,255,226)	(12,801,551)
Total commitments payable	(8,255,226)	(12,801,551)
Net commitments by maturity	(7,924,923)	(12,546,436)

¹ Commitments are GST inclusive where relevant.

² Other commitments refer to grants or contracts 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.



Notes to and forming part of the Financial Statements

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Note 1: Summary of Significant Accounting Policies

1.1 OBJECTIVES OF CANCER AUSTRALIA

Cancer Australia is an Australian Government controlled entity. It is a non-corporate Commonwealth entity and a not-for-profit entity. 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: To minimise impacts of cancer, including through national leadership in cancer control, with targeted research, cancer service development, education and consumer support.

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

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.

Cancer Australia conducts Administered activities as identified under the one Cancer Australia Outcome.

The Australian Government continues to have regard to developments in case law, including the High Court's most recent decision on Commonwealth expenditure in *Williams v Commonwealth* [2014] HCA 23, as they contribute to the larger body of law relevant to the development of Commonwealth programs. In accordance with its general practice, the Government will continue to monitor and assess risk and decide on any appropriate actions to respond to risks of expenditure not being consistent with constitutional or other legal requirements.

1.2 BASIS OF PREPARATION OF THE FINANCIAL STATEMENTS

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

The financial statements have been prepared in accordance with:

- Financial Reporting Rule (FRR) for reporting periods ending on or after 1 July 2014; 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 FRR, assets and liabilities are recognised in the Statement of Financial Position when and only when it is probable that future economic benefits will flow to Cancer Australia 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 executor contracts are not recognised unless required by an accounting standard. Liabilities and assets that are unrecognised are reported in the schedule of commitments.

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.

The accounting policies are consistent with the previous year except where otherwise stated.



1.3 SIGNIFICANT ACCOUNTING JUDGEMENTS AND ESTIMATES

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

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

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

1.4 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 were issued prior to the signoff date and are applicable to the current reporting period that have had a material financial impact, and are expected to have a future impact on Cancer Australia.

Cancer Australia has adopted AASB 1055 *Budgetary Reporting* in the current reporting period. Adoption of this new standard has not had a material financial impact on Cancer Australia.

Cancer Australia has adopted early amendments to AASB 13 *Fair Value Measurement*, reducing the disclosure requirements for not-for-profit public sector entities.

Future Australian Accounting Standard Requirements

A number of new standards, amendments to standards or interpretations have been issued by the Australian Accounting Standards Board prior to signoff date 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 the sale of goods is recognised when:

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

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:

- a. the amount of revenue, stage of completion and transactions costs incurred can be reliably measured; and
- b. the probable economic benefits associated with the transaction will flow to Cancer Australia.

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*.



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.

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 non-corporate or corporate Commonwealth entity as a consequence of a restructuring or administrative arrangement.

Revenue from Government

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

Donations

Donations are recognised as revenue when Cancer Australia obtains control over them.

Fundraising revenue

Fundraising revenue related to Cancer Australia's Pink Ribbon Breakfast is recognised on completion of the event.

Unearned revenue

Unearned revenue relates to work not yet performed by the organisation. Cancer Australia recognises revenue when it is deemed to have control.

1.6 GAINS

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 agency or authority as a consequence of a restructuring or administrative arrangement.

Sale of Assets

Gains from disposal of 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) and Departmental Capital Budgets (DCBs) are recognised directly in contributed equity in that year.



Reduction in Appropriations

As a result of the *Statute Stocktake (Appropriations) Act 2013* which repealed all Appropriation Acts from 1 July 1999 to 30 June 2010, Cancer Australia's unspent departmental appropriation balance was reduced by \$1,018,327 (Refer Note 24C). The reduction in the Appropriation was treated as a reduction to Contribution by Owners in the 2013–14 financial year.

1.8 EMPLOYEE BENEFITS

Liabilities for 'short-term employee benefits' (as defined in AASB 119 *Employee Benefits*) and termination benefits due within twelve months of the 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.

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

Leave

The liability for employee benefits includes provision for annual leave, special 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), the PSS accumulation plan (PSSap) or another superannuation fund of their choice.

The CSS and PSS are defined benefit schemes for the Australian Government. The PSSap and other superannuation funds are defined contribution schemes.

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

Cancer Australia makes employer contributions to the employee's superannuation scheme at rates sufficient to meet the current cost to the Government. Cancer Australia accounts for the contributions as if they were contributions to defined contribution plans.

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

1.9 LEASES

A distinction is made between finance leases and operating leases. An operating lease is a lease that is not a finance lease. In operating leases, the lessor effectively retains substantially all such risks and benefits.

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

Lease incentives are recognised as liabilities and reduced on a straight-line basis by allocating lease payments between the rental expense and as a reduction of the lease incentive liability.

1.10 FAIR VALUE MEASUREMENT

The entity deems transfers between levels of the fair value hierarchy to have occurred at the end of the reporting period.

1.11 CASH

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

- a. cash on hand; and
- b. cash at bank.

1.12 FINANCIAL ASSETS

Cancer Australia classifies its financial assets in the following categories:

- a. 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.

Receivables

Trade receivables and other receivables that have fixed or determinable payments that are not quoted in an active market are classified as 'receivables'. 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 receivables, 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.

1.13 FINANCIAL LIABILITIES

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



Other Financial Liabilities

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

These liabilities are subsequently measured at amortised cost using the effective interest method, with interest expense recognised on an effective 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 Statement of Financial Position 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'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 Statement of Financial Position, except for purchases costing less than \$2,000, which are expensed in the year of acquisition (other than where they form part of a group of similar items which are significant in total).

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:

Asset Class	Fair measured at	
	2015	2014
Leasehold improvements	Depreciated replacement cost	Depreciated replacement cost
Leasehold improvements	Market selling price	Market selling price
Makegood	Net Present Value	Net Present Value
Furniture and fittings	Market selling price	Market selling price
Plant and equipments	Market selling price	Market selling price

Following initial recognition at cost, property, plant and equipment is carried at fair value. 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:

	2015	2014
Leasehold improvements	Lease term	Lease term
Plant and equipment	3–10 years	3–10 years

Impairment

All assets were assessed for impairment at 30 June 2015. 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.

1.17 INTANGIBLES

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

Intangibles are recognised initially at cost in the Statement of Financial Position, except for purchases costing less than \$2,000, which are expensed in the year of acquisition (other than where they form part of a group of similar items which are significant in total).

Software is amortised on a straight-line basis over its anticipated useful life. The useful lives of Cancer Australia's software are 3 years (2013–14: 3 years).

All software assets were assessed for indications of impairment as at 30 June 2015.



1.18 INVENTORIES

Donated goods held for distribution are initially recognised at their current replacement cost at date of acquisition.

1.19 TAXATION

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

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

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

1.20 REPORTING OF ADMINISTERED ACTIVITIES

Administered revenues, expenses, assets, liabilities and cash flows are disclosed in the administered schedules 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 (OPA) maintained by the Department of Finance. Conversely, cash is drawn from the OPA to make payments under Parliamentary appropriation on behalf of Government. These transfers to and from the OPA are adjustments to the administered cash held by Cancer Australia on behalf of the Government and reported as such in the administered cash flow statement and in the administered reconciliation schedule.

Receivables

Where 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

Cancer Australia administers a number of grants on behalf of the Government.

Grant liabilities are recognised to the extent that (i) the services required to be performed by the grantee have been performed or (ii) the grant eligibility criteria have been satisfied, but payments due have not been made. A commitment is recorded when the Government enters into an agreement to make these grants but services have not been performed or criteria satisfied. Returned grant monies are recognised upon receipt.

Note 2: Events After the Reporting Period

Cancer Australia is not aware of any events occurring after 30 June 2015 that have the potential to significantly affect the on-going structure or activities of either Cancer Australia's administered or departmental functions.

Note 3: Net Cash Appropriation Arrangements

	2015 \$	2014 \$
Total comprehensive income less depreciation/amortisation expenses previously funded through revenue appropriations	871,472	1,154,493
Plus: depreciation/amortisation expenses previously funded through revenue appropriation		
	(366,799)	(584,886)
Total comprehensive income*	504,673	569,607

* As per the Statement of Comprehensive Income.

¹ From 2010–11, the Government introduced net cash appropriation arrangements, where revenue appropriations for depreciation/amortisation expenses ceased. Entities now receive a separate capital budget provided through equity appropriations. Capital budgets are to be appropriated in the period when cash payment for capital expenditure is required.

Note 4: Expenses

	2015 \$	2014 \$
Note 4A: Employee Benefits		
Wages and salaries	5,684,274	5,843,415
Superannuation:		
Defined contribution plans	885,809	874,507
Defined benefit plans	134,274	144,055
Leave and other entitlements	818,161	991,839
Total employee benefits	7,522,518	7,853,816



Note 4: Expenses

	2015 \$	2014 \$
Note 4B: Suppliers		
Goods and services		
Consultants	722,123	804,675
Contractors	974,596	1,057,910
Sponsorships	92,223	29,900
Printing	137,993	160,901
Information Technology and Licenses	452,392	448,441
Grants	1,443,508	1,819,864
Property and office	365,641	411,164
Travel	254,120	234,915
Learning and development	87,267	136,450
Media and other promotional	407,835	278,633
Other	391,641	367,026
Total goods and services	5,329,339	5,749,879
Goods and services are made up of:		
Provision of goods — external parties	17,113	191,190
Rendering of services — related entities	281,754	304,895
Rendering of services — external parties	5,030,472	5,253,794
Total goods and services	5,329,339	5,749,879
Operating lease rentals — external parties:		
Minimum lease payments	546,977	426,993
Workers compensation expenses	63,026	49,942
Total other supplier expenses	610,003	476,935
Total supplier expenses	5,939,342	6,226,814

2015
\$2014
\$

Note 4C: Depreciation and Amortisation

Depreciation:

Property, plant and equipment 292,592 452,823

Total depreciation 292,592 452,823**Amortisation:**

Intangibles:

Computer Software — Purchased 74,207 132,063

Total amortisation 74,207 132,063**Total depreciation and amortisation** 366,799 584,886

Note 4D: Write-Down and Impairment of Assets

Asset write-downs and impairments from:

Write down of assets - 62,185

Other — makegood provision - 22,588

Total write-down and impairment of assets - 84,773

Note 4E: Finance Costs

Unwinding of discount 2,988 4,939

Total finance costs 2,988 4,939

Note 4F: Losses from asset disposals

Loss on disposal represented by:

Proceeds from sale (90) -

Carrying value of assets disposed 3,108 5,540

Total loss on disposal 3,018 5,540

Note 5: Own-Source Income

	Notes	2015 \$	2014 \$
Note 5A: Sale of Goods and Rendering of Services			
Rendering of services in connection with			
Rendering of services — related entities		1,902,416	2,633,368
Rendering of services — external parties		72,992	156
Total sale of goods and rendering of services		1,975,408	2,633,524
Note 5B: Other Revenue			
Fundraising	28	141,300	239,561
Resources received free of charge		133,630	188,790
Remuneration of auditors		57,000	53,500
Total other revenue		331,930	481,851
Note 5C: Revenue from Government			
Appropriations:			
Departmental appropriations		12,032,000	12,215,000
Total revenue from Government		12,032,000	12,215,000

Note 6: Fair Value Measurements

The following tables provide an analysis of assets and liabilities that are measured at fair value.

The different levels of the fair value hierarchy are defined below.

Level 1: Quoted prices (unadjusted) in active markets for identical assets or liabilities that Cancer Australia can access at measurement date.

Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.

Level 3: Unobservable inputs for the asset or liability.

Note 6: Fair Value Measurements

Note 6A: Fair Value Measurements, Valuation Techniques and Inputs Used

	Fair value measurements at the end of the reporting period using		Valuation technique(s) ¹	Inputs used
	2015 \$	2014 \$ (Level 1, 2, 3)		
FINANCIAL ASSETS				
Non-financial assets				
Leasehold improvements	6,899	149,680	Depreciated replacement cost	Replacement Cost New (price per square metre)
Leasehold improvements	4,521	5,167	Market Approach	Consumed economic benefit / Obsolescence of asset
Makegood	10,270	31,780	Net present value	Adjusted market transactions
				Current obligation costs (price per square metre)
				Indexation rates
				Discount rate
Furniture and Fittings	11,227	17,795	Market Approach	Adjusted market transactions
Plant and Equipment	327,139	353,058	Market Approach	Adjusted market transactions
Total non-financial assets	360,056	557,480		
Total non-financial assets	360,056	557,480		
Total fair value measurements of assets in the statement of financial position	360,056	557,480		
Total fair value measurements of assets in the statement of financial position	360,056	557,480		

¹ Cancer Australia did not measure any non-financial assets on a non-recurring basis as at 30 June 2015.

² There has been no change to valuation techniques.

³ Cancer Australia's assets are held for operational purposes and not held for the purposes of deriving a profit. The current use of all controlled assets is considered their highest and best use.

⁴ **Recurring and non-recurring Level 3 fair value measurements — valuation processes**

Cancer Australia procured the service of the Australian Valuation Solutions (AVS) to undertake a comprehensive valuation of all non-financial assets at 28 February 2014. Cancer Australia tests the procedures of the valuation model as an internal management review at least once every 12 months (with a formal revaluation undertaken at least every three years). If a particular asset class experiences significant and volatile changes in fair value (i.e. where indicators suggest that the value of the class has changed materially since the previous reporting period), that class is subject to specific valuation in the reporting period, where practicable, regardless of the timing of the last specific valuation.

⁵ **Recurring Level 3 fair value measurements — sensitivity of inputs**

Cancer Australia has adopted early amendments to AASB 13 Fair Value Measurements which provides relief for not-for-profit public sector entities from making some previously-required disclosures about the fair value measurement of property, plant and equipment assets which are primarily held for internal use. The amendments no longer require the disclosure of quantitative information about the significant unobservable inputs used in fair value measurements and the sensitivity of certain fair value measurements to changes in unobservable inputs.



Note 6: Fair Value Measurements

Note 6B: Level 1 and Level 2 Transfers for Recurring Fair Value Measurements

1. No assets were transferred from Level 1 to Level 2 or from Level 2 to Level 1 during the period.

Note 6C: Reconciliation for Recurring Level 3 Fair Value Measurements

Recurring Level 3 fair value measurements – reconciliation for assets

	Leasehold Improvements (Fitout)		Leasehold Improvements (Fitout)		Makegood		Total	
	2015	2014	2015	2014	2015	2014	2015	2014
	\$	\$	\$	\$	\$	\$	\$	\$
Opening balance¹	149,680	475,055	31,780	68,466	181,460	543,521		
Total gains/(losses) in accumulated depreciation ²	(142,781)	(263,772)	(31,267)	(45,935)	(174,048)	(309,707)		
Purchases	-	3,130	-	-	-	3,130		
Revaluation	-	(64,733)	9,757	9,249	9,757	(55,484)		
Transfers into Level 3 ³	-	-	-	-	-	-		
Transfers out of Level 3 ³	-	-	-	-	-	-		
Closing balance	6,899	149,680	10,270	31,780	17,169	181,460		
Changes in unrealised gains/(losses) recognised in net cost of services for assets held at the end of the reporting period ⁴	-	-	-	-	-	-		

1 Open balance as determined in accordance with AASB 13

2 The presentation of these gains/(losses) in the Statement of Comprehensive Income will depend on the entity.

3 There have been no transfers between levels of the hierarchy during the year.

4 There are no unrealised gains/(losses) in the 2014-15 financial year.

Cancer Australia's policy for determining when transfers between levels are deemed to have occurred can be found in Note 1.

Note 7: Financial Assets

	2015 \$	2014 \$
Note 7A: Cash and Cash Equivalents		
Cash on hand or on deposit	388,572	1,312,042
Total cash and cash equivalents	388,572	1,312,042
Note 7B: Trade and Other Receivables		
Good and services receivables in connection with		
Related parties	410,206	629,644
External parties	24,007	23,126
Total goods and services receivables	434,213	652,770
Appropriations receivables		
Existing programs	3,434,100	2,045,073
Total appropriations receivables	3,434,100	2,045,073
Other receivables		
GST receivable from the Australian Taxation Office	61,409	102,613
Total other receivables	61,409	102,613
Total trade and other receivables (gross)	3,929,722	2,800,456
Total trade and other receivables (net)	3,929,722	2,800,456
Trade and other receivables (net) expected to be recovered		
No more than 12 months	3,929,722	2,800,456
Total trade and other receivables (net)	3,929,722	2,800,456
Trade and other receivables (gross) aged as follows		
Not overdue	3,929,722	2,800,456
Overdue by:		
0 to 30 days	-	-
31 to 60 days	-	-
61 to 90 days	-	-
More than 90 days	-	-
Total trade and other receivables (gross)	3,929,722	2,800,456

Credit terms are net 30 days (2014: 30 days).

No allowance for impairment was required at reporting date.



Note 8: Non-Financial Assets

	2015 \$	2014 \$
Note 8A: Property, Plant and Equipment		
Property, plant and equipment:		
Fair value	790,884	685,737
Accumulated depreciation	(430,828)	(128,257)
Total property, plant and equipment	360,056	557,480

Impairment testing was conducted on property, plant and equipment in accordance with Note 1.
No property plant or equipment is expected to be sold or disposed of within the next 12 months.

Revaluations of non-financial assets

All revaluations were conducted in accordance with the revaluation policy stated at Note 1. On 28 February 2014, an independent valuer conducted the revaluations. Management performed an internal assessment of the fair value of assets at 30 June 2015. An independent valuation was conducted on 28 February, 2014. The fair value at 30 June 2014 was derived based off this valuation.

Revaluation decrements for plant and equipment in the 2014–15 financial year were \$nil (2014: \$84,773).

All decrements were expensed in the relevant year.

Note 8: Non-Financial Assets

Note 8B: Reconciliation of the Opening and Closing Balances of Property, Plant and Equipment

Reconciliation of the opening and closing balances of property, plant and equipment for 2015

	Property, plant and equipment \$	Total \$
As at 1 July 2014		
Gross book value	697,256	697,256
Accumulated depreciation and impairment	(139,776)	(139,776)
Net book value 1 July 2014	557,480	557,480
Additions:		
By purchase	96,853	96,853
Impairments on revaluation	-	-
Adjustment to makegood asset due to change in discount rate	1,024	1,024
Depreciation expense	(292,592)	(292,592)
Other movements:		
Write back of depreciation on disposal	1,540	1,540
Disposals:		
Other disposals	(4,249)	(4,249)
Net book value 30 June 2015	360,056	360,056
Net book value as of 30 June 2015 represented by:		
Gross book value	790,884	790,884
Accumulated depreciation and impairment	(430,828)	(430,828)
Net book value 30 June 2015	360,056	360,056



Note 8: Non-Financial Assets

Reconciliation of the opening and closing balances of property, plant and equipment for 2014

	Property, plant and equipment \$	Total \$
As at 1 July 2013		
Gross book value	1,623,728	1,623,728
Accumulated depreciation and impairment	(770,664)	(770,664)
Net book value 1 July 2013	853,064	853,064
Additions:		
By purchase	223,212	223,212
Revaluation decrements recognised in profit and loss	(62,185)	(62,185)
Impairments on revaluation	(1,083,980)	(1,083,980)
Adjustment to makegood asset due to change in discount rate	1,752	1,752
Depreciation expense	(452,823)	(452,823)
Other movements:		
Write back of depreciation on revaluation	1,083,980	1,083,980
Write back of depreciation on disposal	11,250	11,250
Disposals:		
Other disposals	(16,790)	(16,790)
Net book value 30 June 2014	557,480	557,480
Net book value as of 30 June 2014 represented by:		
Gross book value	685,737	685,737
Accumulated depreciation and impairment	(128,257)	(128,257)
Net book value 30 June 2014	557,480	557,480

	2015 \$	2014 \$
Note 8C: Intangibles		
Computer software:		
Purchased	514,058	505,947
Accumulated amortisation and impairment losses	(432,330)	(386,348)
Total computer software	81,728	119,599
Total intangibles	81,728	119,599

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 8: Non-Financial Assets

Note 8D: Reconciliation of the Opening and Closing Balances of Intangibles

Reconciliation of the opening and closing balances of intangibles 2015

	Computer software purchased \$	Total \$
As at 1 July 2014		
Gross book value	505,947	505,947
Accumulated amortisation and impairment losses	(386,348)	(386,348)
Net book value 1 July 2014	119,599	119,599
Additions:		
By purchase	38,719	38,719
Assets reclassified as expense in current year	(1,984)	(1,984)
Other movements:		
Write back of amortisation on disposal	27,322	27,322
Amortisation	(74,207)	(74,207)
Other movements		
Adjustment to prior year opening balance — accumulated depreciation	904	904
Adjustment to prior year opening balance	(904)	(904)
Disposals:		
Other	(27,721)	(27,721)
Net book value 30 June 2015	81,728	81,728
Net book value as of 30 June 2015 represented by:		
Gross book value	514,058	514,058
Accumulated amortisation and impairment losses	(432,330)	(432,330)
Net book value 30 June 2015	81,728	81,728



Note 8: Non-Financial Assets

Reconciliation of the opening and closing balances of intangibles 2014

	Computer software purchased \$	Total \$
As at 1 July 2013		
Gross book value	480,274	480,274
Accumulated amortisation and impairment losses	(254,285)	(254,285)
Net book value 1 July 2013	225,989	225,989
Additions:		
By purchase	33,059	33,059
Assets reclassified as expense in current year	(7,386)	(7,386)
Amortisation	(132,063)	(132,063)
Net book value 30 June 2014	119,599	119,599
Net book value as of 30 June 2014 represented by:		
Gross book value	505,947	505,947
Accumulated amortisation and impairment losses	(386,348)	(386,348)
Net book value 30 June 2014	119,599	119,599

	2015 \$	2014 \$
Note 8E: Inventories		
Inventories held for distribution	-	34,026
Total inventories	-	34,026

During 2014-15 \$34,026 of inventories held for distribution were recognised as an expense (2013-14: \$5,517).

No items of inventory were recognised at fair value less cost to sell.

No items of inventory were held for distribution at 30 June 2015 (2013-14: \$34,026).

Note 8F: Other Non-Financial Assets

Prepayments	87,442	231,331
Total other non-financial assets	87,442	231,331
Total other non-financial assets expected to be recovered		
No more than 12 months	87,442	231,331
Total other non-financial assets	87,442	231,331

No indicators of impairment were found for other non-financial assets.

Note 9: Payables

	2015 \$	2014 \$
Note 9A: Suppliers		
Trade creditors and accruals	636,209	1,134,268
Total suppliers	636,209	1,134,268
Suppliers expected to be settled		
No more than 12 months	636,209	1,134,268
Total suppliers	636,209	1,134,268
Suppliers in connection with		
Related entities	48,259	38,107
External parties	587,950	1,096,161
Total suppliers	636,209	1,134,268

Settlement is usually made within 30 days.

Note 9B: Other Payables

Wages and salaries	208,809	199,795
Superannuation	33,675	31,912
Unearned revenue	195,947	154,411
Lease incentive ¹	-	309,513
Other	7,657	6,754
Total other payables	446,088	702,385
Other payables expected to be settled		
No more than 12 months	446,088	702,385
More than 12 months	-	-
Total other payables	446,088	702,385

¹ Relates to cash incentive and assets acquired as a result of entering into an operating lease for Sydney premises.



Note 10: Provisions

	2015 \$	2014 \$
Note 10A: Employee Provisions		
Annual Leave	742,966	786,519
Special Leave	176,334	190,084
Long Service Leave	910,646	815,086
Total employee provisions	1,829,946	1,791,689
Employee provisions are expected to be settled		
No more than 12 months	540,276	453,609
More than 12 months	1,289,670	1,338,080
Total employee provisions	1,829,946	1,791,689

Note 10B: Other Provisions

Provision for make good	183,665	179,653
Total other provisions	183,665	179,653
Other provisions are expected to be settled in:		
More than 12 months	-	-
No more than 12 months	183,665	179,653
Total other provisions	183,665	179,653

	Provision for make good	Total
Carrying amount 1 July 2014	179,653	179,653
Unwinding of discount	2,988	2,988
Change in discount rate	1,024	1,024
Closing balance 30 June 2015	183,665	183,665

Cancer Australia has one lease agreement (2014: one agreement) for the leasing of the Sydney premises which has a provision requiring Cancer Australia to restore the premises to their original condition at the conclusion of the lease. Cancer Australia has made a provision to reflect the present value of the obligation.

Note 11: Cash Flow Reconciliation

	2015 \$	2014 \$
RECONCILIATION OF CASH AND CASH EQUIVALENTS AS PER STATEMENT OF FINANCIAL POSITION TO CASH FLOW STATEMENT		
Cash and cash equivalents as per		
Cash flow statement	388,572	1,312,042
Statement of financial position	388,572	1,312,042
Discrepancy	-	-
Reconciliation of net cost of services to net cash from operating activities:		
Net cost of services	(11,527,327)	(11,645,393)
Revenue from Government	12,032,000	12,215,000
Adjustments for non-cash items		
Depreciation / amortisation	366,799	584,886
Net write down of non-financial assets	-	84,773
(Gain) / Loss on disposal and transfer of assets	5,002	12,927
Unwinding of discount	2,988	4,939
Other non-cash items	4,012	(1,018,327)
MOVEMENTS IN ASSETS AND LIABILITIES		
Assets		
(Increase) / Decrease in net receivables	(1,129,266)	637,477
(Increase) / Decrease in prepayments	143,889	(123,111)
(Increase) / Decrease in inventories held for distribution	34,026	(23,221)
Liabilities		
Increase / (Decrease) in employee provisions	38,257	313,420
Increase / (Decrease) in supplier payables	(498,059)	(464,676)
Increase / (Decrease) in other provisions	(4,012)	-
Increase / (Decrease) in other payables	(256,298)	(277,269)
Net cash (used by) / from operating activities	(787,988)	301,425

Note 12: Contingent Assets and Liabilities

Cancer Australia has not identified any quantifiable, unquantifiable or significant remote contingent assets or liabilities as at 30 June 2015 (2013–14: Nil).



Note 13: Senior Management Personnel Remuneration

	2015 \$	2014 \$
Short-term employee benefits:		
Salary	892,595	742,903
Motor vehicle and other allowances	60,817	40,640
Total short-term employee benefits	953,412	783,543
Post-employment benefits:		
Superannuation	129,848	97,759
Total post-employment benefits	129,848	97,759
Other long-term benefits:		
Annual leave	73,877	60,921
Long-service leave	37,378	22,317
Total other long-term benefits	111,255	83,238
Total employment benefits	1,194,515	964,540

The total number of senior management personnel that are included in the above table are four (2014: three).

Note 14: Financial Instruments

	2015 \$	2014 \$
Note 14A: Categories of Financial Instruments		
FINANCIAL ASSETS		
Receivables:		
Cash and cash equivalents	388,572	1,312,042
Trade receivables	434,213	652,770
Total receivables	822,785	1,964,812
Total financial assets	822,785	1,964,812
FINANCIAL LIABILITIES		
Financial liabilities measured at amortised cost		
Trade creditors	636,209	1,134,268
Total financial liabilities measured at amortised cost	636,209	1,134,268
Total financial liabilities	636,209	1,134,268

Note 14: Financial Instruments

Note 14B: Fair Value of Financial Instruments

Financial assets

The fair values of all monetary financial assets is approximately their carrying amounts.

Financial liabilities

The fair values of all monetary financial liabilities is approximately their carrying amounts. All financial liabilities are due in one year.

Note 14C: Credit Risk

Cancer Australia is exposed to minimal credit risk as 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 (2015: \$434,213 and 2014: \$652,770). Cancer Australia has assessed the risk of the default on payment and has allocated \$0 in 2015 (2014: \$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 on debt recovery techniques that are to be applied.

Cancer Australia holds no collateral to mitigate against credit risk.

In relation to Cancer Australia's gross credit risk the following collateral is held: none.

Credit quality of financial assets 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
	2015 \$	2014 \$	2015 \$	2014 \$
Cash and cash equivalents	388,572	1,312,042	-	-
Receivables for goods and services	434,213	652,770	-	-
Total	822,785	1,964,812	-	-

Ageing of financial assets that were past due but not impaired for 2015

	0 to 30 days \$	31 to 60 days \$	61 to 90 days \$	90+ days \$	Total \$
Receivables for goods and services	-	-	-	-	-
Total	-	-	-	-	-



Note 14: Financial Instruments

Ageing of financial assets that were past due but not impaired for 2014

	0 to 30 days \$	31 to 60 days \$	61 to 90 days \$	90+ days \$	Total \$
Receivables for goods and services	-	-	-	-	-
Total	-	-	-	-	-

Note 14D: Liquidity Risk

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

Maturities for non-derivative financial liabilities 2015

	On demand \$	Within 1 year \$	1 to 2 years \$	2 to 5 years \$	5 years+ \$	Total \$
Trade creditors	-	636,209	-	-	-	636,209
Total	-	636,209	-	-	-	636,209

Maturities for non-derivative financial liabilities 2014

	On demand \$	Within 1 year \$	1 to 2 years \$	2 to 5 years \$	5 years+ \$	Total \$
Trade creditors	-	1,134,268	-	-	-	1,134,268
Total	-	1,134,268	-	-	-	1,134,268

Cancer Australia had no derivative financial liabilities in either 2015 or 2014.

Note 14E: 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'.

Cancer Australia is not exposed to any interest rate risk.

Note 15: Financial Assets Reconciliation

	Notes	2015 \$	2014 \$
FINANCIAL ASSETS			
Total financial assets as per statement of financial position		4,318,294	4,112,498
Less: non-financial instrument components:			
Appropriations receivables	7B	(3,434,100)	(2,045,073)
Other receivables	7B	(61,409)	(102,613)
Total non-financial instrument components		(3,495,509)	(2,147,686)
Total financial assets as per financial instruments note		822,785	1,964,812

Note 16: Administered – Expenses

	2015 \$	2014 \$
Note 16A: Suppliers		
Goods and services		
Consultants	862,564	952,883
Contractors	264,300	951,092
Sitting and Advisory Fees	353,214	285,913
Travel	177,565	211,674
Printing	51,296	27,833
Other	60,129	86,835
Assessment fees	280,325	341,234
Total goods and services	2,049,393	2,857,464
Goods and services are made up of:		
Provision of goods — external parties	40,324	23,599
Rendering of services — related entities	280,325	341,234
Rendering of services — external parties	1,728,744	2,492,631
Total goods and services	2,049,393	2,857,464
Total suppliers expenses	2,049,393	2,857,464
Note 16B: Grants and service delivery contracts		
Public sector:		
Australian Government entities (related entities)	-	-
State and Territory Governments	604,550	9,732,508
Private sector:		
Non-profit and profit organisations	13,552,582	4,852,417
Total grants and service delivery contracts	14,157,132	14,584,925



Note 17: Administered – Income

	2015 \$	2014 \$
OWN SOURCE REVENUE		
Non-Taxation Revenue		
Return of grant monies	12,989	365,493
Total other revenue	12,989	365,493

Note 18: Administered – Financial Assets

	2015 \$	2014 \$
Note 18A: Cash and Cash Equivalents		
Cash on hand or on deposit	36,267	1,203,870
Total cash and cash equivalents	36,267	1,203,870
Note 18B: Trade and Other Receivables		
Goods and services:		
Goods and services receivable — external parties	45	-
Total receivables for goods and services	45	-
Other receivables:		
GST receivable from Australian Taxation Office	110,132	146,393
Total other receivables	110,132	146,393
Total trade and other receivables (gross)	110,177	146,393
Receivables are expected to be recovered in:		
No more than 12 months	110,177	146,393
Total trade and other receivables (net)	110,177	146,393
Receivables were aged as follows:		
Not overdue	110,177	146,393
Total receivables (gross)	110,177	146,393

Goods and services receivables are with entities external to the Australian Government. Credit terms were net 30 days (2014: 30 days).

No allowance for impairment was required at reporting date.

Note 19: Administered – Payables

	2015 \$	2014 \$
Note 19A: Suppliers		
Trade creditors and accruals	771,253	1,288,161
Total suppliers	771,253	1,288,161
Supplier payables expected to be settled within 12 months:		
External parties	771,253	1,288,161
Total suppliers	771,253	1,288,161
Settlement is usually made within 30 days.		
Note 19B: Grants		
Public sector:		
Australian Government entities (related entities)	-	-
Private sector:		
Non-profit and profit organisations	1,722,302	578,155
Total grants	1,722,302	578,155
Total grants — are expected to be settled in:		
No more than 12 months	1,722,302	578,155
Total grants	1,722,302	578,155
Settlement is usually made according to the terms and conditions of each grant. This is usually within 30 days of performance or eligibility.		
Note 19C: Other Payables		
GST payable	-	-
Other	155,826	25,560
Total other payables	155,826	25,560
Total other payables are expected to be settled in:		
No more than 12 months	155,826	25,560
Total other payables	155,826	25,560



Note 20: Administered – Cash Flow Reconciliation

	2015 \$	2014 \$
RECONCILIATION OF CASH AND CASH EQUIVALENTS AS PER ADMINISTERED SCHEDULE OF ASSETS AND LIABILITIES TO ADMINISTERED CASH FLOW STATEMENT		
Cash and cash equivalents per:		
Administered cash flow statement	36,267	1,203,870
Administered schedule of assets and liabilities	36,267	1,203,870
Difference	-	-
Reconciliation of net cost of services to net cash from operating activities		
Net cost of services	(16,193,536)	(17,076,896)
Changes in assets/liabilities		
(Increase)/decrease in net receivables	36,216	(10,732)
Increase/(decrease) in supplier payables and grants	627,239	881,550
Increase/(decrease) in other payables	130,266	13,170
Net cash (used by) operating activities	(15,399,815)	(16,192,908)

Note 21: Administered – Contingent Assets and Liabilities

Cancer Australia has not identified any quantifiable, unquantifiable or significant remote contingencies as at 30 June 2015 (2014: Nil).

Note 22: Administered – Financial Instruments

	2015 \$	2014 \$
Note 22A: Categories of Financial Instruments		
FINANCIAL ASSETS		
Receivables:		
Cash on hand or on deposit	36,267	1,203,870
Trade and other receivables	45	-
Total receivables	36,312	1,203,870
Carrying amount of financial assets	36,312	1,203,870
FINANCIAL LIABILITIES		
At amortised cost:		
Trade creditors	771,253	1,288,161
Other creditors	155,826	25,560
Grants payable	1,722,302	578,155
Total financial liabilities at amortised cost	2,649,381	1,891,876
Carrying amount of financial liabilities	2,649,381	1,891,876

Note 22: Administered – Financial Instruments

Note 22B: Categories of Financial Instruments

	Carrying amount 2015 \$	Fair value 2015 \$	Carrying amount 2014 \$	Fair value 2014 \$
Financial assets				
Cash and cash equivalents				
Cash and cash equivalents	36,267	36,267	1,203,870	1,203,870
Receivables				
Trade receivables	45	45	-	-
Total	36,312	36,312	1,203,870	1,203,870
Financial liabilities				
Suppliers				
Trade creditors	771,253	771,253	1,288,161	1,288,161
Other creditors	155,826	155,826	25,560	25,560
Grants payable	1,722,302	1,722,302	578,155	578,155
Total	2,649,381	2,649,381	1,891,876	1,891,876

Note 22C: Credit Risk

The administered activities of Cancer Australia are exposed to a low level of credit risk as the majority of its financial assets are trade receivables and cash and cash equivalents. 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.

	2015 \$	2014 \$
Financial assets		
Cash and cash equivalents	36,267	1,203,870
Trade receivables	45	-
Total	36,312	1,203,870

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

	Not past due nor impaired 2015 \$	Not past due nor impaired 2014 \$	Past due or impaired 2015 \$	Past due or impaired 2014 \$
Financial assets				
Cash and cash equivalents	36,267	1,203,870	-	-
Trade receivables	45	-	-	-
Total	36,312	1,203,870	-	-



Note 22: Administered – Financial Instruments

Ageing of financial assets that were past due but not impaired for 2015

	0 to 30 days \$	31 to 60 days \$	61 to 90 days \$	90+ days \$	Total \$
Trade receivables	45	-	-	-	45
Total	45	-	-	-	45

Ageing of financial assets that were past due but not impaired for 2014

	0 to 30 days \$	31 to 60 days \$	61 to 90 days \$	90+ days \$	Total \$
Trade receivables	-	-	-	-	-
Total	-	-	-	-	-

Note 22D: 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 as the entity was appropriated funding from the Australian Government and Cancer Australia manages its budgeted funds to ensure it had adequate funds to meet payments as they fell due. In addition, the entity has procedures 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 2015

	On demand \$	Within 1 year \$	1 to 2 years \$	2 to 5 years \$	5 years+ \$	Total \$
Trade creditors	-	771,253	-	-	-	771,253
Other creditors	-	155,826	-	-	-	155,826
Grants payable	-	1,722,302	-	-	-	1,722,302
Total	-	2,649,381	-	-	-	2,649,381

Maturities for non-derivative financial liabilities 2014

	On demand \$	Within 1 year \$	1 to 2 years \$	2 to 5 years \$	5 years+ \$	Total \$
Trade creditors	-	1,288,161	-	-	-	1,288,161
Other creditors	-	25,560	-	-	-	25,560
Grants payable	-	578,155	-	-	-	578,155
Total	-	1,891,876	-	-	-	1,891,876

Note 22: Administered – Financial Instruments

Note 22E: Market Risk

Cancer Australia holds basic financial instruments that do not expose it to market risks. Cancer Australia is not exposed to currency risk or other price risk.

Cancer Australia has no interest bearing items and is therefore not exposed to interest risk.

Note 23: Administered Financial Assets Reconciliation

	2015 \$	2014 \$
FINANCIAL ASSETS		
Total financial assets as per administered schedule of assets and liabilities	146,444	1,350,263
Less: non-financial instrument components	110,132	146,393
Total financial assets as per financial instruments note	36,312	1,203,870



Note 24: Appropriations

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

2015 APPROPRIATIONS

	Appropriation Act			PGPA Act		Total appropriation \$	Appropriation applied in 2015 (current and prior years) \$	Variance ² \$	Section 51 determination ⁴ \$
	Annual Appropriation ¹ \$	AFM \$	Section 74 \$	Section 75 \$	Section 74 \$				
Departmental									
Ordinary annual services	12,051,000	-	2,166,826	-	-	14,217,826	12,809,799	1,408,027	-
Total departmental	12,051,000	-	2,166,826	-	-	14,217,826	12,809,799	1,408,027	-
Administered									
Ordinary annual services									
Administered items	16,744,000	-	-	-	-	16,744,000	16,206,525	537,475	-
Total administered	16,744,000	-	-	-	-	16,744,000	16,206,525	537,475	-

Notes:

- 1 Nil amounts of the Departmental and Administered appropriation quarantined or formally reduced at 30 June 2015.
- 2 Departmental variance relates to additional Section 74 revenue received.
- 3 No other entities spend money from the Consolidated Revenue Fund (CRF) on behalf of Cancer Australia.
- 4 There have been no determinations under Section 51 of the PGPA Act that constitute a permanent loss of control during the reporting period.

Note 24: Appropriations

2014 APPROPRIATIONS

	Appropriation Act			FMA Act			Appropriation applied in 2014 (current and prior years) \$	Variance ² \$
	Annual Appropriation ¹ \$	Appropriations reduced \$	Section 30 \$	Section 31 \$	Section 32 \$	Total appropriation \$		
Departmental								
Ordinary annual services	12,217,000	-	-	2,977,636	-	15,194,636	15,405,892	(211,256)
Total departmental	12,217,000	-	-	2,977,636	-	15,194,636	15,405,892	(211,256)
Administered								
Ordinary annual services								
Administered items	17,618,000	175,611	-	-	-	17,442,389	17,442,389	-
Total administered	17,618,000	175,611	-	-	-	17,442,389	17,442,389	-

Notes:

- 1 Nil amounts of the Departmental Appropriation were quarantined or formally reduced at 30 June 2014. An amount was reduced under section 11 of the Appropriation Act. This amount is taken to be formally reduced to the required amount when the annual report is tabled in Parliament.
- 2 Departmental variance relates to appropriation from prior years being applied in the current year.
- 3 No other entities spend money from the Consolidated Revenue Fund (CRF) on behalf of Cancer Australia.
- 4 The 2013-14 Departmental Appropriation Act 1 was formally reduced by \$2,000 in the current year. As Section 51 of the PGPA Act is not relevant for the 2013-14 Appropriation the amount has not been disclosed above.



Note 24: Appropriations

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

	2015 \$	2014 \$
Departmental		
Appropriation Act (No.1) 2013–14	2,318,498	3,357,114
Appropriation Act (No.1) 2014–15	1,523,174	-
Total departmental	3,841,672	3,357,114
Administered		
Appropriation Act (No.1) 2014–15	537,475	-
Total administered	537,475	-

¹ Departmental appropriation amount includes unspent cash balance and the appropriation legally available.

Table C: Appropriations repealed through the *Statute Stocktake (Appropriations) Bill 2013*

The following unspent appropriations were repealed on 1 July 2013 through the *Statute Stocktake (Appropriations) Act 2013* (Refer Note 2).

	2015 \$	2014 \$
Departmental		
Appropriation Act (No.1) 2006–07	-	405,030
Appropriation Act (No.1) 2007–08	-	-
Appropriation Act (No.1) 2008–09	-	550,013
Appropriation Act (No.1) 2009–10	-	63,284
Total departmental	-	1,018,327
Administered		
Nil		

Note 25: Special Accounts

Cancer Australia does not operate any Special Accounts.

Note 26: Reporting of Outcomes

Cancer Australia allocates shared items to outcomes in proportion to the employee costs directly assigned to outcomes in the 2014–15 financial year.

Note 26A: Net Cost of Outcome Delivery

	Outcome 1		Total	
	2015 \$	2014 \$	2015 \$	2014 \$
Departmental				
Expenses	13,834,665	14,760,768	13,834,665	14,760,768
Own-source income	2,307,338	3,115,375	2,307,338	3,115,375
Administered				
Expenses	16,206,525	17,442,389	16,206,525	17,442,389
Prior year grant monies	12,989	365,493	12,989	365,493
Net cost of outcome delivery	27,720,863	28,722,289	27,720,863	28,722,289

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 26: Reporting of Outcomes

Note 26B: Major Classes of Departmental Expense, Income, Assets and Liabilities by Outcomes

	Outcome 1		Total	
	2015 \$	2014 \$	2015 \$	2014 \$
Expenses				
Employee	7,522,518	7,853,816	7,522,518	7,853,816
Suppliers	5,939,342	6,226,814	5,939,342	6,226,814
Depreciation and amortisation	366,799	584,886	366,799	584,886
Write-down and impairment of assets	-	84,773	-	84,773
Finance costs	2,988	4,939	2,988	4,939
Loss from asset sales	3,018	5,540	3,018	5,540
Total	13,834,665	14,760,768	13,834,665	14,760,768
Income				
Income from government	12,032,000	12,215,000	12,032,000	12,215,000
Provision of goods and rendering of services	1,975,408	2,633,524	1,975,408	2,633,524
Other revenue	331,930	481,851	331,930	481,851
Total	14,339,338	15,330,375	14,339,338	15,330,375
Assets				
Cash and cash equivalents	388,572	1,312,042	388,572	1,312,042
Trade and other receivables	3,929,722	2,800,456	3,929,722	2,800,456
Infrastructure, Property, Plant & Equipment	360,056	557,480	360,056	557,480
Intangible assets	81,728	119,599	81,728	119,599
Inventories	-	34,026	-	34,026
Other non-financial assets	87,442	231,331	87,442	231,331
Total	4,847,520	5,054,934	4,847,520	5,054,934
Liabilities				
Trade creditors	636,209	1,134,268	636,209	1,134,268
Employee provisions	1,829,946	1,791,689	1,829,946	1,791,689
Personal benefits payable	242,484	231,707	242,484	231,707
Other provisions	183,665	179,653	183,665	179,653
Unearned revenue	195,947	154,411	195,947	154,411
Other payables	7,657	316,267	7,657	316,267
Total	3,095,908	3,807,995	3,095,908	3,807,995

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 26: Reporting of Outcomes

Note 26C: Major Classes of Administered Expenses, Income, Assets and Liabilities by Outcomes

	Outcome 1		Total	
	2015 \$	2014 \$	2015 \$	2014 \$
Expenses				
Sitting and Advisory fees	353,214	627,148	353,214	627,148
Suppliers	1,458,485	1,931,808	1,458,485	1,931,808
Grants and service delivery contracts	14,157,132	14,584,925	14,157,132	14,584,925
Travel	177,565	211,674	177,565	211,674
Other expenses	60,129	86,835	60,129	86,835
Total	16,206,525	17,442,389	16,206,525	17,442,389
Income				
Return of grant monies	12,989	365,493	12,989	365,493
Total	12,989	365,493	12,989	365,493
Assets				
Cash and cash equivalents	36,267	1,203,870	36,267	1,203,870
Trade receivables	110,177	146,393	110,177	146,393
Total	146,444	1,350,263	146,444	1,350,263
Liabilities				
Trade creditors	771,253	1,288,161	771,253	1,288,161
Other creditors	155,826	25,560	155,826	25,560
Grants	1,722,302	578,155	1,722,302	578,155
Total	2,649,381	1,891,876	2,649,381	1,891,876

Outcome 1 is described in Note 1.1.

Note 27: Budgetary Reports and Explanations of Major Variances

The following tables provide a comparison of the original budget as presented in the 2014–15 Portfolio Budget Statements (PBS) to the 2014–15 final outcome as presented in accordance with Australian Accounting Standards for the entity. The Budget is not audited.

Variances are considered to be 'major' based on the following criteria:

- the variance between budget and actual is greater than 10%; and
- the variance between budget and actual is greater than 1% of the relevant category (income, expenses and equity totals); or
- an item is below this threshold but is considered important for the reader's understanding or is relevant to an assessment of the discharge of accountability and to analysis of performance of an entity.



Note 27: Budgetary Reports and Explanations of Major Variances

Note 27A: Departmental Budgetary Reports

Statement of Comprehensive Income

for the period ended 30 June 2015

	Actual	Budget estimate	
	2015 \$'000	Original ¹ 2015 \$'000	Variance ² 2015 \$'000
NET COST OF SERVICES			
Expenses			
Employee benefits	7,523	8,719	(1,196)
Suppliers	5,939	4,998	941
Depreciation and amortisation	367	415	(48)
Finance costs	3	-	3
Losses from asset sales	3	-	3
Total expenses	13,835	14,132	(297)
Own-Source Income			
Own-source revenue			
Sale of goods and rendering of services	1,975	1,474	501
Other revenue	332	-	332
Total own-source revenue	2,307	1,474	833
Gains			
Other gains	-	192	(192)
Total gains	-	192	(192)
Total own-source income	2,307	1,666	641
Net (cost of)/contribution by services	11,528	12,466	(938)
Revenue from Government	12,032	12,051	(19)
Surplus	504	(415)	919

¹ The entity's original budgeted financial statement that was first presented to parliament in respect of the reporting period (i.e. from the entity's 2014–15 Portfolio Budget Statements (PBS)).

² Between the actual and original budgeted amounts for 2015. Explanations of major variances are provided further below.

Note 27: Budgetary Reports and Explanations of Major Variances

Statement of Financial Position

as at 30 June 2015

	Actual	Budget estimate	
	2015 \$'000	Original ¹ 2015 \$'000	Variance ² 2015 \$'000
ASSETS			
Financial Assets			
Cash and cash equivalents	389	1,267	(878)
Trade and other receivables	3,930	3,223	707
Total financial assets	4,319	4,490	(171)
Non-financial assets			
Property, plant and equipment	360	373	(13)
Intangibles	82	120	(38)
Other non-financial assets	87	119	(32)
Total non-financial assets	529	612	(83)
Total assets	4,848	5,102	(254)
LIABILITIES			
Payables			
Suppliers	636	2,004	(1,368)
Other payables	446	591	(145)
Total payables	1,082	2,595	(1,513)
Provisions			
Employee provisions	1,830	1,485	345
Other provisions	184	150	34
Total provisions	2,014	1,635	379
Total liabilities	3,096	4,230	(1,134)
Net assets	1,752	872	880
EQUITY			
Contributed equity	984	1,338	(354)
Reserves	0	6	(6)
Retained surplus/(Accumulated deficit)	767	(472)	1,239
Total equity	1,752	872	880

¹ The entity's original budgeted financial statement that was first presented to parliament in respect of the reporting period (i.e. from the entity's 2014–15 Portfolio Budget Statements (PBS)).

² Between the actual and original budgeted amounts for 2015. Explanations of major variances are provided further below.



Note 27: Budgetary Reports and Explanations of Major Variances

Statement of Changes in Equity for the period ended 30 June 2015

	Retained earnings		Asset revaluation surplus		Contributed equity/capital		Total equity	
	Actual	Budget estimate Original ¹ 2015 \$'000	Actual	Budget estimate Original ¹ 2015 \$'000	Actual	Budget estimate Original ¹ 2015 \$'000	Actual	Budget estimate Original ¹ 2015 \$'000
		Variance ² 2015 \$'000		Variance ² 2015 \$'000		Variance ² 2015 \$'000		Variance ² 2015 \$'000
Opening balance								
Balance carried forward from previous period	263	(57)	-	6	984	1,188	1,247	1,137
Adjusted opening balance	263	(57)	-	6	984	1,188	1,247	1,137
Comprehensive income								
Surplus/(Deficit) for the period	505	(415)					505	(415)
Total comprehensive income	505	(415)					505	(415)
Transactions with owners								
Contributions by owners								
Departmental capital budget	-	-	-	-	-	150	-	150
Total transactions with owners	-	-	-	-	-	150	-	150
Closing balance as at 30 June	768	(472)	-	6	984	1,338	1,247	872
Closing balance attributable to Australian Government	768	(472)	-	6	984	1,338	1,247	872

1 The entity's original budgeted financial statement that was first presented to parliament in respect of the reporting period (i.e. from the entity's 2014-15 Portfolio Budget Statements (PBS)).

2 Between the actual and original budgeted amounts for 2015. Explanations of major variances are provided further below.

Note 27: Budgetary Reports and Explanations of Major Variances

Cash Flow Statement

for the period ended 30 June 2015

	Actual	Budget estimate	
	2015 \$'000	Original ¹ 2015 \$'000	Variance ² 2015 \$'000
OPERATING ACTIVITIES			
Cash received			
Appropriations	10,643	12,051	(1,408)
Sale of goods and rendering of services	2,083	-	2,083
Net GST received	407	219	188
Other	141	1,474	(1,333)
Total cash received	13,274	13,744	(470)
Cash used			
Employees	7,396	8,519	(1,123)
Suppliers	6,666	4,856	1,810
Other	-	219	(219)
Total cash used	14,062	13,594	468
Net cash from/(used by) operating activities	(788)	150	(938)
INVESTING ACTIVITIES			
Cash received			
Proceeds from sales of property, plant and equipment	0	-	0
Total cash received	0	-	0
Cash used			
Purchase of property, plant and equipment	97	150	(53)
Purchase of intangibles	39	-	39
Total cash used	136	150	(14)
Net cash from/(used by) investing activities	(136)	(150)	14
FINANCING ACTIVITIES			
Cash received			
Contributed equity	-	-	-
Total cash received	-	-	-
Net increase/(decrease) in cash held	(923)	-	(923)
Cash and cash equivalents at the beginning of the reporting period	1,312	1,267	45
Cash and cash equivalents at the end of the reporting period	389	1,267	(878)

¹ The entity's original budgeted financial statement that was first presented to parliament in respect of the reporting period (i.e. from the entity's 2014–15 Portfolio Budget Statements (PBS)).

² Between the actual and original budgeted amounts for 2015. Explanations of major variances are provided further below.



Note 27: Budgetary Reports and Explanations of Major Variances

Note 27B: Departmental Major Budget Variances for 2015

Explanations of major variances	Affected line items (and statement)
<p>EMPLOYEE BENEFITS</p> <p>Owing to the APS Recruitment Policy in 2014–15 Cancer Australia engaged temporary contract staff to ensure delivery of its planned program of work. This represents reduced expenditure in employee benefits and increased expenditure in suppliers.</p>	<p><i>Employee benefits expense (Statement of Comprehensive Income), Employee provisions (Statement of Financial Position), Operating cash used — employees (Cash Flow Statement)</i></p>
<p>SUPPLIERS</p> <p>Supplier expenses exceeded the budgeted outcome largely due to the use of short term contract staff and consultants.</p>	<p><i>Suppliers expense (Statement of Comprehensive Income), Suppliers payable (Statement of Financial Position), Operating cash used — suppliers (Cash Flow Statement)</i></p>
<p>DEPRECIATION</p> <p>The rental agreement for the premises at Level 14, 300 Elizabeth Street, Sydney expired in February 2015. Provision was made in the budgeted accounts for the possibility of fitout at new premises. The provision was not realised in 2014–15.</p>	<p><i>Depreciation and amortisation (Statement of Comprehensive Income), Property, plant and equipment (Statement of Financial Position)</i></p>
<p>OWN SOURCE REVENUE</p> <p>At the time of budget preparation, additional funding through a Memorandum of Understanding with the Department of Health was unknown.</p>	<p><i>Sale of goods and rendering of services (Statement of Comprehensive Income), Operating cash received — sale of goods and rendering of services; Other (Cash Flow Statement)</i></p>
<p>SUPPLIER PAYABLES</p> <p>The budgeted variance relates to the timing of grant payments and service delivery contracts. Budgeted estimates are compiled based on previous year results, with a larger number of deliverables accepted and paid prior to 30 June in 2014–15 than 2013–14.</p>	<p><i>Suppliers payable (Statement of Financial Position), Operating cash used — suppliers (Cash Flow Statement)</i></p>
<p>CASH AND CASH EQUIVALENTS</p> <p>The variance is due to a change in the cash management process for payables related to the 2014–15 financial year. This change in process has resulted in a decrease in the cash balance and an increase in the appropriation receivable balance at 30 June, 2015.</p>	<p><i>Cash and cash equivalents, Trade and other receivables (Statement of Financial Position)</i></p>
<p>EMPLOYEE PROVISIONS</p> <p>As per the 2015–16 PBS the revised estimated actual for employee provisions in 2014–15 was \$1.792m. This revision was mainly due to a change in the staffing profile of the organisation which was not known when preparing the 2014–15 PBS.</p>	<p><i>Employee provisions (Statement of Financial Position)</i></p>
<p>CONTRIBUTED EQUITY</p> <p>The budgeted contributed equity amount included own source funding to be used for capital purchases. Capital was funded from the agencies retained surplus balance. Retained surplus was higher than expected due to budget expectations not being met.</p>	<p><i>Contributed equity, Retained Surplus (Statement of Financial Position)</i></p>
<p>APPROPRIATIONS</p> <p>The 2014–15 Appropriation was initially budgeted to be drawn on in full in the 2014–15 financial year. During the 2014–15 financial year, cash from other sources, including Section 74 receipts and the prior year cash balance was available to meet required payments within the year.</p>	<p><i>Appropriations; Sale of goods rendering of services, Other (Cash Flow Statement)</i></p>



Note 27: Budgetary Reports and Explanations of Major Variances

Note 27C: Administered Budgetary Reports

Administered Schedule of Comprehensive Income for not-for-profit Reporting Entities

for the period ended 30 June 2015

	Actual	Budget estimate	
	2015 \$'000	Original ¹ 2015 \$'000	Variance ² 2015 \$'000
NET COST OF SERVICES			
Expenses			
Suppliers	2,049	1,414	635
Grants	14,157	15,330	(1,173)
Total expenses	16,206	16,744	(538)
Income			
Revenue			
Non-taxation revenue			
Other revenue	13	-	13
Total non-taxation revenue	13	-	13
Net (cost of)/contribution by services	-	-	-
Surplus/(Deficit) after income tax	(16,193)	(16,744)	551

¹ The entity's original budgeted financial statement that was first presented to parliament in respect of the reporting period (i.e. from the entity's 2014–15 Portfolio Budget Statements (PBS)).

² Between the actual and original budgeted amounts for 2015. Explanations of major variances are provided further below.



Note 27: Budgetary Reports and Explanations of Major Variances

Administered Schedule of Assets and Liabilities for not-for-profit Reporting Entities

as at 30 June 2015

	Actual	Budget estimate	
	2015 \$'000	Original ¹ 2015 \$'000	Variance ² 2015 \$'000
ASSETS			
Financial assets			
Cash and cash equivalents	36	261	(225)
Trade and other receivables	110	136	(26)
Total financial assets	146	397	(251)
Total assets administered on behalf of Government	146	397	(251)
LIABILITIES			
Payables			
Suppliers	771	891	(120)
Grants	1,722	94	1,628
Other payables	156	12	144
Total payables	2,649	997	1,652
Total liabilities administered on behalf of Government	2,649	997	1,652
Net assets/(liabilities)	(2,503)	(600)	(1,903)

¹ The entity's original budgeted financial statement that was first presented to parliament in respect of the reporting period (i.e. from the entity's 2014–15 Portfolio Budget Statements (PBS)).

² Between the actual and original budgeted amounts for 2015. Explanations of major variances are provided further below.

Note 27D: Administered Major Budget Variances for 2015

Explanations of major variances	Affected line items (and schedule)
<p>GRANTS</p> <p>At the time of preparation of the PBS, estimated grant payments are based upon prior year expenditure. Actual expenditure may vary from year to year depending upon grant applications received and awarded.</p>	<p>Suppliers, Grants expense (Administered Schedule of Comprehensive Income)</p>

Note 28: Information furnished under the *Charitable Fundraising Act 1991 (NSW)*

Cancer Australia is registered under the *Charitable Fundraising Act 1991 (NSW)* to conduct fundraising activities.

Note 28A: Fundraising appeals conducted during the financial period

During the year the following fundraising appeals were conducted: Pink Ribbon Breakfast in Sydney and donations received to improve outcomes for Australians affected by breast cancer.

Note 28B: Details of aggregated gross income and total expenses of fundraising appeals

	2015 \$	2014 \$
Pink Ribbon Breakfast		
Gross proceeds of fundraising appeal	130,145	134,349
Total direct costs of fundraising appeal	(102,213)	(95,689)
Net surplus from fundraising appeal	27,932	38,660
Donations		
Gross proceeds of fundraising appeal	11,155	105,212
Total direct costs of fundraising appeal	-	-
Net surplus from fundraising appeal	11,155	105,212

Note 28C: Statement demonstrating how funds received were applied to charitable purposes

All funds received from fundraising appeals are used to fund breast cancer project work. No funds are used for the purpose of administration.

Note 28D: Comparison by monetary figures and percentages

	2015 \$	2014 \$
Total cost of fundraising appeals¹	102,213	95,689
Gross income from fundraising appeals	141,300	239,561
%	72%	40%
Net surplus from fundraising appeals	39,086	143,872
Gross income from fundraising appeals	141,300	239,561
%	28%	60%

¹ All costs relate to the Pink Ribbon Breakfast.

Although a fundraising event, the primary purpose of the Pink Ribbon Breakfast is to raise awareness. All reasonable steps are taken to ensure expenses do not exceed a fair and reasonable proportion of the gross proceeds obtained.



Appendix B: Mandatory reporting information

Advertising and market research

No advertising campaigns were undertaken during 2014–15.

Asset management

To efficiently manage Cancer Australia assets, the agency has developed a departmental capital budget to ensure that there are sufficient funds to replace assets that reach the end of their useful lives.

Cancer Australia undertakes a regular stocktake of fixed and intangible assets each financial year, and this was completed during 2014–15. The location and condition of assets were confirmed. All assets were assessed for impairment at 30 June 2015.

During 2014–15, Cancer Australia continued its shared services arrangement with the NHMRC for its Canberra and Melbourne sites. The shared services included co-location and some administrative support.

Australian National Audit Office Access

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

Competitive tendering and contracting

All open tenders and contracts over \$10,000 (GST inclusive) awarded by Cancer Australia during 2014–15 were published on AusTender.

Consultancies

During 2014–15, 21 consultancy contracts were entered into involving total actual expenditure of \$593,419 from Departmental Funds and \$936,924 from Administered Funds. In addition, nine ongoing consultancy contracts were active during 2014–15, involving total actual expenditure of \$1,744,398 from Departmental Funds and \$775,121 from Administered Funds.

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

Prior to engaging consultants, the Agency takes into account the skills and resources required for the task, the skills available internally, and the cost-effectiveness of engaging external expertise. The decision to engage a consultant is made in accordance with the *Public Governance, Performance and Accountability Act 2013* and regulations (including the Commonwealth Procurement Rules) and relevant internal policies.

Disability reporting

Since 1994, Commonwealth departments and agencies have reported on their performance as policy adviser, purchaser, employer, regulator and provider under the Commonwealth Disability Strategy. In 2007–08, reporting on the employer role was transferred to the Australian Public Service Commission's *State of the Service Report* and the *APS Statistical Bulletin*. These reports are available at www.apsc.gov.au. From 2010–11, departments and agencies have no longer been required to report on these functions.

The Commonwealth Disability Strategy has been replaced by a new National Disability Strategy 2010–2020 which sets out a ten-year national policy framework to improve the lives of people with disability, promote participation and create a more inclusive society. The National Disability Strategy 2010–2020 can be found at www.dss.gov.au.

Ecologically sustainable development and environmental performance

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

In 2014–15 Cancer Australia maintained a range of measures which contributed to ecologically sustainable development, including:

- ▶ exclusive use of ecologically friendly printer paper
- ▶ use of recycling paper, cardboard and printer cartridges
- ▶ setting printers to default to printing on both sides of the paper and in black and white
- ▶ ensuring equipment such as desktop computers, photocopiers, dishwashers and printers incorporate energy-saving features.

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

Exempt contracts

There were no contracts in excess of \$10,000 entered into by Cancer Australia during 2014–15 that were exempt from being published on AusTender due to Freedom of Information (FOI) reasons.

External scrutiny

No judicial or administrative tribunal decisions relating to Cancer Australia were handed down during 2014–15. 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 2014–15.



Freedom of information

Agencies subject to the *Freedom of Information Act 1982* (FOI Act) are required to publish information to the public as part of the Information Publication Scheme (IPS). This requirement is in Part II of the FOI Act and has replaced the former requirement to publish a section 8 statement in an annual report.

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

Grant programmes

The following grant programmes were administered by Cancer Australia in the period 1 July 2014 to 30 June 2015:

- ▶ *Priority-driven Collaborative Cancer Research Scheme*
- ▶ *Support for Cancer Clinical Trials* programme
- ▶ *Supporting people with cancer* Grant initiative.

Information on grants awarded by Cancer Australia during the period 1 July 2014 to 30 June 2015 is available at www.canceraustralia.gov.au.

Purchasing

In 2014–15, Cancer Australia sourced goods and services in accordance with the principles set out in the Commonwealth Procurement Rules.

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

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

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

Resource statement and resources for outcomes

Table B.1: Cancer Australia's resource statement 2014-15

	Actual available appropriation for 2014-15 \$'000	Payments made 2014-15 \$'000	Balance remaining 2014-15 \$'000
ORDINARY ANNUAL SERVICES¹⁰			
Departmental appropriation	16,923	-	-
Adjustment for prior year reserves	(1,312)	-	-
Adjustment for s.74 receipts	633	-	-
Total	16,244	12,810	3,434
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	16,744	16,207	-
Total resourcing and payments	32,988	29,017	-
Total net resourcing and payments	32,988	29,017	-

¹⁰ Appropriation Bill (No.1) 2014–15. This also includes Prior Year departmental appropriations and s.74 receipts



Table B.2: Cancer Australia's summary resource table by outcome 2014-15

	Budget ¹¹ 2014-15 \$'000	Actual expenses 2014-15 \$'000	Variation 2014-15 \$'000
Outcome 1 –			
Minimised impacts of cancer, including through national leadership in cancer control, with targeted research, cancer service development, education and consumer support			
Programme 1.1: Improved cancer control			
Administered expenses			
Ordinary annual services (Appropriation Bill No.1)	16,744	16,207	537
Departmental expenses			
Department appropriation ¹²	14,340	13,835	505
Total for Programme 1.1	31,084	30,042	1,042
Total expenses for Outcome 1	31,084	30,042	1,042
Staff			
Average staffing level (number)		2013-14 65	2014-15 68

¹¹ Full year budget, including any subsequent adjustment made to the 2014–15 Budget.

¹² Departmental Appropriation combines "Ordinary annual services (Appropriation Bill No. 1)" and "Revenue from independent sources (s.74)"

Small Business

Cancer Australia supports small business participation in the Commonwealth Government procurement market. Small and Medium Enterprises (SME) and Small Enterprise participation statistics are available on the Department of Finance's website: www.finance.gov.au/procurement/statistics-on-commonwealth-purchasing-contracts/.

Cancer Australia recognises the importance of ensuring that small businesses are paid on time. The results of the Survey of Australian Government Payments to Small Business are available on the Treasury's website: www.treasury.gov.au.

To ensure that Small and Medium Enterprises can engage in fair competition for Australian Government business, Cancer Australia's procurement practices include use of the Commonwealth Contracting Suite for low-risk procurements valued under \$200,000 and use of electronic systems and other processes to facilitate on-time payment performance, including the use of payment cards.

Work health and safety

During 2014–15, initiatives under taken in relation to work health and safety included:

- assessment of compliance with the *Work Health and Safety Act 2011*, and
- assessment of compliance with the *Safety Rehabilitation and Compensation Act 1988* and Section 41 Guidelines for Rehabilitation Authorities 2012 relating to the Implementation of a Rehabilitation Management System Framework.

Recommendations from these assessments resulted in further work being undertaken to develop a range of policies and procedures to ensure compliance and to provide guidance to officers, managers, employees and other workers. During 2014–15:

- influenza vaccinations were offered for all employees
- workstation assessments were carried out for all staff
- Health and Safety Representatives were appointed and underwent subsequent training
- a Work Health and Safety Committee was established, and
- an Employee Assistance Programme continued to be offered for employees and their immediate family members.



Appendix C: Cancer Australia Advisory Groups

Cancer Australia’s Advisory Group structure supports the agency’s leadership role in national cancer control and the delivery of the goals outlined in the Cancer Australia Strategic Plan 2014–19.

Group members represent a broad range of expertise, experiences and sectors, including policy, research, health promotion and communication. Consumers are represented on all Cancer Australia Advisory Groups.

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

Intercollegiate Advisory Group

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

The group was chaired by A/Professor Chris Milross.

Research and Data Advisory Group

The Research and Data Advisory Group provides expert advice to Cancer Australia about the strategic and priority areas of focus in cancer research and data in line with the Cancer Australia Strategic Plan 2014–19.

Members provide expert advice and guidance on Cancer Australia’s work in research, clinical trials, data and evidence reviews, including: strategies to strengthen and build on current programmes of work; current and emerging issues; priorities for cancer research; key national and international partnerships and collaborations which support Cancer Australia’s leadership role; and future Cancer Australia research and data initiatives.

The group was chaired by Professor Robyn Ward and subsequently by Professor Adele Green.

Cancer Australia also acknowledges with gratitude the contribution of the following Advisory Groups in relation to specific programme areas:

Breast Cancer Advisory Group

The Breast Cancer Advisory Group provides expert advice on the prioritisation, development and implementation of Cancer Australia's breast cancer initiatives; coordinated, multidisciplinary and patient-centred approaches to breast cancer care; and identification of gaps and barriers in the provision of best practice cancer care.

The group was chaired by Associate Professor Roger Allison and subsequently by Professor Bruce Mann.

Gynaecological Cancer Advisory Group

The role of the Gynaecological Cancer Advisory Group is to identify and advise on best practice initiatives, barriers, opportunities, strategies and actions relating to issues of national relevance within the area of gynaecological cancers.

The group also identifies ways in which Cancer Australia can work effectively with all stakeholders including consumers, cancer organisations and professional groups to determine approaches in each of these areas to lessen the impact of gynaecological cancers in Australia.

The group was chaired by A/Professor Peter Grant.

Lung Cancer Advisory Group

The role of the Lung Cancer Advisory Group is to provide Cancer Australia with expert advice regarding the issues and activities related to lung cancer. The group informs priorities of Cancer Australia's programme of work in lung cancer; provides strategic guidance and expertise in relation to specific projects; and identifies barriers to optimal cancer control and collaborative opportunities to assist in advancing national lung cancer control activities.

The group was chaired by Professor David Ball.



Appendix D: List of Requirements

Part of Report	Description	Requirement	Page
Front matter	Letter of transmittal	Mandatory	iii
Front matter	Table of contents	Mandatory	iv
Back matter	Index	Mandatory	118
Back matter	Glossary	Mandatory	114
Front matter	Contact officer(s)	Mandatory	ii
Front matter	Internet home page address and Internet address for report	Mandatory	ii
Review by Secretary	Review by departmental secretary	Mandatory	2–5
Review by Secretary	Summary of significant issues and developments	Suggested	2–5
Review by Secretary	Overview of department's performance and financial results	Suggested	36
Review by Secretary	Outlook for following year	Suggested	5
Review by Secretary	Significant issues and developments — portfolio	Portfolio departments — suggested	Not applicable
Departmental Overview	Role and functions	Mandatory	11
Departmental Overview	Organisational structure	Mandatory	12–13
Departmental Overview	Outcome and programme structure	Mandatory	12
Departmental Overview	Where outcome and programme structures differ from PB Statements/ PAES or other portfolio statements accompanying any other additional appropriation bills (other portfolio statements), details of variation and reasons for change	Mandatory	Not applicable
Departmental Overview	Portfolio structure	Portfolio departments — mandatory	Not applicable
Report on Performance	Review of performance during the year in relation to programme and contribution to outcomes	Mandatory	15–31
Report on Performance	Actual performance in relation to deliverables and KPIs set out in PB Statements/PAES or other portfolio statements	Mandatory	29
Report on Performance	Where performance targets differ from the PBS/PAES, details of both former and new targets, and reasons for the change	Mandatory	Not applicable
Report on Performance	Narrative discussion and analysis of performance	Mandatory	15–31
Report on Performance	Trend information	Mandatory	29

Continued

Part of Report	Description	Requirement	Page
Report on Performance	Significant changes in nature of principal functions/services	Suggested	Not applicable
Report on Performance	Performance of purchaser/provider arrangements	If applicable, suggested	Not applicable
Report on Performance	Factors, events or trends influencing departmental performance	Suggested	2–3
Report on Performance	Contribution of risk management in achieving objectives	Suggested	16
Report on Performance	Performance against service charter customer service standards, complaints data, and the department's response to complaints	If applicable, mandatory	Not applicable
Report on Performance	Discussion and analysis of the department's financial performance	Mandatory	36
Report on Performance	Discussion of any significant changes in financial results from the prior year, from budget or anticipated to have a significant impact on future operations	Mandatory	Not applicable
Report on Performance	Agency resource statement and summary resource tables by outcomes	Mandatory	105–106
Management and Accountability — Corporate Governance	Agency heads are required to certify that their agency complies with the <i>Commonwealth Fraud Control Guidelines</i>	Mandatory	35
Management and Accountability — Corporate Governance	Statement of the main corporate governance practices in place	Mandatory	34–36
Management and Accountability — Corporate Governance	Names of the senior executive and their responsibilities	Suggested	12
Management and Accountability — Corporate Governance	Senior management committees and their roles	Suggested	13
Management and Accountability — Corporate Governance	Corporate and operational plans and associated performance reporting and review	Suggested	34–35
Management and Accountability — Corporate Governance	Internal audit arrangements including approach adopted to identifying areas of significant financial or operational risk and arrangements to manage those risks	Suggested	35
Management and Accountability — Corporate Governance	Policy and practices on the establishment and maintenance of appropriate ethical standards	Suggested	35
Management and Accountability — Corporate Governance	How nature and amount of remuneration for SES officers is determined	Suggested	36
Management and Accountability — External Scrutiny	Significant developments in external scrutiny	Mandatory	103
Management and Accountability — External Scrutiny	Judicial decisions and decisions of administrative tribunals and by the Australian Information Commissioner	Mandatory	103

Continued



Part of Report	Description	Requirement	Page
Management and Accountability — External Scrutiny	Reports by the Auditor-General, a Parliamentary Committee, the Commonwealth Ombudsman or an agency capability review	Mandatory	103
Management and Accountability — Management of Human Resources	Assessment of effectiveness in managing and developing human resources to achieve departmental objectives	Mandatory	36
Management and Accountability — Management of Human Resources	Workforce planning, staff retention and turnover	Suggested	36
Management and Accountability — Management of Human Resources	Impact and features of enterprise or collective agreements, individual flexibility arrangements (IFAs), determinations, common law contracts and <i>Australian Workplace Agreements</i> (AWAs)	Suggested	39
Management and Accountability — Management of Human Resources	Training and development undertaken and its impact	Suggested	39
Management and Accountability — Management of Human Resources	Work health and safety performance	Suggested	107
Management and Accountability — Management of Human Resources	Productivity gains	Suggested	Not applicable
Management and Accountability — Management of Human Resources	Statistics on staffing	Mandatory	37–38
Management and Accountability — Management of Human Resources	Statistics on employees who identify as Indigenous	Mandatory	36
Management and Accountability — Management of Human Resources	Enterprise or collective agreements, IFAs, determinations, common law contracts and AWAs	Mandatory	39
Management and Accountability — Management of Human Resources	Performance pay	Mandatory	39
Assets management	Assessment of effectiveness of assets management	If applicable, mandatory	102
Purchasing	Assessment of purchasing against core policies and principles	Mandatory	104

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Part of Report	Description	Requirement	Page
Consultants	The annual report must include a summary statement detailing the number of new consultancy services contracts let during the year; the total actual expenditure on all new consultancy contracts let during the year (inclusive of GST); the number of ongoing consultancy contracts that were active in the reporting year; and the total actual expenditure in the reporting year on the ongoing consultancy contracts (inclusive of GST). The annual report must include a statement noting that information on contracts and consultancies is available through the AusTender website.	Mandatory	102
Australian National Audit Office Access Clauses	Absence of provisions in contracts allowing access by the Auditor-General	Mandatory	102
Exempt contracts	Contracts exempted from publication in AusTender	Mandatory	103
Small business	Procurement initiatives to support small business	Mandatory	107
Financial Statements	Financial Statements	Mandatory	42–101
Other Mandatory Information	Work health and safety (Schedule 2, Part 4 of the <i>Work Health and Safety Act 2011</i>)	Mandatory	107
Other Mandatory Information	Advertising and Market Research (Section 311A of the <i>Commonwealth Electoral Act 1918</i>) and statement on advertising campaigns	Mandatory	102
Other Mandatory Information	Ecologically sustainable development and environmental performance (Section 516A of the <i>Environment Protection and Biodiversity Conservation Act 1999</i>)	Mandatory	103
Other Mandatory Information	Compliance with the agency's obligations under the <i>Carer Recognition Act 2010</i>	If applicable, mandatory	Not applicable
Other Mandatory Information	Grant programmes	Mandatory	104
Other Mandatory Information	Disability reporting — explicit and transparent reference to agency level information available through other reporting mechanisms	Mandatory	103
Other Mandatory Information	<i>Information Publication Scheme</i> statement	Mandatory	104
Other Mandatory Information	Correction of material errors in previous annual report	If applicable, mandatory	Not applicable
Other Mandatory Information	Agency Resource Statements and Resources for Outcomes	Mandatory	105–106
Other Mandatory Information	List of Requirements	Mandatory	110–113



Glossary

Term	Description
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.
Cancer	A term for diseases in which abnormal cells divide without control. Cancer cells can invade nearby tissues and 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.
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 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	A case in which cancer cells are found in the body, but the place that the cells first started growing (the origin or primary site) cannot be determined
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.
Collaborative National Cancer Clinical Trials Groups	Networks of institutions and researchers who conduct studies jointly, use identical protocols and pool their data.
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 programmes; and groups affected in a specific way as a result of cancer policy, treatments or services. <i>See also</i> People affected by cancer.
Continuum of care	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 in palliative care.
Epidemiology	The study of the patterns and causes of health and disease in populations and the application of this study to improve health.
Evidence-based	Integrating the best available current research in information, resources and decisions relating to diagnosis, patient care and practice.
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, with either positive or neutral result(s).
Incidence	The number of new cases of a disease diagnosed each year.

Continued

Term	Description
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.
Melanoma	A cancer of the body's cells that contain pigment (melanin), primarily affecting the skin.
Morbidity	The incidence of disease in a geographical location or specific group of people.
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 are of a certain sex, age, or ethnic group.
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 physical, psychosocial and spiritual problems.
Pathology	The scientific study of the nature, causes and effects of disease, and the diagnosis of disease, through the analysis of tissue, cell and fluid samples. Pathology may also refer to the predicted or actual progression of disease
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.
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.
Psychosexual	Concerned with the mental, emotional, and behavioural aspects of sexual development or sexuality, or attitudes relating to sexual activity.
Psychosocial	Concerned with mental, emotional, social, and spiritual well-being, or issues relating to these states. Psychosocial treatment is intended to address psychological, social and some spiritual needs.
Quality of life	An individual's overall appraisal of their situation and subjective sense of wellbeing. Quality of life encompasses symptoms of disease and side effects of treatment, functional capacity, social interactions and relationships and occupational functioning. Key psychological aspects include subjective distress, satisfaction with treatment, existential issues and the impact of illness and treatment on sexuality and body image.
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 programmes must adhere to the Australian Health Ministers' Advisory Council's Population Based Screening Framework available at www.cancerscreening.gov.au

Continued



Term	Description
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.
Stakeholder	Any person or organisation that has a vital interest in Cancer Australia and its operations and programmes.
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

Term	Description
the Advisory Council	Cancer Australia Advisory Council
AIHW	Australian Institute of Health and Welfare
APS	Australian Public Service
BCNA	Breast Cancer Network Australia
CEO	Chief Executive Officer
CTGs	Cooperative Trials Groups
DSS	Data Set Specification
EL	Executive Level
FOI	Freedom of Information
GST	Goods and Services Tax
IPS	Information Publication Scheme
NHMRC	National Health and Medical Research Council
PCFA	Prostate Cancer Foundation of Australia
PdCCRS	Priority-driven Collaborative Cancer Research Scheme
PGPA Act	Public Governance, Performance and Accountability Act 2013
SES	Senior Executive Service
SME	Small and Medium Enterprises
UICC	Union for International Cancer Control



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