

**Annual
report**

**2021
-22**



Australian Government
Cancer Australia

Statement of Acknowledgement

We acknowledge the Traditional Owners of Country throughout Australia, and their continuing connection to land, sea and community. We pay our respects to them and their cultures, and to elders both past and present.

Cancer Australia acknowledges that there is no single Australian Aboriginal and Torres Strait Islander culture or group and that there are many diverse communities, language groups and kinships throughout Australia.

About this report

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

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Print ISBN: 978-1-74127-363-2
Online ISBN: 978-1-74127-365-6

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All information in this publication is correct as at 25 October 2022.

Letter of Transmittal

5 October 2022



Australian Government
Cancer Australia

Dear Minister,

I am pleased to present Cancer Australia's Annual Report for the year ended 30 June 2022.

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

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

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

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

Yours sincerely,

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

Professor Dorothy Keefe PSM MD
Chief Executive Officer
Cancer Australia

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Overview

Chief Executive Officer's Review



It is with great pleasure that I present Cancer Australia's Annual Report 2021–22 and reflect on the agency's accomplishments and efforts to reduce the impact of cancer and improve the outcomes of people affected by cancer in Australia.

Cancer Australia demonstrated its leadership in national cancer control through a range of initiatives in 2021–22, including: extensive stakeholder consultation in the development of the *Australian Cancer Plan (the Plan)*; scoping, design and feasibility considerations for a potential national

Lung Cancer Screening Program (LCSP); development of the *National Pancreatic Cancer Roadmap (the Roadmap)*; and providing evidence-based guidance on COVID and cancer care. Cancer Australia undertook initiatives to address disparities in outcomes for Aboriginal and Torres Strait Islander people with cancer and continued to provide funding for priority-driven cancer research. Cancer Australia demonstrated its leadership and influence in cancer control globally, promoting strong bilateral relationships via shared information and expertise.

Australian Cancer Plan

In 2021–22, Cancer Australia continued the development of an *Australian Cancer Plan*, which will set national strategic objectives, goals and actions over the next 10 years across the cancer control continuum, to meet the needs of all Australians now and in the future. Australia has some of the best cancer outcomes in the world. However, these outcomes are not delivered consistently, with unacceptable disparities for certain population groups, including Aboriginal and Torres Strait Islander people.

Following last year's Ministerial roundtable, Cancer Australia has continued to develop the Plan in close consultation with consumers, peak national clinical bodies, peak cancer and health organisations, First Nations peak bodies, industry and private sector representatives, State and Territory Health Departments, Australian Government and jurisdictional representatives.



Cancer Australia conducted an initial public consultation on the Plan, receiving 275 submissions from individuals and organisations. This rich input has directly shaped the strategic objectives guiding the Plan, each supported by a 10-year ambition for the future state of cancer care and control in Australia. Cancer Australia also hosted a series of workshops with stakeholder groups tasked to develop 2- and 5-year interim goals, intended to set a path to reaching the 10-year ambitions.



Cancer Australia is committed to further targeted engagements and a second public consultation in the next year, providing all interested Australians an opportunity to make contributions. The Plan will be delivered to the Minister for Health and Aged Care in 2023.

Lung Cancer Screening Enquiry

Following delivery of the Lung Cancer Screening Enquiry in 2020, in 2021–22, Cancer Australia worked in partnership with Department of Health and Aged Care to consider the scope and design of a potential LCSP that would facilitate early diagnosis, survivorship and improved lung cancer outcomes. Cancer Australia has undertaken further stakeholder engagement focussing on key feasibility issues to inform any government decision on establishing a potential LCSP.

National Pancreatic Cancer Roadmap

The Australian Government released the [*National Pancreatic Cancer Roadmap*](#) on 29 March 2022. Towards improving outcomes and survival for people affected by pancreatic cancer, the Roadmap identifies 33 key priority areas and 60 strategies for collective action over the next five years to 2027, across the continuum of pancreatic cancer care, and sets a shared agenda to drive improvements in care, experience and outcomes. In 2021–22, Cancer Australia commenced a three-year program to develop and implement five priorities to revolutionise the early detection, management and care of people diagnosed with pancreatic cancer. Priorities include the development of a national risk assessment tool for pancreatic cancer to identify people at risk of pancreatic cancer; development of decision-support tools to assess signs and symptoms of pancreatic cancer; creation of pathways

for access to specialist interventional pain management; development of early referral pathways to palliative care; and, to develop responsive, culturally- appropriate models of pancreatic cancer care for Aboriginal and Torres Strait Islander people. The Roadmap provides an opportunity to make a huge difference to the lives of people affected by pancreatic cancer.

COVID-19 and Cancer Care

As the COVID-19 pandemic has impacted everyone's lives with successive infection waves, more infectious variants, and the rollout of COVID-19 vaccines in 2021–22, Cancer Australia has continued to provide national leadership by working collaboratively with the cancer community to harness the latest information and evidence regarding COVID-19 and cancer care and responding to emerging needs of the cancer sector.

Cancer Australia updated its *Conceptual framework for the management of cancer during a pandemic* for publication in *JCO Global Oncology*. The updated framework provides guidance on continuation of care across the cancer pathway, in the face of challenges to health systems, while minimising infection risk for cancer patients and unintended consequences of delays in screening, diagnosis and cancer treatment and backlogs due to service interruption. The framework is designed to be general so it can guide optimal cancer management during the COVID-19 pandemic, and any similar pandemic in the future.

The impact of the pandemic has implications for the future of cancer care, with opportunities to enhance and embed high-value changes that were adopted during the pandemic to improve the quality and resilience of cancer care in Australia and internationally. *Cancer Australia's consensus statement on COVID-19 and cancer care: embedding high value changes in practice*, published in the *Medical Journal of Australia*, explores 12 elements of cancer care that changed during the COVID-19 pandemic, and identified strategies to embed and enhance high-value changes in cancer care and research across the care continuum.

Cancer Australia has continued to provide evidence and information to support cancer care throughout the pandemic on its COVID-19 and Cancer online information hub. This includes answers to Frequently Asked Questions (FAQs) regarding COVID-19 vaccines and cancer; collated guidance regarding considerations for cancer management for patients with COVID-19; and a report titled *The impact of COVID-19 on cancer-related medical services and procedures in Australia in 2020: Examination of MBS claims data for 2020, nationally and by jurisdiction* which shows the impact of COVID-19 on Medicare Benefits Schedule (MBS) services for the period January to December 2020 for 14 cancer types. Additionally, Cancer Australia has continued to facilitate the SerOzNET clinical study to better understand the safety and efficacy of the COVID-19 vaccines in people with cancer in Australia.

Aboriginal and Torres Strait Islander people affected by cancer

The Leadership Group on Aboriginal and Torres Strait Islander Cancer Control (Leadership Group) continues to be a critical part of Cancer Australia's success in the development and implementation of a shared national agenda in Aboriginal and Torres Strait Islander cancer control.

Cancer Australia continued its work in addressing disparities in cancer outcomes by raising awareness and supporting increased uptake within health systems and among health professionals of the *Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer (OCP)* and its companion guide *A guide to implementing the optimal care pathway for Aboriginal and Torres Strait Islander people with cancer*. Both the OCP and the guide are designed to support culturally-appropriate and responsive health care, health services, and clinicians, in the planning and delivery of cancer care. A series of short videos was developed, demonstrating culturally safe communication techniques for non-Indigenous health professionals. The videos also showcase key communication messages outlined in the *OCP*.

Cancer Australia is developing a new website to support Aboriginal and Torres Strait Islander people affected by cancer. The *Our Mob and Cancer* website is an evidence-based information and resource hub, which brings together information on cancer for Aboriginal and Torres Strait Islander people. In addition, the Agency's *National Aboriginal and Torres Strait Islander Cancer Control Indicators* website is a unique, national resource which brings together national data. It provides Aboriginal and Torres Strait Islander cancer data in one location and is designed for use by policymakers, governments, cancer organisations, researchers, health professionals, and consumers. In 2021–22, to further enhance this website, Cancer Australia has progressed the collection of new data with Aboriginal and Torres Strait Islander researchers.

Through the *Supporting People with Cancer Grant Initiative (SPWC)*, Cancer Australia awarded nine grants totalling over \$1 million in the 2022 grant round to support projects that will help reduce the burden of cancer and improve support for people affected by cancer in a respectful and culturally-appropriate way. Two of these grants were awarded to Aboriginal organisations to address the mental and physical health of Aboriginal people affected by cancer. Another seven grants were awarded to community organisations to address areas such as: the psychological wellbeing of parents of children and adolescents with cancer; supporting people with sarcoma and mesothelioma, and children with leukaemia; transforming psychosocial support for children with cancer and their families; and addressing issues for people in regional, rural and remote Australia.

Cancer Australia also continued the *Yarn for Life* campaign which aims to reduce the impact of cancer in Aboriginal and Torres Strait Islander communities, particularly in remote Aboriginal and Torres Strait Islander communities, by raising awareness and normalising discussions about cancer. Influential Indigenous spokespeople, Charlie King and Leila Gurruwiwi, promoted the campaign messages. A comprehensive evaluation of the campaign in 2021–22 indicated that a vast majority of respondents described the information as 'easy to understand' and the messages conveyed were important.

Cancer Australia maintained its ongoing commitment to reconciliation. As an agency, we continued our journey of ensuring reconciliation is an increasingly lived and vital element in our projects, engagement and organisational processes. This journey is supported by the agency's Reconciliation Action Plan (RAP) 2019–21 which outlines ways the agency collectively, and staff individually, can contribute to closing the gap in health outcomes. The RAP represents the views, ideas and values of the agency, with ownership of the RAP being embraced by all staff at Cancer Australia.

Activities undertaken in 2020–21 under the RAP include: observing key Aboriginal and Torres Strait Islander celebration dates, such as NAIDOC Week and National Reconciliation Week, through presentations from key Aboriginal and Torres Strait Islander leaders; engagement of an Indigenous contractor to facilitate staff involvement in the development of our new RAP as well as guidance on how to further implement the RAP in daily responsibilities; and working towards creating a culturally safe workplace for staff, stakeholders and visitors. Creating a culturally safe workplace was supported through the selection of Indigenous artworks, development of culturally appropriate room names in consultation with an Aboriginal specialist, and engagement with the Metropolitan Local Aboriginal Land Council. Cancer Australia where possible, procures and engages the services of Indigenous businesses in project work and asset management.

I have a strong personal commitment to reconciliation and am proud to be the CEO of an agency which champions reconciliation and is committed to the ongoing process of achieving a culturally-safe workplace.

Priority Cancer Research

Cancer Australia continued to fund priority cancer research in 2021–22 through several initiatives, including: the awarding of research grants through the *Priority-driven Collaborative Cancer Research Scheme* (PdCCRS); providing funding to Australia's 14 Multi-Site Collaborative Cancer Clinical Trials Groups (CTGs) and three National Technical Services (NTS); and by continuing to lead implementation of the *Australian Brain Cancer Mission*, in collaboration with the Department of Health and Aged Care, on behalf of the Australian Government.

Through the PdCCRS, Cancer Australia partners with non-government organisations to collaboratively fund cancer research at a national level. In 2021–22 Cancer Australia, together with 10 national and international Funding Partners, awarded 28 cancer research grants totalling \$8.46 million in priority areas which cover a range of cancer types and include primary prevention and health services research, and research projects in specific tumour types.

In 2021–22, Cancer Australia provided a total of \$6.77 million in funding to the CTGs to support the development of industry-independent cancer clinical trial protocols to the stage of applications for grant funding. A further \$1.17 million was provided to three NTS: Quality of Life NTS, Health- and Pharmaco-Economics NTS and the Genomic Cancer Clinical Trial Initiative to assist in building the capacity of CTGs to develop industry-independent cancer clinical trial protocols. Together, the work of the CTGs and NTS contribute to generating the evidence base for best-practice care for people diagnosed with cancer.

Australian Brain Cancer Mission

Cancer Australia continued to drive implementation of the *Australian Brain Cancer Mission* (the Mission) in collaboration with the Health and Medical Research Office of the Department of Health and Aged Care, through the Medical Research Future Fund (MRFF). During 2021–22, and through the 2021 MRFF Rare Cancers, Rare Diseases and Unmet Need Grant Opportunity, \$1.98 million was awarded to the University of Sydney for LUMOS, a comprehensive Australian trials program matching tumours with best treatments, on a molecular level.

Two grant opportunities were opened, with outcomes expected to be announced in early 2022–23. The 2021 Brain Cancer Research Grant Opportunity is focused on building Australia’s brain cancer research capacity through innovative, high quality, collaborative pre-clinical brain cancer research with high translational potential. The 2022 Brain Cancer Research Infrastructure Grant Opportunity is focusing on developing new approaches for addressing brain cancer through the generation of knowledge that enables the development of new approaches, treatments and therapies that accelerate progress in improving the diagnosis and care for patients with brain cancer.

Cancer Australia also refreshed membership of the Australian Brain Cancer Mission Strategic Advisory Group for a two-year term to December 2023. As at 30 June 2022, the Mission’s total investment stands at \$136.66 million, including contributions totalling \$76.4 million from 12 funding partners.

Strengthening national cancer data capacity

To strengthen national cancer data capacity, Cancer Australia published updated sociodemographic data analyses for a range of cancer control measures on its *National Cancer Control Indicators* Website (the NCCI), including: breast screening rates, abnormal breast screen to assessment, hepatitis B immunisation, hepatitis B and C notifications, childhood cancer stage at diagnosis and five-year relative survival for 16 childhood cancer types, mortality-to-incidence ratio for all cancers combined and 17 individual cancer types. Furthermore, Cancer Australia has enabled linkage of data on cancer stage at diagnosis with treatments received and subsequent survival outcomes.

To promote cancer awareness and provide information about cancer to the community, Cancer Australia utilised multiple approaches and communication tools, including the Cancer Australia website and social media (including Twitter, YouTube and e-alerts). The Cancer Australia website continued to be a source of trusted, evidence-based information for consumers, health professionals, researchers, educators, decision makers and the community.

Looking ahead

For 2022–25, Cancer Australia will focus on the following strategic priorities:

- Develop an Australian Cancer Plan as a national framework to deliver better outcomes for all people for all cancers.
- Co-design and deliver improved Aboriginal and Torres Strait Islander Cancer Control.
- Guide the development of a potential national lung cancer screening program.
- Provide thought leadership on the opportunities and impacts of genomics for cancer control.
- Lead collaborative action that is needed to improve access to supportive and palliative care support and services for people affected by cancer in Australia.
- Implement the National Pancreatic Cancer Roadmap.
- Invest in cancer research and data to support world leading cancer control in Australia.
- Contribute to and harness the expertise of international cancer control.

Thank you

In closing, I would like to acknowledge and sincerely thank the many people, organisations and entities which have supported the work of Cancer Australia throughout 2021–22.

I extend my thanks to the Minister for Health and Aged Care, the Hon Mark Butler MP, for his support of Cancer Australia and its work, along with the former Minister for Health, the Hon Greg Hunt.

I also extend my thanks to the Cancer Australia Advisory Council for their valued guidance throughout 2021–22. In particular, I extend my sincere thanks to the immediate past Chair of the Advisory Council, Professor Tracey O'Brien, for her outstanding contribution to cancer care in Australia, not only in her role as Chair of Cancer Australia's Advisory Council, but also over the course of her career, as a passionate leader and advocate for child-centred cancer care. I wish her all the very best for the future, and again thank her for her outstanding contribution to cancer care in Australia. I also wish to commend Associate Professor Chris Milross who was appointed Acting Advisory Council Chair in August 2022.

I would like to thank members of all Cancer Australia's strategic advisory groups, the members of the agency's various project working groups, steering committees, and assessment panels. Their guidance and expertise has been invaluable in helping Cancer Australia deliver its priorities.


I wish to thank the many health professionals, professional colleges and organisations who have supported Cancer Australia with their valuable insights.

Cancer Australia has continued a patient-centred approach to its work by involving consumers in all aspects of cancer control to improve the outcomes and experiences of people affected by cancer. In 2021–22 Cancer Australia had 98 consumers represented on its strategic advisory groups, working and reference groups, steering committees, assessment panels and grant review panels. I wish to thank each and every one for their valuable perspectives and advice.

I would also like to acknowledge our PdCCRS funding partners in 2021–22: Can Too Foundation, Cure Cancer, Leukaemia Foundation, Lung Foundation Australia, My Room Children's Cancer Charity, National Breast Cancer Foundation, Pancare Foundation, The Kids' Cancer Project, Worldwide Cancer Research, and World Cancer Research Fund International.

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

It gives me great pleasure to acknowledge the staff of Cancer Australia for their extraordinary efforts, professionalism and commitment to cancer control. Their tenacity, resilience, and ability to adapt to the everchanging work environment caused by the ongoing COVID-19 pandemic, enabled us to deliver our priorities.




Professor Dorothy Keefe PSM MD

Advisory Council Chair Review



In 2021–22, 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. The Council was engaged in and provided advice on a range of areas of focus for the agency, including:

- Cancer Australia's future strategic directions in the context of global health and the impact of cancer;
 - Cancer Australia's Aboriginal and Torres Strait Islander initiatives and future strategic directions in Aboriginal and Torres Strait Islander cancer control;
-
- Cancer Australia's approach to the development of the *Australian Cancer Plan's* 10-year ambition statement and 2-year and 5-year goals;
 - Cancer Australia's approach to identifying strategic research priorities for the 2022–24 rounds of the PdCCRS;
 - Cancer Australia's initiatives to support optimal cancer care during the COVID-19 pandemic;
 - Key considerations relating to the findings of Cancer Australia's report on the Lung Cancer Screening Enquiry;
 - The key considerations relating to communication to strengthen the Australian Governments' stance against e-cigarettes containing nicotine;
 - Cancer Australia's approach to the review of the Australian Brain Cancer Mission;
 - Key considerations relating to the findings of the National Audit of Funding to Cancer Research Projects and Research Programs 2012–2020;
 - Opportunities for enhancing national childhood cancer data;
 - Cancer Australia's approach to the development and implementation of Australia's first *National Pancreatic Cancer Roadmap* and related website.



I want to thank Council members for their guidance, advice and valuable insights throughout 2021–22. Members of the Council bring a wealth of knowledge and expertise, including in basic and translational cancer research, epidemiology, clinical practise (primary care, radiation oncology, medical, paediatric and surgical oncology), Indigenous health, health policy, health service delivery, and an understanding of the experience of cancer, which provides a significant contribution to Cancer Australia and its role in national cancer control.

I resigned from my role as Chair of the Council on 1 July 2022 to take up a new position as Chief Cancer Officer for NSW and CEO of Cancer Institute NSW. On behalf of the Council, I wish to thank the immediate past Minister for Health, the Hon Greg Hunt, for his support of Cancer Australia's work and the Council. I was appointed by Minister Hunt as Chair of the Council in January 2021, and it has been my great pleasure to serve Cancer Australia in this capacity since my appointment. I wish all the very best to the acting Chair of the Council, Associate Professor Chris Milross, and the Minister for Health and Aged Care, the Hon. Mark Butler MP.

Finally, I would like to acknowledge Cancer Australia's CEO, Professor Dorothy Keefe PSM MD, for her exceptional leadership of Cancer Australia in 2021–22. Under her stewardship, Cancer Australia has continued to deliver on its program of work and in its role as the national cancer control agency. I would also like to commend the agency's senior management and staff for their high-level of expertise and dedication.



The Council looks forward to continuing to work productively with Professor Keefe and supporting the agency in its efforts to minimise the impact of cancer, address disparities, and improve the health outcomes of people affected by cancer in Australia by providing national leadership in cancer control.



Professor Tracey O'Brien

Cancer Australia Advisory Council

Establishment and Function

The Advisory Council is established under the *Cancer Australia Act 2006* to “give advice to the Chief Executive Officer about the performance of Cancer Australia’s functions”. During 2021–22, the Advisory Council comprised one chair and twelve members, as appointed by the Minister for Health and Aged Care. The Advisory Council met three times during the year and provided valuable advice in relation to Cancer Australia’s work. Council members bring to their role considerable breadth and depth of expertise, including in cancer research, translation science, clinical practise (epidemiology, radiation oncology, and surgical oncology), health policy, health service delivery and an understanding of the experience of cancer.

Membership

The 2021–22 members of the Advisory Council were:

- Professor Tracey O’Brien (Chair)
- Professor Joanne Aitken
- Associate Professor Penny Blomfield
- Dr Benjamin Brady
- Ms Deborah Henderson
- Professor Timothy Hughes
- Associate Professor Kelvin Kong
- Ms Lillian Leigh
- Dr Elizabeth Marles
- Associate Professor Chris Milross
- Dr Serena Sia
- The Honourable Jillian Skinner
- Dr Ranjana Srivastava OAM
- Dr William Glasson AO — to 12/08/21
- Ms Perry Sperling PSM — to 12/08/21

Advisory Council members are appointed for a term of three years. 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.







About Cancer Australia

About Cancer Australia

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

Cancer Australia provides leadership and vision, support to consumers and health professionals, and makes recommendations to the government about cancer policy and priorities.

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

In 2022, an estimated 162,163 new cases of cancer will be diagnosed in Australia, excluding basal and squamous cell carcinomas of the skin.¹ Cancer remains a leading cause of death in Australia, with 49,996 people expected to die from cancer in 2022.¹ Cancer is also the leading cause of fatal disease burden in Australia, accounting for 34% of the fatal burden of disease in 2018.²

This notwithstanding, it should be noted that more people in Australia are living longer after a diagnosis with cancer. Since 1989, Australia has seen the five-year relative survival for all cancers combined increase from 52.2% in 1989–93 to 70.1% in 2014–18.¹

To meet emerging challenges and improve cancer outcomes, it is imperative Cancer Australia is agile, strategic and collaborative in its approach.

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

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

¹ Australian Institute of Health and Welfare (2022) *Cancer data in Australia*, AIHW, Australian Government, accessed 1 July 2022. <https://www.aihw.gov.au/reports/cancer/cancer-data-in-australia/contents/about>.

² Australian Institute of Health and Welfare (2021) *Australian Burden of Disease Study: Impact and cause of illness and death in Australia 2018*, AIHW, Australian Government, accessed 27 June 2022. <https://www.aihw.gov.au/reports/burden-of-disease/abds-impact-and-causes-of-illness-and-death-in-aus/summary>.



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

Cancer Australia leverages its stakeholder relationships to cost-effectively harness the most eminent advice on any cancer issue at short notice.



Purpose

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

Functions and role

Cancer Australia is an agency of the health and aged care portfolio. It was established by the Australian Government under the *Cancer Australia Act 2006* and is a Non-corporate Commonwealth Entity under the *Public Governance, Performance and Accountability Act 2013* (PGPA Act).

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

The role and functions of Cancer Australia are set out in the *Cancer Australia Act 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 programs in cancer control
- to provide financial assistance, out of money appropriated by the Parliament, for research into cancer covered by the dedicated budget, and for the implementation of policies and programs referred to above
- any functions which the Minister, by writing, directs Cancer Australia to perform.

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

Organisational structure

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



The Senior Executive team is as follows:

National Cancer Control Division: Associate Professor Anna Boltong

National Research and Data Division: Dr Paul Jackson (to 30 June 2022) /
Ms Cindy Toms (commenced 20 June 2022)

Medical Director: Associate Professor Vivienne Milch

Finance and Corporate Affairs: Mr Elmer Wiegold. Mr Wiegold is also the agency's Chief Financial Officer

At 30 June 2022, Cancer Australia had 81 employees, of whom 69 were ongoing.

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

Cancer Australia's head office is located in Sydney. Cancer Australia also maintains offices in Canberra and Melbourne through shared accommodation and service level agreements with the NHMRC (Canberra) and the Department of Health and Aged Care (Melbourne).

The Cancer Australia Advisory Council

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

Audit and Risk Committee

Cancer Australia benefits from advice and counsel provided through a standing Audit and Risk Committee, whose members are Ms Gayle Ginnane (Chair), Ms Carol Lilley and Adjunct Associate Professor Christine Giles.

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 further information about the roles of these groups.

Outcome and program structure

The outcome of Cancer Australia's work in the 2021–22 Portfolio Budget Statements (PBS) is:



Minimised impacts of cancer, including through national leadership in cancer control with targeted research and clinical trials; evidence informed clinical practice; strengthened national data capacity; community and consumer information and support (Page 259)

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

The full Agency Budget Statement for 2021–22 is available at: health.gov.au/resources/publications/budget-2021-22-portfolio-budget-statements





Report on Performance

Annual Performance Statement

As the accountable authority of Cancer Australia, I present the 2021–22 Annual Performance Statements of Cancer Australia, in accordance with paragraph 39(1)(a) of the PGPA Act. In my opinion, these Annual Performance Statements are based on properly maintained records, accurately reflect the performance of the entity and comply with subsection 39(2) of the PGPA Act.

These Annual Performance Statements are presented in the context of Cancer Australia's purpose and program objectives. They demonstrate the outcomes achieved by the agency against the intended outcomes outlined in the 2021–22 PBS and 2021–22 Corporate Plan.

Purpose

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

Cancer Australia's program of work contributes toward the achievement of the following outcome: *Minimised impacts of cancer, including through national leadership in cancer control with targeted research and clinical trials; evidence informed clinical practice; strengthened national data capacity; community and consumer information and support.* (Portfolio Budget Statement 2021–22; page 251).

Cancer Australia's program objectives for 2021–22 were:

- A. Provide national leadership in cancer control
- B. Develop and promote evidence-based best practice cancer care
- C. Fund cancer research and strengthen national data capacity
- D. Provide consumer and health professional cancer information and resources. (2021–22 PBS page 248; 2021–22 Corporate Plan page 3)

Cancer Australia's performance in relation to these program objectives, and the performance criteria associated with them, is provided in the tables below. There is a separate table for each program objective. The agency has met all its 2021–22 reference points or targets.



A. Provide national leadership in cancer control

Performance criterion	2021-22 Target	Criterion Source	Result
Lead the development of an Australian Cancer Plan which sets out key national priorities and action areas over the next 10 years to improve outcomes for Australia's affected by cancer	Engagement and consultation with stakeholders across the cancer control continuum in the development of an Australian Cancer Plan	2021-22 Corporate Plan, page 15	Achieved. See below

In 2021-22, Cancer Australia continued to progress the development of the Plan in consultation with consumers, peak national clinical bodies, peak cancer and health organisations, representatives of the Aboriginal and Torres Strait Islander community and other priority population groups, private sector representatives, State and Territory Health Departments and the Australian Government.

In addition to ongoing stakeholder consultation, two governance groups, representative of key cancer control stakeholder groups and jurisdictional perspectives, were established and met to provide guidance and high-level advice on key phases of the Plan's development.

In quarter three 2021, Cancer Australia conducted an initial public consultation on the Plan, receiving 275 submissions from organisations (137) and individuals (139).

This input has shaped the strategic objectives guiding the Plan, each supported by a 10-year ambition for the future state of cancer care and control in Australia. In June 2022, Cancer Australia hosted a series of workshops with representatives from numerous stakeholder groups that contributed to refined 10-year ambitions for each of the six Strategic Objectives and drafted two- and five-year interim goals to set a path towards achieving these ambitions.

Performance criterion	2021-22 Target	Criterion Source	Result
Drive the implementation of the Australian Brain Cancer Mission to improve outcomes for Australians diagnosed with brain cancer	Implementation of the Australian Brain Cancer Mission's initiatives	2021-22 Corporate Plan, page 15	Achieved. See below

In 2021–22, Cancer Australia continued to drive implementation of the Mission to improve outcomes for Australians diagnosed with brain cancer.

As at 30 June 2022, there were 19 active research projects funded by grants awarded under the Mission. Currently the Mission has 12 funding partners with partner commitments totalling \$76.4 million. The funding partners include ACT Health and Canberra Health Services, Carrie's Beanies 4 Brain Cancer, Children's Hospital Foundation Queensland, Cure Brain Cancer Foundation, Financial Markets Foundation for Children, Mark Hughes Foundation, Minderoo Foundation's Collaborate Against Cancer, NeuroSurgical Research Foundation, Robert Connor Dawes Foundation, The Kids' Cancer Project, the State of New South Wales, and the State of Victoria.

Performance criterion	2021–22 Target	Criterion Source	Result
Lead the development of a National Pancreatic Cancer Roadmap, as requested by the Minister for Health and Aged Care, to improve outcomes and survival for people with pancreatic cancer	Complete development of the Roadmap	2021–22 Corporate Plan, page 15	Achieved. See below

The [Roadmap](#) was published in March 2022 and provides a national focus on priorities for improving outcomes and survival for Australians affected by pancreatic cancer. Thirty-three key priority areas and 60 strategies for collective action over the next five years, set a shared agenda to drive improvements in pancreatic cancer care, experiences and outcomes across the continuum of care from prevention, early detection, presentation, diagnosis, treatment, supportive care, palliative care, and end-of-life care.

Performance criterion	2021–22 Target	Criterion Source	Result
Lead a shared agenda to improve cancer outcomes for Aboriginal and Torres Strait Islander people	Progress priority initiatives in collaboration with key stakeholders, including providing a dedicated national Aboriginal and Torres Strait Islander cancer webpage containing evidence-based cancer information	Program 1.1 2021–22 Portfolio Budget Statements, page 254; 2021–22 Corporate Plan, page 15	Achieved. See below

In 2021–22, Cancer Australia led a shared agenda to improve cancer outcomes for Aboriginal and Torres Strait Islander Australians. This included: developing a dedicated national Aboriginal and Torres Strait Islander cancer website containing evidence-based cancer information; supporting optimal cancer care for Aboriginal and Torres Strait Islander people with cancer; advancing community and consumer knowledge and understanding of cancer in Aboriginal and Torres Strait Islander communities; consulting with and incorporating Aboriginal and Torres Strait Islander perspectives in its priority work including in the development of the Australian Cancer Plan; and updating and enhancing the *Aboriginal and Torres Strait Islander Cancer Control Indicators* website.

The Aboriginal and Torres Strait Islander Cancer Control Leadership Group continues to be a critical part of Cancer Australia's success in the development and implementation of a shared national agenda in Aboriginal and Torres Strait Islander cancer control.

Cancer Australia progressed to the final stages of the development of *Our Mob and Cancer*, a dedicated website about cancer for Aboriginal and Torres Strait Islander people. The website, co-designed and co-developed from commencement to completion in collaboration with Indigenous advisors, contractors and stakeholders, will provide a central hub of evidence-based, culturally safe information, resources, awareness messaging, videos and guidance about cancer for Aboriginal and Torres Strait Islander people and the health professionals who care for them. The website will be released in 2022–2023.

Cancer Australia continued its important work in addressing disparities in cancer outcomes by raising awareness and supporting increased uptake within health systems and among health professionals of the *Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer (OCP)* and its companion *A guide to implementing the optimal care pathway for Aboriginal and Torres Strait Islander people with cancer*. Both the OCP and the guide are designed to support culturally-appropriate and responsive health care, health services, and clinicians, in the planning and delivery of cancer care. A series of short videos was developed, demonstrating culturally safe communication techniques for non-Indigenous health professionals. The videos also showcase key communication messages outlined in the *OCP*.

Cancer Australia also continued the *Yarn for Life* campaign which aims to raise awareness and normalise discussions about cancer, particularly in remote Aboriginal and Torres Strait Islander communities. Influential Aboriginal and Torres Strait Islander people promoted the campaign messages. A comprehensive evaluation of the campaign in 2021–22 indicated that a vast majority of respondents described the information as 'easy to understand' and the messages conveyed were important. During the four-month campaign in 2021–22, radio ads were played 164 times nationally in nine languages including English, and television ads were aired during NITV's highest rating shows. The campaign ads were also played 261,490 times on catch-up TV including Nine Now and 7 Plus. The digital activity achieved 1,269,964 impressions across Facebook and Instagram and 1,701,183 impressions on TikTok.

Cancer Australia released *Culturally safe communication skills for non-Indigenous health professionals Tip Sheet and videos* — a series of short videos and a key messages tip sheet providing practical advice for cancer care specialists to optimise culturally safe and responsive communication with Aboriginal and Torres Strait Islander patients, their families and carers.

Cancer Australia updated the *Aboriginal and Torres Strait Islander Cancer Control Indicators* website, a unique, national resource that brings together trusted, national data to monitor progress and identify potential areas for action in Aboriginal and Torres Strait Islander cancer control. The website provides Aboriginal and Torres Strait Islander cancer data in one location and is designed for use by policymakers, governments, cancer organisations, researchers, health professionals, and consumers. In 2021–22, the website was updated with data and information in the screening and immunisation priority area. Additionally, Cancer Australia has progressed the collection of new data with Aboriginal and Torres Strait Islander researchers, which will be reported on the website following data collection and analysis.

In 2021–22, Cancer Australia, under the SPWC, funded two Aboriginal organisations to focus on improving participants’ mental health and wellbeing and connecting them socially and delivering an evidence-based exercise oncology and wellness program to promote awareness for cancer screening and adjuvant treatment options for Aboriginal people affected by or at risk of developing cancer. A further community organisation was funded, to provide one-on-one support to rural and remote clients through diagnosis and treatment and deliver oncology prevention and cancer screening education with a focus on Aboriginal people and youth.

Performance criterion	2021–22 Target	Criterion Source	Result
Lead engagement with stakeholders to establish the feasibility of implementing a national lung cancer screening program (LCSP)	Collaboratively engage key stakeholders in the design and feasibility assessment of a national LCSP	2021–22 Corporate Plan, page 15	Achieved. See below

Following delivery of the Lung Cancer Screening Enquiry in 2020, in 2021–22, Cancer Australia worked in partnership with Department of Health and Aged Care to consider the scope and design of a potential LCSP that would facilitate early diagnosis, survivorship and improved lung cancer outcomes. Cancer Australia has undertaken further stakeholder engagement focussing on key feasibility issues to inform any government decision on establishing a potential LCSP. This has included workforce, screening infrastructure, tools and guidance, information and communication, and data and quality assurance requirements as well as considerations for priority population groups including an approach to co-design with Aboriginal and Torres Strait Islander stakeholders.

An application to the Medical Services Advisory Committee was submitted to seek advice on a potential national LCSP.

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

Performance criterion	2021-22 Target	Criterion Source	Result
Lead the development, dissemination and implementation of evidence-based models of cancer care to support improved patient outcomes and safe and sustainable clinical practice	Evidence-based models of cancer care, developed, promoted, disseminated or implemented	2021–22 Corporate Plan, page 16	Achieved. See below

In 2021–22, Cancer Australia updated its *Conceptual framework for the management of cancer during a pandemic* for publication in *JCO Global Oncology*. The updated framework provides guidance on continuation of care across the cancer pathway, in the face of challenges to health systems, while minimising infection risk for cancer patients and unintended consequences of delays in screening, diagnosis and cancer treatment and backlogs due to service interruption. The framework is general to guiding optimal cancer management in any similar pandemic in a global setting in the future.

The pandemic has implications for the future of cancer care, with opportunities to enhance and embed high-value changes that were adopted during the pandemic to improve the quality and resilience of cancer care in Australia and internationally. *Cancer Australia's consensus statement on COVID-19 and cancer care: embedding high value changes in practice*, published in the *Medical Journal of Australia*, explores 12 elements of cancer care that changed during the COVID-19 pandemic and strategies to embed and enhance high-value changes in cancer care and research across the care continuum.

In 2021–22 Cancer Australia supported the development of an Optimal Care Pathway for Neuroendocrine Tumours (NET OCP) to benefit people with NET cancers by addressing a current gap in guidance regarding evidence-based, nationally consistent delivery of optimal NET cancer care. The NET OCP maps the NET cancer pathway and identifies specific steps and critical points along the pathway in order to promote quality cancer care and patient experience. The NET OCP will be available in 2022–23.

In 2021–22, Cancer Australia undertook a program of work to identify opportunities to support and strengthen the uptake of telehealth in models of cancer care. This included a review of telehealth utilisation in cancer care, following the introduction of new MBS item numbers for telehealth in response to the COVID-19 pandemic. Results were obtained from a series of surveys and targeted qualitative interviews; a roundtable with key stakeholders; an analysis of MBS data; and an environmental scan.

Performance criterion	2021-22 Target	Criterion Source	Result
Analyse, interpret and translate evidence to inform best practice cancer care	Research is translated into evidence-based information to assist and inform policy development and clinical practice.	Program 1.1 2021–22 Portfolio Budget Statements, page 254; 2021–22 Corporate Plan, page 16	Achieved. See below

Cancer Australia has continued to provide evidence and information resources to support cancer care throughout the pandemic on its COVID-19 and Cancer online information hub. This includes: FAQs on COVID and cancer (translated into the 10 most commonly spoken languages in Australia other than English); a dedicated page for Aboriginal and Torres Strait Islander people affected by cancer; best practice guidance for cancer management and COVID-19. Additionally, a report entitled, *The impact of COVID-19 on cancer-related medical services and procedures in Australia in 2020: Examination of MBS claims data for 2020, nationally and by jurisdiction*, showing the impact of COVID-19 on MBS services for the period January to December 2020 for 14 cancer types. Emerging results from the SerOzNET clinical study to better understand the safety and efficacy of the COVID-19 vaccines in people with cancer, are also included.

In 2021–22, Cancer Australia progressed an analysis of cancer research funding in Australia by reviewing funding awarded directly to national cancer research projects and cancer research programs for the period 2012–2020. This analysis has informed Cancer Australia’s research priorities for the 2022–2024 rounds of the PdCCRS and the development of the National Pancreatic Cancer Roadmap. Final analyses are being undertaken and Cancer Australia plans to publish a report on the findings of this analysis in 2022–23.

C. Fund cancer research and strengthen national data capacity

Performance criterion	2021-22 Target	Criterion Source	Result
Fund priority cancer research through the Priority-driven Collaborative Cancer Research Scheme (PdCCRS)	Award ≥9 cancer research grants in areas of identified priority	Program 1.1 2021–22 Portfolio Budget Statements, page 254; 2021–22 Corporate Plan, page 17	Achieved. See below

In 2021–22, Cancer Australia has continued to provide funding to cancer research through the PdCCRS. In the 2021 round, Cancer Australia partnered with 10 national and international Funding Partners to collaboratively fund cancer research projects and maximise the Australian Government’s investment in priority areas of cancer research. The 10 national and international organisations included: Can Too Foundation, Cure Cancer, Leukaemia Foundation, Lung Foundation Australia, My Room Children’s Cancer Charity, National Breast Cancer Foundation, Pancare Foundation, The Kids’ Cancer Project, Worldwide Cancer Research, and World Cancer Research Fund International.

Twenty-eight cancer research grants were awarded for a total value of \$8.46 million (\$6.36 million from Cancer Australia and \$2.10 million from Funding Partners). These grants covered research in a range of priority areas including primary prevention and health services research and research projects in specific tumour types.

Performance criterion	2021-22 Target	Criterion Source	Result
Support Australia's national Multi-site Collaborative Cancer Clinical Trials Groups (CTGs)	Fund 14 CTGs through the Supporting Cancer Clinical Trials Program	2021-22 Corporate Plan, page 17	Achieved. See below

In 2021-22, Cancer Australia continued to support Australia's 14 Multi-site Collaborative CTGs. Through its Support for Cancer Clinical Trials program, Cancer Australia awarded \$6.77 million in funding to the CTGs to build capacity to develop industry-independent cancer clinical trial protocols and to generate evidence for best-practice care for people diagnosed with cancer. A further \$1.17 million was provided to three NTS: Quality of Life NTS, Health- and Pharmaco-Economics NTS and the Genomic Cancer Clinical Trial Initiative to assist in building the capacity of CTGs to develop industry-independent cancer clinical trial protocols. Together, the work of the CTGs and NTS contribute to generating the evidence base for best-practice care for people diagnosed with cancer.

Performance criterion	2021-22 Target	Criterion Source	Result
Provide high quality cancer data to inform national cancer control	Publish data analyses and insights on the NCCI website.	Program 1.1 2021-22 Portfolio Budget Statements, page 253; 2021-22 Corporate Plan, page 17	Achieved. See below

In 2021-22, to strengthen national cancer data capacity, Cancer Australia published updated sociodemographic data analyses for a range of cancer control measures on the [NCCI website](#). The website is a dynamic national cancer resource that brings together data from 15 authoritative sources and covers 31 key indicators across the continuum of cancer care.

Data were updated for a range of measures across the cancer continuum including breast screening rates, abnormal breast screen to assessment, hepatitis B immunisation, hepatitis B and C notifications, childhood cancer stage at diagnosis and five-year relative survival for 16 childhood cancer types, mortality-to-incidence ratio for all cancers combined and 17 individual cancer types. Furthermore, Cancer Australia has enabled linkage of data on cancer stage at diagnosis with treatments received and subsequent survival outcomes.

D. Provide consumer and health professional cancer information and resources.

Performance criterion	2021-22 Target	Criterion Source	Result
Provide evidence-based cancer information, to cancer consumers, health professionals and the community	Evidence-based cancer information available on the Cancer Australia website	Program 1.1 2021–22 Portfolio Budget Statements, page 254; 2021–22 Corporate Plan, page 18	Achieved. See below

In 2021–22, multiple approaches were used to promote information about cancer and important updates about COVID-19 vaccines for people with cancer. These approaches included the development of awareness-raising and cancer information video animations and early detection messages for a range of audiences including Aboriginal and Torres Strait Islander people and culturally and linguistically diverse communities.

Cancer Australia released *Culturally safe communication skills for non-Indigenous health professionals Tip Sheet and videos* — a series of short videos and a key messages tip sheet providing practical advice for cancer care specialists to optimise culturally safe and responsive communication with Aboriginal and Torres Strait Islander patients, their families and carers.

The Cancer Australia website canceraustralia.gov.au continued to be a source of trusted, evidence-based information for people affected by cancer, health professionals, researchers, educators, decision makers and the community.

As at 30 June 2022, there were 512 resources available on the Cancer Australia website. New resources released in 2021–2022 include:

- FAQs about COVID-19 vaccines for people affected by cancer in 10 languages
- COVID-19 vaccines and cancer - information in your language video in 10 languages
- Managing your cancer care in the context of COVID-19
- Don't wait check your prostate cancer awareness video
- *The impact of COVID-19 on cancer-related medical services and procedures in Australia in 2020: Examination of MBS claims data for 2020, nationally and by jurisdiction*, which shows an overall sustained reduction in cancer services in 2020 (publications — online; September 2021)
- The impact of COVID-19 on cancer services
- Investigation of a lung cancer symptom: a guide for General Practitioners digital tool
- Culturally safe communication skills for non-indigenous health professionals Tip Sheet
- Communication skills for non-Indigenous health professionals 6 videos: Introduction, Diagnosis, Staging and Treatment, Care after treatment and recover, and Managing current, residual and metastatic cancer
- Pancreatic cancer, Oesophageal cancer, Testicular cancer, Brain cancer, Melanoma, Neuroblastoma and Vulval cancer awareness video animations
- Australian Cancer Plan consultation videos
- Yarn for life video animations featuring Leila Gurruwiwi and Charlie King
- National Pancreatic Cancer Roadmap – videos

Analysis

Cancer Australia met or exceeded all performance criteria relating to its 2021–22 program objectives as outlined in its 2021–22 PBS chapter and Corporate Plan. The agency's 2021–22 program objectives were: provide national leadership in cancer control; develop and promote evidence-based best practice cancer care; fund cancer research and strengthen national data capacity; and provide consumer and health professional cancer information and resources.

Cancer Australia's work was supported by its 2021–22 budget allocation.

Cancer Australia defined, planned and prioritised work in light of its purpose, program objectives and budget allocation. The agency's performance reporting and monitoring framework enabled it to effectively report, analyse and monitor its performance for Financial Year 2021–22. This framework, coupled with Cancer Australia's strategic approach to business planning, ensured the alignment of effort with the agency's purpose.

Report on Financial Performance

Table 3.1: Cancer Australia's Resource Statement 2021-22

	Actual Available appropriation – current year (a)	Payments made (b)	Balance remaining (a)-(b)
	\$'000	\$'000	\$'000
Departmental			
Prior year appropriation available	5,452	2,904	2,548
Annual appropriations — ordinary annual services	11,936	9,926	2,010
Annual appropriations — other services — non-operating	5,874	2,559	3,315
Departmental capital budget	83	83	–
Total departmental resourcing (A)	23,345	15,472	7,873
Administered			
Prior year appropriation available	4,367	4,367	–
Annual appropriations — ordinary annual services	20,451	16,876	3,575
Total administered resourcing (B)	24,818	21,243	3,575
Total resourcing and payments for Cancer Australia (A + B)	48,163	36,715	11,448



2021-22 Annual Report – Highlights

Provided leadership in national cancer control



Conducted an initial public consultation on the Australian Cancer Plan and hosted a series of workshops with stakeholder groups to shape strategic objectives guiding the Plan, including the development of 2- and 5-year interim goals, intended to set a path to reaching the 10-year ambitions.

Released the *National Pancreatic Cancer Roadmap* identifying 33 key priority areas and 60 strategies for collective action over the next five years to 2027.

Minimised the impact of cancer



Published a consensus statement on COVID-19 and cancer care: embedding high value changes in practice.

Improved health outcomes and addressed disparities



Developed a new evidence-based information and resource hub website to support Aboriginal and Torres Strait Islander people affected by cancer.

Funded priority research



Awarded 28 research grants worth \$8.46 million through Priority driven Collaborative Cancer Research theme.

Strengthened national data capacity



Reported on the analysis of MBS data, and the impact of COVID-19 on cancer-related services in Australia.

Promoted cancer awareness and provided evidence-based information



Undertook 127 cancer awareness campaigns, achieving over 20,048,874 digital impressions (social media, digital ad and Google Ad campaigns combined).



Provided leadership in national cancer control

- Conducted an initial public consultation on the Australian Cancer Plan and hosted a series of workshops with stakeholder groups to shape strategic objectives guiding the Plan, including the development of 2- and 5-year interim goals, intended to set a path to reaching the 10-year ambitions.
- Released the *National Pancreatic Cancer Roadmap* identifying 33 key priority areas and 60 strategies for collective action over the next five years to 2027.
- Administered the *Australian Brain Cancer Mission* with the aim of doubling survival rates and improving the quality of life of people with brain cancer over the 10 years to 2027.
- Considered the scope and design of a potential Lung Cancer Screening Program that would facilitate early diagnosis, survivorship and improved lung cancer outcomes.

Minimised the impact of cancer

- Published a consensus statement on COVID-19 and cancer care: embedding high value changes in practice.
- Updated a conceptual framework for the management of cancer during a pandemic.
- Continued to facilitate the SerOzNET clinical study to better understand the safety and efficacy of the COVID-19 vaccines in people with cancer in Australia.
- Awarded over \$1 million in grants to nine community organisations to reduce the impact of cancer and better support people affected by cancer. Two of these grants were awarded to Aboriginal community organisations.

Improved health outcomes and addressed disparities

- Developed a new evidence-based information and resource hub website to support Aboriginal and Torres Strait Islander people affected by cancer.
- Evaluated the *Yarn for Life* campaign which aims to reduce the impact of cancer in Aboriginal and Torres Strait Islander communities. The vast majority of respondents described the information as 'easy to understand' and the messages conveyed were important.
- Released a series of short videos and a key messages tip sheet Culturally safe communication skills for non-Indigenous health professionals.
- Updated the *Aboriginal and Torres Strait Islander Cancer Control Indicators* website, with data and information in the screening and immunisation priority area.

Funded priority research

- Awarded 28 research grants worth \$8.46 million through Priority driven Collaborative Cancer Research theme.

Strengthened national data capacity

- Reported on the analysis of MBS data, and the impact of COVID-19 on cancer-related services in Australia.
- Published updated sociodemographic data analyses for a range of cancer control measures on the NCCI Website
- Enabled linkage of data on cancer stage at diagnosis with treatments received and subsequent survival outcomes.

Promoted cancer awareness and provided evidence-based information

- Undertook 127 cancer awareness campaigns, achieving over 20,048,874 digital impressions (social media, digital ad and Google Ad campaigns combined).
- Published 48 new resources on the Cancer Australia website, and 20-peer-reviewed journal articles.
- Delivered 40 verbal, poster and plenary presentations at 18 national and three international forums or conferences.





Management and Accountability

Management and Accountability

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

In 2021–22, Cancer Australia's Finance and Corporate Affairs section was responsible for administering and complying with relevant legislation and Commonwealth policy regarding financial management, asset management, business continuity planning, fraud control, freedom of information, human resources, information technology, records management, security, and general administrative services required to support the agency's operations.

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

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

Corporate Governance



Strategic and business planning

All Cancer Australia projects in 2021–22 were underpinned by a robust business planning framework which incorporated the agency's PBS 2021–22, Corporate Plan 2021–22 and Business Plan 2021–22.

Cancer Australia's Corporate Plan 2021–22 articulated the agency's purpose and strategic outlook, as well as strategies for achieving its purpose and how success will be measured.

The Cancer Australia Business Plan 2021–22 supported Cancer Australia's strategic direction as outlined in its 2021–22 Corporate Plan. The 2021–22 Business Plan identified the agency's project deliverables, incorporating the deliverables and key performance indicators listed in both the Corporate Plan and the PBS 2021–22.

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

Cancer Australia's Annual Performance Statement, published in this Annual Report (see Part 3), acquits the agency's performance against the performance measures included in the 2021–22 Corporate Plan and the agency's deliverables and key performance indicators outlined in the PBS 2021–22.

Compliance Reporting

There were no instances of significant non-compliance with finance law related to the entity in 2021–22.

Internal audit arrangements

In 2021–22, Cancer Australia's auditor, Protiviti, performed the internal audit function. These audits were conducted in compliance with the risk-based internal audit plan, endorsed by the Audit and Risk Committee. See page 43 for more information on Cancer Australia's *Audit and Risk Committee*.

Fraud control

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 Framework 2017.

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

During 2021–22, Cancer Australia's fraud control plan and fraud risk assessments were reviewed and updated by the Executive Leadership Team and staff were trained in fraud awareness and cyber security awareness which included phishing scam training. All new employees are required to complete the fraud awareness module of the APS Induction Program.

Ethical standards

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

During 2021–22 Cancer Australia continued to reinforce its internal guidelines and policies to ensure consistency with appropriate ethical standards. Our staff act ethically, support a collaborative culture and take pride in their work. All new employees are required to complete the integrity, diversity and inclusion module in the APS Induction Program.

Cancer Australia implemented online inclusion training for all employees. This program was developed by SBS in collaboration with subject matter experts.

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

Remuneration for Senior Executive Service officers

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

Senior Executive Service (SES) officers employed under the *Public Service Act 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 and Aged Care.

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

Audit and Risk Committee

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

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

Table 4.1: Cancer Australia's Audit and Risk Committee

Member name	Qualifications, knowledge, skills or experience (include formal and informal as relevant)	Number of meetings attended/total number of meetings	Total annual remuneration
Ms Gayle Ginnane (Chair)	Ms Gayle Ginnane has over 30 years' experience in the Public Sector, including 12 years as the CEO of the Private Health Insurance Administration Council .	4/4	\$16,120.00
Ms Carol Lilley	Ms Carol Lilley expertise is in financial statements, internal audit and risk management. Ms Lilley is currently serving on a range of Commonwealth Government audit committees including Department of Home Affairs, Services Australia, Australian Federal Police and Austrade. She is a former partner of PricewaterhouseCoopers (2004–2011), and is now an independent director and audit committee member. She also currently holds various directorship roles. Ms Lilley has a Bachelor of Commerce from the University of Western Australia and is a graduate of the Australian Institute of Company Directors, Fellow of Chartered Accountants Australia & New Zealand and a certified internal auditor.	4/4	\$8,400.00
Adjunct Associate Professor Christine Giles	Adjunct Associate Professor Christine Giles has significant senior executive organisational and policy experience in the health sector at the Commonwealth and State level and across the public and private sectors. Holding a Master of Public Policy from the Economics Faculty, School of Business and Government, University of Sydney, Associate Professor Giles is an experienced non-executive Director and currently serving Board member.	4/4	\$6,000.00

Financial Overview

The 2021–22 departmental expenses were \$15.641 million (GST exclusive).

The 2021–22 administered expenses were \$20.435 million (GST exclusive).

Cancer Australia delivered a planned program of work in 2021–22, in line with the Departmental and Administered appropriations.

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

Management of Human Resources

At 30 June 2022, Cancer Australia had 81 employees, of whom 69 were ongoing and 12 were non-ongoing. Most staff were located in Sydney, with five based in Melbourne and 12 in Canberra. The workforce was predominantly female (80 per cent).

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

Cancer Australia Staffing statistics

Tables 4.2 to 4.9 provide information relating to the distribution and classification of Cancer Australia staff as at 30 June 2022 for the 2021–22 Financial Year.

Tables 4.10 to 4.16 provide information relating to the distribution and classification of Cancer Australia staff for the 2020–21 Financial Year.

Table 4.2: All Ongoing Employees Current Report Period 2021-22

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total Male	Full-time	Part-time	Total Female	Full-time	Part-time	Total Indeterminate	
NSW	10	0	10	35	8	43	0	0	0	53
Qld	0	0	0	0	0	0	0	0	0	0
SA	0	0	0	0	0	0	0	0	0	0
Tas	0	0	0	0	0	0	0	0	0	0
Vic	2	0	2	3	0	3	0	0	0	5
WA	0	0	0	0	0	0	0	0	0	0
ACT	1	1	2	6	3	9	0	0	0	11
NT	0	0	0	0	0	0	0	0	0	0
External Territories	0	0	0	0	0	0	0	0	0	0
Overseas	0	0	0	0	0	0	0	0	0	0
Total	13	1	14	44	11	55	0	0	0	69

Notes:

- The figures in Table 4.2 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the Cancer Australia Act 2006.
- The figures in Table 4.2 include:
 - headcount figures of Cancer Australia staff as at 30 June 2022;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2022 (that is, these staff are listed against their higher classification).

Table 4.3: All Non-Ongoing Employees Current Report Period 2021-22

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total Male	Full-time	Part-time	Total Female	Full-time	Part-time	Total Indeterminate	
NSW	1	0	1	10	0	10	0	0	0	11
Qld	0	0	0	0	0	0	0	0	0	0
SA	0	0	0	0	0	0	0	0	0	0
Tas	0	0	0	0	0	0	0	0	0	0
Vic	0	0	0	0	0	0	0	0	0	0
WA	0	0	0	0	0	0	0	0	0	0
ACT	1	0	1	0	0	0	0	0	0	1
NT	0	0	0	0	0	0	0	0	0	0
External Territories	0	0	0	0	0	0	0	0	0	0
Overseas	0	0	0	0	0	0	0	0	0	0
Total	2	0	2	10	0	10	0	0	0	12

Notes:

- The figures in Table 4.3 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the Cancer Australia Act 2006.
- The figures in Table 4.3 include:
 - headcount figures of Cancer Australia staff as at 30 June 2022;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2022 (that is, these staff are listed against their higher classification).

Table 4.4: Australian Public Service Act Ongoing Employees Current Report 2021-22

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total Male	Full-time	Part-time	Total Female	Full-time	Part-time	Total Indeterminate	
SES 3	0	0	0	0	0	0	0	0	0	0
SES 2	0	0	0	1	0	1	0	0	0	1
SES 1	0	0	0	2	0	2	0	0	0	2
EL 2	4	0	4	8	0	8	0	0	0	12
EL 1	2	0	2	10	4	14	0	0	0	16
APS 6	7	1	8	14	7	21	0	0	0	29
APS 5	0	0	0	6	0	6	0	0	0	6
APS 4	0	0	0	1	0	1	0	0	0	1
APS 3	0	0	0	0	0	0	0	0	0	0
APS 2	0	0	0	0	0	0	0	0	0	0
APS 1	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	2	0	2	0	0	0	2
Total	13	1	14	44	11	55	0	0	0	69

Notes:

- The figures in Table 4.4 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the Cancer Australia Act 2006.
- The figures in Table 4.4 include:
 - headcount figures of Cancer Australia staff as at 30 June 2022;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2022 (that is, these staff are listed against their higher classification).

Table 4.5: Australian Public Service Act Non-Ongoing Employees Current Report Period 2021-22

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total Male	Full-time	Part-time	Total Female	Full-time	Part-time	Total Indeterminate	
SES 3	0	0	0	0	0	0	0	0	0	0
SES 2	0	0	0	0	0	0	0	0	0	0
SES 1	1	0	1	1	0	1	0	0	0	2
EL 2	0	0	0	1	0	1	0	0	0	1
EL 1	0	0	0	0	0	0	0	0	0	0
APS 6	1	0	1	2	0	2	0	0	0	3
APS 5	0	0	0	6	0	6	0	0	0	6
APS 4	0	0	0	0	0	0	0	0	0	0
APS 3	0	0	0	0	0	0	0	0	0	0
APS 2	0	0	0	0	0	0	0	0	0	0
APS 1	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0
Total	2	0	2	10	0	10	0	0	0	12

Notes:

- The figures in Table 4.5 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the Cancer Australia Act 2006.
- The figures in Table 4.5 include:
 - headcount figures of Cancer Australia staff as at 30 June 2022;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2022 (that is, these staff are listed against their higher classification).

Table 4.6: Australian Public Service Act Employees by Full-time and Part-time Status Current Report Period 2021-22

	Ongoing			Non-Ongoing			Total
	Full-time	Part-time	Total Ongoing	Full-time	Part-time	Total Non-Ongoing	
SES 3	0	0	0	0	0	0	0
SES 2	1	0	1	0	0	0	1
SES 1	2	0	2	2	0	2	4
EL 2	12	0	12	1	0	1	13
EL 1	12	4	16	0	0	0	16
APS 6	21	8	29	3	0	3	32
APS 5	6	0	6	6	0	6	12
APS 4	1	0	1	0	0	0	1
APS 3	0	0	0	0	0	0	0
APS 2	0	0	0	0	0	0	0
APS 1	0	0	0	0	0	0	0
Other	2	0	2	0	0	0	2
Total	57	12	69	12	0	12	81

Notes:

- The figures in Table 4.6 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the Cancer Australia Act 2006.
- The figures in Table 4.6 include:
 - headcount figures of Cancer Australia staff as at 30 June 2022;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2022 (that is, these staff are listed against their higher classification).

Table 4.7: Australian Public Service Act Employment type by Location Current Report Period 2021-22

	Ongoing	Non-Ongoing	Total
NSW	53	11	64
Qld	0	0	0
SA	0	0	0
Tas	0	0	0
Vic	5	0	5
WA	0	0	0
ACT	11	1	12
NT	0	0	0
External Territories	0	0	0
Overseas	0	0	0
Total	69	12	81

Notes:

- The figures in Table 4.7 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the Cancer Australia Act 2006.
- The figures in Table 4.7 include:
 - headcount figures of Cancer Australia staff as at 30 June 2022;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2022 (that is, these staff are listed against their higher classification).

Table 4.8: Australian Public Service Act Indigenous Employment Current Report Period 2021-22

	Total
Ongoing	0
Non-Ongoing	0
Total	0

Notes:

- The figures in Table 4.8 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the Cancer Australia Act 2006.
- The figures in Table 4.8 include:
 - headcount figures of Cancer Australia staff as at 30 June 2022;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2022 (that is, these staff are listed against their higher classification).

Table 4.9: Australian Public Service Act Employment Salary Ranges by Classification Level (Minimum/Maximum) Current Report Period 2021-22

	Minimum Salary	Maximum Salary
SES 3	N/A	N/A
SES 2	\$238,990	\$285,000
SES 1	\$178,241	\$205,000
EL 2	\$126,865	\$150,199
EL 1	\$106,331	\$121,274
APS 6	\$86,528	\$97,618
APS 5	\$78,435	\$82,786
APS 4	\$72,114	\$76,196
APS 3	\$63,651	\$70,552
APS 2	\$55,079	\$60,105
APS 1	\$47,128	\$52,926
Other	N/A	N/A
Minimum/Maximum range	\$47,128	\$285,000

Table 4.10: All Ongoing Employees Previous Report Period 2020-21

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total Male	Full-time	Part-time	Total Female	Full-time	Part-time	Total Indeterminate	
NSW	5	0	5	33	7	40	0	0	0	45
Qld	0	0	0	0	0	0	0	0	0	0
SA	0	0	0	0	0	0	0	0	0	0
Tas	0	0	0	0	0	0	0	0	0	0
Vic	2	0	2	2	1	3	0	0	0	5
WA	0	0	0	0	0	0	0	0	0	0
ACT	1	0	1	3	4	7	0	0	0	8
NT	0	0	0	0	0	0	0	0	0	0
External Territories	0	0	0	0	0	0	0	0	0	0
Overseas	0	0	0	0	0	0	0	0	0	0
Total	8	0	8	38	12	50	0	0	0	58

Notes:

- The figures in Table 4.10 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the Cancer Australia Act 2006.
- The figures in Table 4.10 include:
 - headcount figures of Cancer Australia staff as at 30 June 2021;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2021 (that is, these staff are listed against their higher classification).

Table 4.11: All Non-Ongoing Employees Previous Report Period 2020-21

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total Male	Full-time	Part-time	Total Female	Full-time	Part-time	Total Indeterminate	
NSW	0	0	0	8	0	8	0	0	0	8
Qld	0	0	0	0	0	0	0	0	0	0
SA	0	0	0	0	0	0	0	0	0	0
Tas	0	0	0	0	0	0	0	0	0	0
Vic	0	0	0	0	0	0	0	0	0	0
WA	0	0	0	0	0	0	0	0	0	0
ACT	1	0	1	1	0	1	0	0	0	2
NT	0	0	0	0	0	0	0	0	0	0
External Territories	0	0	0	0	0	0	0	0	0	0
Overseas	0	0	0	0	0	0	0	0	0	0
Total	1	0	1	9	0	9	0	0	0	10

Notes:

- The figures in Table 4.11 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the Cancer Australia Act 2006.
- The figures in Table 4.11 include:
 - headcount figures of Cancer Australia staff as at 30 June 2021;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2021 (that is, these staff are listed against their higher classification).

Table 4.12: Australian Public Service Act Ongoing Employees Previous Report Period 2020-21

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total Male	Full-time	Part-time	Total Female	Full-time	Part-time	Total Indeterminate	
SES 3	0	0	0	0	0	0	0	0	0	0
SES 2	0	0	0	1	0	1	0	0	0	1
SES 1	0	0	0	0	0	0	0	0	0	0
EL 2	1	0	1	8	0	8	0	0	0	9
EL 1	2	0	2	7	2	9	0	0	0	11
APS 6	4	0	4	14	10	24	0	0	0	28
APS 5	1	0	1	7	0	7	0	0	0	8
APS 4	0	0	0	0	0	0	0	0	0	0
APS 3	0	0	0	0	0	0	0	0	0	0
APS 2	0	0	0	0	0	0	0	0	0	0
APS 1	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	1	0	1	0	0	0	1
Total	8	0	8	38	12	50	0	0	0	58

Notes:

- The figures in Table 4.12 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the Cancer Australia Act 2006.
- The figures in Table 4.12 include:
 - headcount figures of Cancer Australia staff as at 30 June 2021;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2021 (that is, these staff are listed against their higher classification).

Table 4.13: Australian Public Service Act Non-Ongoing Employees Previous Report Period 2020-21

	Male			Female			Indeterminate			Total
	Full-time	Part-time	Total Male	Full-time	Part-time	Total Female	Full-time	Part-time	Total Indeterminate	
SES 3	0	0	0	0	0	0	0	0	0	0
SES 2	0	0	0	0	0	0	0	0	0	0
SES 1	1	0	1	1	0	1	0	0	0	2
EL 2	0	0	0	0	0	0	0	0	0	0
EL 1	0	0	0	1	0	1	0	0	0	1
APS 6	0	0	0	4	0	4	0	0	0	4
APS 5	0	0	0	2	0	2	0	0	0	2
APS 4	0	0	0	0	0	0	0	0	0	0
APS 3	0	0	0	0	0	0	0	0	0	0
APS 2	0	0	0	0	0	0	0	0	0	0
APS 1	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	1	0	1	0	0	0	1
Total	1	0	1	9	0	9	0	0	0	10

Notes:

- The figures in Table 4.13 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the Cancer Australia Act 2006.
- The figures in Table 4.13 include:
 - headcount figures of Cancer Australia staff as at 30 June 2021;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2021 (that is, these staff are listed against their higher classification).

Table 4.14: Australian Public Service Act Employees by Full-time and Part-time status Previous Report Period 2020-21

	Ongoing			Non-Ongoing			Total
	Full-time	Part-time	Total Ongoing	Full-time	Part-time	Total Non-Ongoing	
SES 3	0	0	0	0	0	0	0
SES 2	1	0	1	0	0	0	1
SES 1	0	0	0	2	0	2	2
EL 2	9	0	9	0	0	0	9
EL 1	9	2	11	1	0	1	12
APS 6	18	10	28	4	0	4	32
APS 5	8	0	8	2	0	2	10
APS 4	0	0	0	0	0	0	0
APS 3	0	0	0	0	0	0	0
APS 2	0	0	0	0	0	0	0
APS 1	0	0	0	0	0	0	0
Other	1	0	1	1	0	1	2
Total	46	12	58	10	0	10	68

Notes:

- The figures in Table 4.14 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the Cancer Australia Act 2006.
- The figures in Table 4.14 include:
 - headcount figures of Cancer Australia staff as at 30 June 2021;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2021 (that is, these staff are listed against their higher classification).

Table 4.15: Australian Public Service Act Employment type by Location Previous Report Period 2020-21

	Ongoing	Non-Ongoing	Total
NSW	45	8	53
Qld	0	0	0
SA	0	0	0
Tas	0	0	0
Vic	5	0	5
WA	0	0	0
ACT	8	2	10
NT	0	0	0
External Territories	0	0	0
Overseas	0	0	0
Total	58	10	68

Notes:

- The figures in Table 4.15 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the Cancer Australia Act 2006.
- The figures in Table 4.15 include:
 - headcount figures of Cancer Australia staff as at 30 June 2021;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2021 (that is, these staff are listed against their higher classification).

Table 4.16: Australian Public Service Act Indigenous Employment Previous Report Period 2020-21

	Total
Ongoing	0
Non-Ongoing	0
Total	0

Notes:

- The figures in Table 4.16 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the Cancer Australia Act 2006.
- The figures in Table 4.16 include:
 - headcount figures of Cancer Australia staff as at 30 June 2021;
 - staff on leave and secondment; and
 - staff acting at a higher level, for any period as at 30 June 2021 (that is, these staff are listed against their higher classification).

Employment arrangements

Cancer Australia staff at non-Senior Executive Service (non-SES) level are employed under the terms and conditions of the Cancer Australia Enterprise Agreement 2016–19. A Determination under subsection 24(1) of the *Public Service Act 1999* was made in August 2019 to provide non-SES staff with increases to their existing salaries and to allowances for which they are eligible under the terms of the Enterprise Agreement. The increases in pay and allowance were effective from 24 December 2019 to 24 December 2021. At 30 June 2022, Cancer Australia had 76 non-SES staff, and 5 SES staff (excluding Cancer Australia's CEO and Advisory Council members). Thirteen staff are in receipt of individual flexibility arrangements under clause 25 of the Enterprise Agreement. Non-salary benefits provided during the period by Cancer Australia to its staff were motor vehicle allowances to 4 officers.

Performance pay: No member of Cancer Australia's staff was employed under performance-based remuneration conditions in 2021–2022.

Training and development

Cancer Australia supports staff to develop their capabilities in line with business needs and career aspirations. Each year the agency implements a professional development plan to help staff to realise their full potential. In addition, formal training and other development opportunities, the professional development plan incorporates financial assistance and study leave for staff to undertake relevant tertiary education.

During 2021–22 training and education was delivered to staff in line with their development needs (as identified through the Performance Development Program). In 2021–22 Cancer Australia's training was delivered through face-to-face, virtual, and e-learning programs provided by accredited training organisations.

In house training programs in strategic thinking and strategic leadership were delivered for executive staff (below SES level).

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

Ministerial and Parliamentary Coordination



During 2021–22, Cancer Australia provided high-quality, timely and evidence-based information to the Minister for Health and Aged Care and the Department of Health and Aged Care on national cancer control related issues. The agency continued to collaborate closely with the Department of Health and Aged Care to support the Minister and implement Australian Government policies.





Appendices

Appendix A: Audited Financial Statements

Independent Auditor's Report



INDEPENDENT AUDITOR'S REPORT To the Minister for Health and Aged Care

Opinion

In my opinion, the financial statements of Cancer Australia (the Entity) for the year ended 30 June 2022:

- (a) comply with Australian Accounting Standards – Simplified Disclosures and the *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015*;
- (b) comply with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*; and
- (c) present fairly the financial position of the Entity as at 30 June 2022 and its financial performance and cash flows for the year then ended.

The financial statements of the Entity, which I have audited, comprise the following as at 30 June 2022 and for the year then ended:

- Statement by the Accountable Authority and Chief Financial Officer;
- Statement of Comprehensive Income;
- Statement of Financial Position;
- Statement of Changes in Equity;
- Cash Flow Statement;
- Administered Schedule of Comprehensive Income;
- Administered Schedule of Assets and Liabilities;
- Administered Reconciliation Schedule;
- Administered Cash Flow Statement; and
- Notes to the financial statements, comprising a summary of significant accounting policies and other explanatory information.

Basis for opinion

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

Accountable Authority's responsibility for the financial statements

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

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

Auditor's responsibilities for the audit of the financial statements

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

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

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

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

Australian National Audit Office



Sally Bond
Executive Director
Delegate of the Auditor-General

Canberra
9 September 2022

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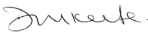
Statement by the Accountable Authority and Chief Financial Officer

STATEMENT BY THE ACCOUNTABLE AUTHORITY AND CHIEF FINANCIAL OFFICER

In our opinion, the attached financial statements for the year ended 30 June 2022 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 accordance with section 23(1) of the *Charitable Fundraising Act 1991* (NSW) (the Act) and section 21(3) of the *Charitable Fundraising Regulation 2021* (NSW) (the Regulation), in our opinion:

- (a) 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 become due and payable;
- (b) the provisions of the Act, the regulations under the Act and the conditions attached to the authority have been complied with by Cancer Australia;
- (c) the attached financial statements and notes give a true and fair view of Cancer Australia's financial position as at 30 June 2022 and of its financial performance for the year then ended; 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.....

Professor Dorothy Keefe PSM
Accountable Authority / CEO

__08 / __09 __ / 2022


Signed.....

Elmer Wiegold
Chief Financial Officer

__08 / __09 __ / 2022

Statement of Comprehensive Income

for the period ended 30 June 2022

	Notes	2022 \$	2021 \$	Original Budget ¹ \$
NET COST OF SERVICES				
Expenses				
Employee benefits	3A	9,725,281	9,223,248	9,744,000
Suppliers	3B	3,879,421	4,594,367	2,437,000
Grants	3C	900,000	1,000,000	-
Depreciation and amortisation	7	1,118,946	905,274	847,000
Finance costs		3,936	3,012	-
Interest on right-of-use asset		12,690	10,285	13,000
Losses from asset disposals		1,072	3,830	-
Total expenses		15,641,346	15,740,016	13,041,000
Own-source income				
Own-source revenue				
Rendering of services	4A	5,962,751	5,427,799	657,000
Other revenue	4B	138,701	151,969	66,000
Total own-source revenue		6,101,452	5,579,768	723,000
Net cost of services		9,539,894	10,160,248	12,318,000
Revenue from Government	4C	11,936,000	11,134,000	11,936,000
Surplus/(Deficit)		2,396,106	973,752	(382,000)
Total comprehensive income/(loss)		2,396,106	973,752	(382,000)

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

¹ Budget reported in the 2021–22 Portfolio Budget Statements published in May 2021.

Budget Variance Commentary

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

Suppliers and Grants

Supplier and grant expenses were above the budget due to higher rendering of services revenues for grants expenses during the period and the approval to utilise prior years departmental funds to make payments for activities in relation to the the Australian Cancer Plan (ACP) and National Pancreatic Roadmap in the current financial year.

Depreciation and amortisation

Additional purchase of Information and Communications Technology (ICT) hardware and software was not included in the Original Budget. Cancer Australia has an approved Departmental Capital Budget (DCB) which is a separate annual appropriation to fund the agency's capital expenditure.

Rendering of services

Rendering of service revenues were \$5m above the budget, which largely reflects the additional funding received of \$3.3m for the National Pancreatic Cancer Roadmap priorities and \$1.5m for strengthening supportive and primary cancer care, and genomic cancer clinical trials under a memorandum of understanding with the Department of Health and Aged Care.

Surplus

In 2021–22, total comprehensive income/surplus was \$2.4m. This is reflective of higher revenues of \$3.3m for National Pancreatic Cancer Roadmap priorities which will be expensed in the following financial years. Partially offset by use prior years departmental funds representing \$0.6m in additional expenses for the ACP and National Pancreatic Roadmap activities and \$0.3m variance in depreciation and amortisation expenses funded via the agency's DCB.

Statement of Financial Position

as at 30 June 2022

	Notes	2022 \$	2021 \$	Original Budget ¹ \$
ASSETS				
Financial assets				
Cash and cash equivalents		275,640	112,758	113,000
Trade and other receivables	6	7,965,636	5,518,387	4,267,000
Total financial assets		8,241,276	5,631,145	4,380,000
Non-financial assets				
Property, plant and equipment	7	4,231,571	5,064,742	3,800,000
Intangibles	7	217,204	191,745	209,000
Prepayments		167,558	178,092	96,000
Total non-financial assets		4,616,333	5,434,579	4,105,000
Total assets		12,857,609	11,065,724	8,485,000
LIABILITIES				
Payables				
Suppliers	8A	216,316	577,557	1,084,000
Other payables	8B	371,976	217,009	160,000
Total payables		588,292	794,566	1,244,000
Interest bearing liabilities				
Leases	9	3,768,737	4,374,762	3,768,000
Total interest bearing liabilities		3,768,737	4,374,762	3,768,000
Provisions				
Employee provisions	10A	2,481,694	2,360,552	2,322,000
Other provisions	10B	264,537	260,601	330,000
Total provisions		2,746,231	2,621,153	2,652,000
Total liabilities		7,103,260	7,790,481	7,664,000
Net assets		5,754,349	3,275,243	821,000
EQUITY				
Contributed equity		1,558,160	1,475,160	1,558,000
Retained surplus		4,196,189	1,800,083	(737,000)
Total equity		5,754,349	3,275,243	821,000

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

¹ Budget reported in the 2021–22 Portfolio Budget Statements published in May 2021.

Budget Variance Commentary

Trade and other receivables

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

Property, plant and equipment, and intangibles

The property, plant and equipment additions include additional Information and Communications Technology (ICT) hardware and software capitalisations including migration, integration and implementation of Microsoft Azure Cloud, Content Management (TRIM), some of which were not anticipated in the Original Budget.

Suppliers and other payables

The budget variance relates to the timing of payments. Higher than expected deliverables were finalised and paid before 30 June 2022.

Retained surplus

Retained surplus is higher than budget due to the additional own source income during the financial year which are expected to be expensed in the following financial years.

Statement of Changes in Equity

for the period ended 30 June 2022

	2022 \$	2021 \$	Original Budget ¹ \$
CONTRIBUTED EQUITY			
Opening balance			
Balance carried forward from previous period	1,475,160	1,391,160	1,475,000
Opening balance	1,475,160	1,391,160	1,475,000
Transactions with owners			
Contributions by owners			
Departmental capital budget	83,000	84,000	83,000
Total transactions with owners	83,000	84,000	83,000
Closing balance as at 30 June	1,558,160	1,475,160	1,558,000
RETAINED EARNINGS			
Opening balance			
Balance carried forward from previous period	1,800,083	826,331	(355,000)
Adjusted opening balance	1,800,083	826,331	(355,000)
Comprehensive income			
Surplus/(Deficit) for the period	2,396,106	973,752	(382,000)
Total comprehensive income	2,396,106	973,752	(382,000)
Closing balance as at 30 June	4,196,189	1,800,083	(737,000)
TOTAL EQUITY	5,754,349	3,275,243	821,000

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

¹ Budget reported in the 2021–22 Portfolio Budget Statements published in May 2021.

Accounting Policy

Equity injections

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

Budget Variance Commentary

Surplus /(Deficit) for the period

The surplus reflects additional own source income or funding received through Memorandum of Understanding agreements with the Department of Health and Aged Care. It is partially offset by utilisation of prior year funding balance to make payments for activities during the financial year.

Cash Flow Statement

for the period ended 30 June 2022

	2022 \$	2021 \$	Original Budget ¹ \$
OPERATING ACTIVITIES			
Cash received			
Appropriations	12,992,813	12,646,306	12,098,000
Rendering of services	5,784,415	5,418,869	657,000
Net GST received	421,392	344,255	219,000
Fundraising	38,434	85,869	-
Lease incentive received	-	1,215,726	-
Total cash received	19,237,054	19,711,025	12,974,000
Cash used			
Employees	(9,531,785)	(9,153,868)	(9,744,000)
Suppliers	(4,479,365)	(4,802,653)	(2,371,000)
Interest payments on lease liability	(12,690)	(10,285)	(13,000)
Grants	(900,000)	(1,000,000)	-
Net GST paid	-	-	(219,000)
Section 74 receipts transferred to OPA	(3,315,000)	(2,799,113)	-
Total cash used	(18,238,840)	(17,765,919)	(12,347,000)
Net cash from operating activities	998,214	1,945,106	627,000
INVESTING ACTIVITIES			
Cash used			
Purchase of property, plant and equipment	(107,544)	(1,487,048)	(93,000)
Purchase of intangible assets	(179,054)	(36,258)	-
Total cash used	(286,598)	(1,523,306)	(93,000)
Net cash from (used by) financing activities	(286,598)	(1,523,306)	(93,000)
FINANCING ACTIVITIES			
Cash received			
Departmental capital budget	83,000	84,000	83,000
Total cash received	83,000	84,000	83,000

	2022 \$	2021 \$	Original Budget ¹ \$
Cash used			
Lease principal repayments	(631,734)	(506,070)	(617,000)
Total cash used	(631,734)	(506,070)	(617,000)
Net cash from (used by) financing activities	(548,734)	(422,070)	(534,000)
Net increase/(decrease) in cash held	162,882	(270)	-
Cash and cash equivalents at the beginning of the reporting period	112,758	113,028	113,000
Cash and cash equivalents at the end of the reporting period	275,640	112,758	113,000

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

¹ Budget reported in the 2021–22 Portfolio Budget Statements published in May 2021.

Budget Variance Commentary

Appropriations

Appropriations was \$0.9m above budget which reflects the drawn down and utilisation of prior years' department appropriations as approved by the Minister for Finance to make payments during FY2021–22.

Rendering of services and section 74 receipts transferred to OPA

Rendering of services or section 74 retained revenue receipts were above the budget, due to the additional funding received of \$3.3m for the National Pancreatic Cancer Roadmap priorities and \$1.5m for strengthening supportive and primary cancer care, and genomic cancer clinical trials. This was not anticipated when the budget was prepared in May 2021. In accordance with appropriations Acts and guidelines, all revenues or moneys raised or received by government shall form one Consolidated Revenue Fund and transferred to the Government's Official Public Account.

Net GST received and paid

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

Suppliers and grants

Supplier and grant payments were above the budget due to higher section 74 retained revenue receipts for grants payments and the approval to utilise prior years' departmental funds to make payments for activities during the period.

Purchase of property, plant and equipment and intangibles

The property, plant and equipment is higher than budget due to additional Information and Communications Technology (ICT) hardware and software capitalisations including migration, integration and implementation of Microsoft Azure Cloud, Content Management (TRIM), some of which were not anticipated in the Original Budget.

Administered Schedule of Comprehensive Income

for the period ended 30 June 2022

	Notes	2022 \$	2021 \$	Original Budget ¹ \$
NET COST OF SERVICES				
Expenses				
Suppliers	15A	7,284,592	5,490,930	5,673,000
Grants and service delivery contracts	15B	13,150,218	12,870,089	14,778,000
Total expenses		20,434,810	18,361,019	20,451,000
Income				
Revenue				
Non-taxation revenue				
Return of grant monies		131,031	2,119	-
Total non-taxation revenue		131,031	2,119	-
Total revenue		131,031	2,119	-
Net cost of services		(20,303,779)	(18,358,900)	(20,451,000)
Deficit on continuing operations		(20,303,779)	(18,358,900)	(20,451,000)
Total comprehensive loss		(20,303,779)	(18,358,900)	(20,451,000)
The above schedule should be read in conjunction with the accompanying notes.				
¹ Budget reported in the 2021–22 Portfolio Budget Statements published in May 2021.				

Budget Variance Commentary

Suppliers and grants and service delivery contracts

At the time of the preparation of the Original Budget, supplier and grant payments vary from year to year depending upon grant applications received and awarded. The level of grant expenditure incurred impacts the level of payments made to other suppliers.

Return of grant monies

\$0.131m of grant funding paid from prior years' administered appropriations and in previous financial years were returned to Cancer Australia by grant recipients in accordance with the grant acquittal and funding agreements.

Administered Schedule of Assets and Liabilities

as at 30 June 2022

	Notes	2022 \$	2021 \$	Original Budget ¹ \$
ASSETS				
Financial Assets				
Cash and cash equivalents	16A	33,760	57,379	30,000
Trade and other receivables	16B	416,478	147,553	297,000
Total financial assets		450,238	204,932	327,000
Non-financial assets				
Prepayments		10,696	-	-
Total non-financial assets		10,696	-	-
Total assets administered on behalf of Government		460,934	204,932	327,000
LIABILITIES				
Payables				
Suppliers	17A	811,951	1,444,582	158,000
Grants	17B	2,876,240	3,029,968	169,000
Total payables		3,688,191	4,474,550	327,000
Total liabilities administered on behalf of Government		3,688,191	4,474,550	327,000
Net assets/(liabilities)		(3,227,257)	(4,269,618)	-
The above schedule should be read in conjunction with the accompanying notes.				
¹ Budget reported in the 2021–22 Portfolio Budget Statements published in May 2021.				

Budget Variance Commentary

Trade and other receivables

Trade and other receivables is mainly GST receivable from the Australian Taxation Office (ATO).

Supplier payables

Supplier payables vary year to year dependent on the timing of work delivered by suppliers and the payment terms of contracts. In 2021–22, a number of deliverables were finalised, but not paid before 30 June 2022.

Grant payables

Grant payables are consistent with prior year's balance as at 30 June, which is reflective of the annual grant funding round of Priority-driven Collaborative Cancer Research Scheme. Following the grant funding rounds, many funding agreements were finalised until June 2022. The Original Budget did not reflect the timing of the funding rounds.

Administered Reconciliation Schedule

as at 30 June 2022

	2022 \$	2021 \$
Opening assets less liabilities as at 1 July	(4,269,618)	(1,289,472)
Net cost of services		
Income	131,031	2,119
Expenses		
Payments to entities other than Commonwealth entities	(19,887,940)	(17,806,358)
Payments to Commonwealth entities	(546,870)	(554,661)
Transfers from/(to) the Australian Government		
Appropriation transfers from Official Public Account		
Payments to entities other than Commonwealth entities	21,477,171	15,380,873
Appropriation transfers to Official Public Account		
Receipts from entities other than Commonwealth entities ¹	(131,031)	(2,119)
Closing assets less liabilities as at 30 June	(3,227,257)	(4,269,618)
The above schedule should be read in conjunction with the accompanying notes.		
¹ In 2021–22, \$0.131m of grant funding paid from prior years' administered appropriations and in previous financial years were returned to Cancer Australia by grant recipients in accordance with the grant acquittal and funding agreements. The unspent funds from various funding agreements must be returned to the Consolidated Revenue Fund in accordance with the appropriation Acts and guidelines.		

Accounting Policy

Administered Cash Transfers to and from the Official Public Account

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

Administered Cash Flow Statement

for the period ended 30 June 2022

	Notes	2022 \$	2021 \$
OPERATING ACTIVITIES			
Cash received			
Net GST received		746,024	595,933
Other		131,031	2,119
Total cash received		877,055	598,052
Cash used			
Grants		(13,303,946)	(10,109,021)
Suppliers		(8,942,868)	(5,840,406)
Total cash used		(22,246,814)	(15,949,427)
Net cash (used by) operating activities		(21,369,759)	(15,351,375)
Cash and cash equivalents at the beginning of the reporting period		57,379	30,000
Cash from Official Public Account			
Appropriations		21,477,171	15,380,873
Cash to Official Public Account			
Administered receipts		(131,031)	(2,119)
Cash and cash equivalents at the end of the reporting period	16A	33,760	57,379
The above statement should be read in conjunction with the accompanying notes.			

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Note 1: Overview

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

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

1.1 Basis of Preparation of the Financial Statements

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

The financial statements have been prepared in accordance with:

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

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

The financial statements are presented in Australian dollars.

1.2 New Accounting Standards

All new, revised, amending standards and/ or interpretations that were issued prior to the sign-off date and are applicable to the current reporting period did not have a material effect on the entity's financial statements.

AASB 1060 General Purpose Financial Statements — Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities

AASB 1060 applies to annual reporting periods beginning on or after 1 July 2021 and replaces the reduced disclosure requirements (RDR) framework. The application of AASB 1060 involves some reduction in disclosure compared to the RDR with no impact on the reported financial position, financial performance and cash flows of the entity.

1.3 Significant Accounting Judgements and Estimates

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

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

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

1.4 Taxation

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

1.5 Reporting of Administered Activities

The Administered Schedules of Comprehensive Income, Assets and Liabilities, Administered Reconciliation Schedule and Administered Cash Flow Statement reflect the Government's transactions, through Cancer Australia, with parties outside the Government.

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

Note 2: Events After the Reporting Period

Cancer Australia is not aware of any events occurring after 30 June 2022 that have the potential to significantly affect the on-going structure or activities of either Cancer Australia's Administered or Departmental functions.

Note 3: Expenses

	2022 \$	2021 \$
Note 3A: Employee Benefits		
Wages and salaries	7,389,010	7,202,947
Superannuation:		
Defined contribution plans	1,078,400	1,015,670
Defined benefit plans	161,615	151,700
Leave and other entitlements	1,096,256	852,931
Total employee benefits	9,725,281	9,223,248

Accounting Policy

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

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

Leave and entitlements

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

The leave liabilities are calculated on the basis of employees' remuneration at the estimated salary rates that will be applied at the time the leave is taken, including Cancer Australia's 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.

Superannuation

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

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

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

Cancer Australia makes employer contributions to the employees' defined benefit superannuation scheme at rates determined by an actuary to be sufficient to meet the current cost to the Government. Cancer Australia accounts for the contributions as if they were contributions to defined contribution plans. The liability for superannuation recognised as at 30 June represents outstanding contributions for the final fortnight of the year.

	2022 \$	2021 \$
Note 3B: Suppliers		
Goods and services supplied or rendered		
Consultants	181,815	652,907
Contractors	1,705,617	1,662,835
Information technology and licenses	841,079	802,270
Property and office	574,853	618,567
Travel	116,406	121,536
Learning and development	66,768	44,396
Media and other promotional	14,447	62,611
Other	334,128	372,759
Total goods and services supplied or rendered	3,835,113	4,337,881
Goods supplied	15,195	1,462
Services rendered	3,819,918	4,336,419
Total goods and services supplied or rendered	3,835,113	4,337,881
Other suppliers		
Workers compensation expenses	44,308	44,440
Short-term leases	-	212,046
Total other suppliers	44,308	256,486
Total suppliers	3,879,421	4,594,367

The above lease disclosures should be read in conjunction with the accompanying notes 7 and 9.

Accounting Policy

Short-term leases and leases of low-value assets

Cancer Australia has elected not to recognise right-of-use assets and lease liabilities for short-term leases of assets that have a lease term of 12 months or less. The entity recognises the lease payments associated with these leases as an expense on a straight-line basis over the lease term.

	2022 \$	2021 \$
Note 3C: Grants		
Private sector:		
Non-profit organisations	900,000	1,000,000
Total grants	900,000	1,000,000

Accounting Policy

Grants

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

Note 4: Own-Source Income

Own-source revenue	Notes	2022 \$	2021 \$
Note 4A: Rendering of services			
Rendering of services		5,962,751	5,427,799
Total Rendering of services		5,962,751	5,427,799
Disaggregation of Rendering of services			
Type of customer:			
Australian Government entities (related parties)		5,944,751	5,427,799
Non-government entities		18,000	-
		5,962,751	5,427,799

Accounting Policy

Rendering of services

Revenue from the sale of goods is recognised when control has been transferred to the buyer. In relation to AASB 1058, Cancer Australia recognises the revenue when control of the cash is obtained.

Receivables for goods and services, which have 30 day terms (2020–21: 30 days), are recognised at the nominal amounts due less any impairment allowance account. Collectability of debts is reviewed at the end of the reporting period. Allowances are made when collectability of the debt is no longer probable.

Own-source revenue	Notes	2022 \$	2021 \$
Note 4B: Other revenue			
Fundraising	21	38,434	85,869
Resources received free of charge — Remuneration of auditors		69,000	66,100
Return of grant monies		31,267	-
Total other revenue		138,701	151,969

Accounting Policy

Resources received free of charge

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

Fundraising revenue

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

Own-source revenue	Notes	2022 \$	2021 \$
Note 4C: Revenue from Government			
Appropriations:			
Departmental appropriations		11,936,000	11,134,000
Total revenue from Government		11,936,000	11,134,000

Accounting Policy

Revenue from Government

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

Note 5: Fair Value Measurements

	Fair value measurements at the end of the reporting period	
	2022 \$	2021 \$
Non-financial assets		
Property, plant and equipment	4,231,571	5,064,742
Non-financial liabilities		
Make good provision	264,537	260,601

Notes:

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

Accounting Policy

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

Note 6: Financial Assets

	2022 \$	2021 \$
Note 6: Trade and other receivables		
Goods and services	255,194	43,489
Total goods and services receivables	255,194	43,489
Appropriation receivable		
Appropriation receivable	7,596,938	5,338,751
Total appropriation receivable	7,596,938	5,338,751
Other receivables		
GST receivable from the Australian Taxation Office	113,504	136,147
Total other receivables	113,504	136,147
Total trade and other receivables (net)	7,965,636	5,518,387

Credit terms for goods and services were within 30 days (2020–21: 30 days).

No allowance for impairment was required at reporting date (2020–21: nil).

Accounting Policy

Trade and other receivables

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

Note 7: Non-Financial Assets

Reconciliation of the opening and closing balances of Property, Plant and Equipment and Intangibles for 2022

	Buildings \$	Plant & Equipment \$	Intangibles \$	Total \$
As at 1 July 2021				
Gross book value	5,191,569	949,094	1,063,420	7,204,083
Accumulated depreciation and amortisation	(573,630)	(502,291)	(871,675)	(1,947,596)
Total as at 1 July 2021	4,617,939	446,803	191,745	5,256,487
Additions	-	107,544	179,054	286,598
Right-of-use assets	25,708	-	-	25,708
Depreciation and amortisation	(173,123)	(213,935)	(153,595)	(540,653)
Loss on disposals	-	(1,072)	-	(1,072)
Depreciation on right-of-use assets	(578,293)	-	-	(578,293)
Total as at 30 June 2022	3,892,231	339,340	217,204	4,448,775
Total as at 30 June 2022 represented by:				
Gross book value	5,217,277	1,055,566	1,242,474	7,515,317
Accumulated depreciation and amortisation	(1,325,046)	(716,226)	(1,025,270)	(3,066,542)
Total as at 30 June 2022	3,892,231	339,340	217,204	4,448,775
Carrying amount of right-of-use assets	3,003,882	-	-	3,003,882

Accounting Policy

Assets are recorded at cost on acquisition except as stated below. The cost of acquisition includes the fair value of assets transferred in exchange for consideration and liabilities undertaken.

Financial assets are initially measured at their fair value plus transaction costs where appropriate.

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

Asset recognition threshold

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

Leased right-of-use (ROU) Assets

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

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

Revaluations

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

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

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:

	2022	2021
Property, Plant & Equipment	3 to 10 years	3 to 10 years

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

Impairment

All assets were assessed for impairment at 30 June 2022. Where indications of impairment exist, the asset's recoverable amount is estimated and an impairment adjustment made if the asset's recoverable amount is less than its carrying amount. No indicators of impairment were identified.

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

Derecognition

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

Intangibles

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

Software and website costs are amortised on a straight-line basis over its anticipated useful life. The anticipated useful life of Cancer Australia's intangibles is three years (2020–21: three years).

All software and website assets were assessed for indications of impairment as at 30 June 2022. No indicators of impairment were identified.

Note 8: Payables

	2022 \$	2021 \$
Note 8A: Suppliers		
Trade creditors and accruals	216,316	577,557
Total suppliers	216,316	577,557
Settlement is usually made within 30 days (2020–21: 30 days).		
Note 8B: Other payables		
Salaries and wages	208,169	147,732
Superannuation	31,290	21,665
Other	132,517	47,612
Total other payables	371,976	217,009

Note 9: Interest Bearing Liabilities

	2022 \$	2021 \$
Leases		
Lease liabilities	3,768,737	4,374,762
Total leases	3,768,737	4,374,762
Total cash outflow for Sydney office lease for the year ended 30 June 2022 was \$644,424 (2020–21: \$569,299)		
Maturity analysis — contractual undiscounted cash flows		
Within 1 year	673,790	641,793
Between 1 to 5 years	3,126,114	3,643,921
More than 5 years	-	132,677
Total leases	3,799,904	4,418,391

Cancer Australia, in its capacity as lessee has entered into a lease agreement for its Sydney office in 2020–21 with a seven (7) year lease term without extension options.

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

Accounting Policy

Leases

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

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

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

Note 10: Provisions

	2022 \$	2021 \$
Note 10A: Employee provisions		
Leave	2,481,694	2,360,552
Total employee provisions	2,481,694	2,360,552

	Provision for make good \$	Provision for make good \$
Note 10B: Other provisions		
As at 1 July 2021	260,601	330,000
Additional provisions made	-	257,589
Amounts used	-	(330,000)
Unwinding of discount or change in discount rate	3,936	3,012
Total as at 30 June 2022	264,537	260,601

Cancer Australia, in its capacity as a lessee, has entered into one lease agreement (2020-21: one agreement) for office accommodation. The lease agreement includes a provision requiring Cancer Australia to restore the premises to their original condition at the conclusion of the lease. Cancer Australia recognises a "Provision for make good" to reflect the present value of the obligation.

Note 11: Contingent Assets and Liabilities

Cancer Australia has not identified any quantifiable, unquantifiable or significant remote contingent assets or liabilities as at 30 June 2022 (2020–21: Nil).

Accounting Policy

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

Note 12: Key Management Personnel Remuneration

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

	2022 \$	2021 \$
Short-term employee benefits	1,673,334	1,534,355
Post-employment benefits	215,342	162,769
Other long-term employee benefits	41,976	47,719
Termination benefits	-	125,751
Total key management personnel remuneration expenses¹	1,930,652	1,870,594

The total number of key management personnel included in the above table are eight (2020–21: six).

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

Note 13: Related Party Disclosures

Related party relationships

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

Transactions with related parties

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

Significant transactions with related parties can include:

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

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

Note 14: Financial Instruments

	2022 \$	2021 \$
Financial assets measured at amortised cost		
Cash and cash equivalents	275,640	112,758
Trade receivables	255,194	43,489
Total financial assets measured at amortised cost	530,834	156,247
Total financial assets	530,834	156,247
Financial liabilities		
Financial liabilities measured at amortised cost		
Trade creditors and accruals	216,316	577,557
Financial liabilities measured at amortised cost	216,316	577,557
Total financial liabilities	216,316	577,557

Accounting Policy

Financial assets

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

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

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

Amortised cost is determined using the effective interest method.

Effective interest method

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

Impairment of financial assets

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

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

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

Financial liabilities

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

Financial liabilities at amortised cost

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

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

Note 15: Administered – Expenses

	2022 \$	2021 \$
Note 15A: Suppliers		
Goods and services supplied or rendered		
Consultants	503,649	534,381
Contractors	5,547,208	3,969,310
Sitting and advisory fees	603,872	616,227
Travel	96,384	1,005
Printing	2,412	10,554
Other	531,067	359,453
Total goods and services supplied or rendered	7,284,592	5,490,930
Goods and services are made up of:		
Goods supplied	3,471	11,268
Services rendered	7,281,121	5,479,662
Total goods and services supplied or rendered	7,284,592	5,490,930
Total suppliers	7,284,592	5,490,930

	2022 \$	2021 \$
Note 15B: Grants and service delivery contracts		
Public sector		
State and Territory Governments	155,746	1,128,984
Private sector		
Not-for-profit organisations	12,994,472	11,741,105
Total grants and service delivery contracts	13,150,218	12,870,089

Accounting Policy

Grants

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

Note 16: Administered – Financial Assets

	2022 \$	2021 \$
Note 16A: Cash and cash equivalents		
Cash on hand or on deposit	33,760	57,379
Total cash and cash equivalents	33,760	57,379
Note 16B: Trade and other receivables		
Net GST receivable from Australian Taxation Office	380,478	147,553
Other receivables	36,000	-
Total trade and other receivables	416,478	147,553
Credit terms for goods and services were within 30 days (2020–21: 30 days).		
No allowance for impairment was required at reporting date (2020–21: nil).		

Accounting Policy

Cash

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

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

Trade and other receivables

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

Note 17: Administered – Payables

	2022 \$	2021 \$
Note 17A: Suppliers		
Trade creditors and accruals	811,951	1,444,582
Total suppliers	811,951	1,444,582
Settlement is usually made within 30 days (2020–21: 30 days).		
Note 17B: Grants		
Non-profit and profit organisations	2,876,240	3,029,968
Total grants	2,876,240	3,029,968
Settlement is usually made according to the terms and conditions of each grant. This is usually within 30 days of performance or eligibility (2020–21: 30 days).		

Note 18: Administered – Contingent Assets and Liabilities

Cancer Australia has not identified any quantifiable, unquantifiable or significant remote contingencies as at 30 June 2022 (2020–21: Nil).

Note 19: Administered – Financial Instruments

	2022 \$	2021 \$
Financial assets measured at amortised cost		
Cash on hand or on deposit	33,760	57,379
Trade and Other Receivables		
Other receivables	36,000	-
Trade and Other Receivables	36,000	-
Total financial assets measured at amortised cost	69,760	57,379
Total financial assets	69,760	57,379
Financial liabilities		
Financial liabilities measured at amortised cost		
Trade creditors	811,951	1,444,582
Grants payable	2,876,240	3,029,968
Financial liabilities measured at amortised cost	3,688,191	4,474,550
Total financial liabilities	3,688,191	4,474,550

Note 20: Appropriations

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

Annual Appropriations for 2021-22						
	Annual Appropriation ¹	Adjustments to Appropriation ²	Total Appropriation	Appropriation Applied in 2022 (current and prior years)	Variance ³	
	\$	\$	\$	\$	\$	\$
Departmental						
Ordinary annual services	11,936,000	5,874,247	17,810,247	15,389,177	2,421,070	
Capital Budget ⁴	83,000	-	83,000	83,000	-	
Total departmental	12,019,000	5,874,247	17,893,247	15,472,177	2,421,070	
Administered						
Ordinary annual services						
Administered items	20,451,000	-	20,451,000	21,243,464	(792,464)	
Total administered	20,451,000	-	20,451,000	21,243,464	(792,464)	

Annual Appropriations for 2020-21

	Annual Appropriation ¹ \$	Adjustments to Appropriation ² \$	Total Appropriation \$	Appropriation Applied in 2021 (current and prior years) \$	Variance ³ \$
Departmental					
Ordinary annual services	11,134,000	6,623,763	17,757,763	16,471,226	1,286,537
Capital Budget ⁴	84,000	-	84,000	84,000	-
Total departmental	11,218,000	6,623,763	17,841,763	16,555,226	1,286,537
Administered					
Ordinary annual services					
Administered items	18,363,000	-	18,363,000	15,496,464	2,866,536
Total administered	18,363,000	-	18,363,000	15,496,464	2,866,536

Notes

- ¹ There were no amounts withheld against current financial year ordinary annual services Appropriation under Section 51 of the PGPA Act. There were no amounts quarantined from prior financial year Administered Appropriations.
- ² Adjustments to appropriations includes adjustments to current year annual appropriations including PGPA Act section 74 receipts.
- ³ The departmental variance primarily represents the timing difference of payments to suppliers and employees and section 74 receipts. The administered variance is mainly due to the timing difference of payments to suppliers.
- ⁴ Departmental Capital Budgets are appropriated through Appropriation Acts (No. 1). They form part of ordinary annual services, and are not separately identified in the annual Appropriation Acts.

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

	2022 \$	2021 \$
Departmental		
Appropriation Act (No.1) 2019–20	-	2,347,580
Appropriation Act (No.1) 2020–21 ¹	2,547,614	3,103,929
Appropriation Act (No.1) 2021–22	5,324,965	-
Total departmental	7,872,579	5,451,509
Administered		
Appropriation Act (No.1) 2020–21 ¹	-	4,366,975
Appropriation Act (No.1) 2021–22	3,574,512	-
Total administered	3,574,512	4,366,975

¹ Appropriation Act (No.1) 2021-22 includes cash and cash equivalents at 30 June 2022.

Table C: Net Cash Appropriation Arrangements

	2022 \$	2021 \$
Total comprehensive income/(loss) — as per the Statement of Comprehensive Income	2,396,106	973,752
Plus: depreciation/amortisation of assets funded through appropriations (departmental capital budget funding and/or equity injections) ¹	540,653	428,525
Plus: depreciation of right-of-use assets ²	578,293	476,749
Less: lease principal repayments ²	(631,734)	(506,070)
Net Cash Operating Surplus/ (Deficit)	2,883,318	1,372,956

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

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

Note 21: 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 21A: Fundraising appeals conducted during the financial period

Donations received to improve outcomes for Australians affected by breast cancer in 2021–22.

Note 21B: Details of aggregated gross income and total expenses of fundraising appeals	2022 \$	2021 \$
Donations		
Gross proceeds of fundraising appeal	38,434	85,869
Total direct costs of fundraising appeal	-	-
Net surplus from fundraising appeal	38,434	85,869
Net margin from fundraising appeals	100%	100%

Note 21C: 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 21D: Comparison by monetary figures and percentages	2022 \$	2021 \$
Total cost of fundraising appeals	-	-
Gross income from fundraising appeals	38,434	85,869
Percentage	0%	0%
Net surplus from fundraising appeals	38,434	85,869
Gross income from fundraising appeals	38,434	85,869
Percentage	100%	100%

Note 22: Current/non-current distinction for assets and liabilities

Note 22A: Current/non-current distinction for assets and liabilities	2022	2021
	\$	\$
Assets expected to be recovered in:		
No more than 12 months		
Cash and cash equivalents	275,640	112,758
Trade and other receivables	7,965,636	5,518,387
Prepayments	167,558	178,092
Total no more than 12 months	8,408,834	5,809,237
More than 12 months		
Property, plant and equipment	4,231,571	5,064,742
Intangibles	217,204	191,745
Total more than 12 months	4,448,775	5,256,487
Total assets	12,857,609	11,065,724
Liabilities expected to be settled in:		
No more than 12 months		
Suppliers	216,316	577,557
Other payables	371,976	217,009
Leases	663,100	629,147
Employee provisions	554,848	552,948
Other provisions	264,537	260,601
Total No more than 12 months	2,070,777	2,237,262
More than 12 months		
Leases	3,105,637	3,745,615
Employee provisions	1,926,846	1,807,604
Total more than 12 months	5,032,483	5,553,219
Total liabilities	7,103,260	7,790,481
Note 22B: Administered – Current/non-current distinction for assets and liabilities		
	2022	2021
	\$	\$
Assets expected to be recovered in:		
No more than 12 months		
Cash and cash equivalents	33,760	57,379
Trade and other receivables	416,478	147,553
Prepayments	10,696	-
Total no more than 12 months	460,934	204,932
More than 12 months		
	-	-
Total more than 12 months	-	-
Total assets	460,934	204,932
Liabilities expected to be settled in:		
No more than 12 months		
Suppliers	811,951	1,444,582
Grants	2,876,240	3,029,968
Total no more than 12 months	3,688,191	4,474,550
More than 12 months		
	-	-
Total more than 12 months	-	-
Total liabilities	3,688,191	4,474,550

Appendix B:

Mandatory Reporting Information

During 2021–22, Cancer Australia undertook advertising to provide information about cancer to health professionals and the community. Additionally, Cancer Australia used market research activities to seek the community's views on the most effective methods to deliver cancer information.

- COVID-19 vaccines and cancer: Information in your language
- COVID-19 vaccines: Information for Aboriginal and Torres Strait Islander people affected by cancer
- FAQs about COVID-19 Vaccines and Cancer (translated)
- COVID-19 vaccines and cancer: Help protect our Mob
- Gynaecological Cancer Awareness Month
- Prostate Cancer Awareness Month
- Childhood Cancer Awareness Month
- Breast Cancer Awareness Month (Lots to Live For campaign)
- Breast Cancer Awareness Month (You Know Your Breasts Best campaign)
- Australian Cancer Trials website promotion
- Lung Cancer Awareness Month
- Pancreatic Cancer Awareness Month
- Culturally safe communication skills — tips for non-Indigenous health professionals
- Melanoma Awareness
- Sun Safety
- Ovarian Cancer Awareness Month
- Oesophageal Cancer Awareness Month
- Testicular Cancer Awareness Month (US)
- National Pancreatic Cancer Roadmap
- Bowel Cancer Awareness Month
- Stomach Cancer
- Digital Investigating Symptoms of Lung Cancer — A Guide for all Health Professionals (ISLC Guide)

- Lung cancer awareness (Look Out 4 Lung Cancer campaign)
- FAQs about COVID-19 Vaccines and Cancer — updated information and booster doses
- Low-risk endometrial resources for General Practitioners
- Yarn for Life campaign

Further information on these advertising campaigns is available at canceraustralia.gov.au and in the reports on the Department of Finance's website. The *Campaign Advertising by Australian Government Departments and Agencies Report*, prepared annually by the Department of Finance, provides details of campaigns for which expenditure was greater than \$250,000 (including GST).

Table B.1: Advertising agencies used by Cancer Australia in 2021-22

Organisation	Service Provided	Amount paid (GST inclusive)
Romanava	<ul style="list-style-type: none"> Online social media advertising to increase awareness of the symptoms and risk factors of prostate cancer, gynaecological cancer, breast cancer, lung cancer, pancreatic cancer, melanoma, ovarian cancer, oesophageal cancer, testicular cancer, and bowel cancer. There was also a campaign for sun safety awareness for cancer prevention. Romanava was also engaged to promote the National Pancreatic Cancer Roadmap, the Children's Cancer website, the <i>Culturally safe communication skills — tips for non-Indigenous health professionals</i>, and the <i>COVID-19 vaccines and Cancer: Information for Aboriginal and Torres Strait Islander people affected by cancer</i> campaign. 	\$132,556
Etcom	<ul style="list-style-type: none"> Online social media promotion, advertising, translation, and other services to promote to culturally and linguistically diverse audiences the translated FAQs about COVID-19 vaccines for people affected by cancer (both static image and video campaigns). 	\$53,652
Web Marketing Workshop Pty Ltd	<ul style="list-style-type: none"> Google Ad campaigns for the ISLC guide, Melanoma cancer, Stomach cancer, additional advertising fees (Ovarian Cancer), and Google Ads campaign for the Australian Cancer Trials website with promotional focus on pancreatic cancer, ovarian cancer, liver cancer and oesophageal cancer. 	\$66,150
Australian Doctor Group	<ul style="list-style-type: none"> Digital advertising campaign for the promotion of frequently asked questions about COVID-19 vaccines and cancer. Digital Network – AusDocPLUS – Endometrial Cancer Women's Health Update – Endometrial Cancer 	\$29,344
Leon Studios Pty Ltd	<ul style="list-style-type: none"> Development of a promotional animation for the <i>Our Mob and Cancer</i> website. 	\$19,339
News Pty Limited	<ul style="list-style-type: none"> Newspaper advertisement for SPWC R13 Supporting People with Cancer Grant initiative — The Australian, Publication of the consumer expression of interest. 	\$13,223
WeEditFast	<ul style="list-style-type: none"> Film production and editing of promotional videos for the National Pancreatic Cancer Roadmap and BCNA — Conference Videos. 	\$12,507
Silver Sun Pictures	<ul style="list-style-type: none"> Development of a promotional animated video to promote the Cancer Australia Interactive Body Map. 	\$11,975
The Medical Republic	<ul style="list-style-type: none"> Digital Advertisements for COVID-19 vaccines and Cancer frequently asked questions. 	\$6,600
The Big Issue	<ul style="list-style-type: none"> Print ad placement for Breast Cancer Awareness campaign. 	\$2,193

Organisation	Service Provided	Amount paid (GST inclusive)
Royal Australian College of General Practitioners	<ul style="list-style-type: none"> Digital advertising for the promotion of Cancer Australia's updated COVID-19 Frequently Asked Questions — targeting Health practitioners. FAQs contained updated information for people who have cancer around a fourth dose recommended by ATAGI. 	\$6,600
Australian Pharmaceutical Publishing Company Pty Ltd	<ul style="list-style-type: none"> Digital advertising for the promotion of Cancer Australia's updated COVID-19 Frequently Asked Questions — targeting Pharmacists. Pharmacists able to administer fourth dose. 	\$6,116
Punchy Digital Media Pty Ltd	<ul style="list-style-type: none"> Development updates to existing Brain cancer, Oesophageal cancer, Pancreatic cancer and Melanoma Cancer Australia infographic video. 	\$4,675
Budsoar t/a Koori Mail	<ul style="list-style-type: none"> Digital promotion calling for applications for SPWC R13 Supporting People with Cancer Grant initiative, and COVID-19 FAQs updated information campaign. 	\$3,980

Table B.2: Market Research undertaken by Cancer Australia in 2021-22

Organisation	Service Provided	Amount paid (GST inclusive)
Access Testing Pty Ltd	<ul style="list-style-type: none"> User research and design of a new Information Architecture (IA) for the Cancer Australia website. 	\$77,304
ResearchCrowd	<ul style="list-style-type: none"> Focus testing of website content and creative concepts with Aboriginal and Torres Strait Islander people nationwide. Deliverables included discussion guides, Interim Report and Final Report. 	\$31,075

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 2021–22 were published on AusTender.

Consultancy and non-consultancy contracts

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

During 2021–22, there were five (5) new reportable consultancies entered into totalling actual expenditure of \$0.205 million (GST incl). Six (6) ongoing reportable consultancy contracts were active during 2021–22, involving total actual expenditure of \$0.354 million (GST incl). The total number of reportable consultancies (11) recorded in financial year 2021–22 amounted to \$0.559 million in total expenditure (GST incl).

Additionally, there were twenty (20) new reportable non-consultancies entered into totalling actual expenditure of \$0.946 million (GST incl). Thirty-Nine (39) ongoing reportable non-consultancy contracts were active during 2021–22, involving total actual expenditure of \$10.530 million (GST incl). The total number of reportable non-consultancies (59) recorded in financial year 2021–22 amounted to \$11.476 million in total expenditure (GST incl).

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

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

Cancer Australia is a non-corporate Commonwealth entity. Cancer Australia's reportable contract data for 2021–22 is as follows:

Table B.3: Cancer Australia Consultancy contracts in 2021-22

Organisation	Service Provided	Expenditure \$ (GST inclusive)
Deloitte Touche Tohmatsu	Professional Service Fees for One Off Strategic Directions Support	\$116,937
Sustainable Health System Solutions Pty Ltd	Provision of economic health policy advice on a range of complex cancer issues	\$95,726
K2 Strategies	Support for the development of the Australian Cancer Plan	\$91,506
Alison Evans Consulting	Support for the development of the Australian Cancer Plan	\$90,948
Flinders University	Provision of professional expertise to the conceptualisation, development, and delivery to a range of cancer initiatives	\$44,000
Jacinta Elston Pty Ltd	Provision of professional expertise on the development and implementation of Cancer Australia policies and programs	\$41,140
Michael Reid & Associates	CEO Mentoring	\$23,513
Concur Consulting	Concur Consulting Services	\$17,250
Workplace Research Associates Pty Ltd	Design and conduct of a co-design workshop facilitated on 01/06/22	\$16,940
Queensland University of Technology	Provision of professional expertise to the conceptualisation, development, and delivery to a range of cancer initiatives	\$11,000
Raymond Chan	Provision of professional expertise to the conceptualisation, development, and delivery to a range of cancer initiatives	\$10,000

Table B.4: Summary of Cancer Australia Consultancy contracts in 2021-22

Reportable consultancy contracts 2021-22	Number	Expenditure \$ (GST inclusive)
New contracts entered into during the reporting period	5	\$204,586
Ongoing contracts entered into during a previous reporting period	6	\$354,374
Total	11	\$558,960

Table B.5: Organisations receiving a share of reportable consultancy contract expenditure 2021-22¹

Organisations receiving a share of reportable consultancy contract expenditure 2021-22	Expenditure \$	Proportion of 2021-22 total spend (%)
Deloitte Touche Tohmatsu	\$116,937	21%
Sustainable Health System Solutions Pty Ltd	\$95,726	17%
K2 Strategies	\$91,506	16%
Alison Evans Consulting	\$90,948	16%
Flinders University	\$44,000	8%
Total of the Largest Shares	\$439,118	79%
Total Consultancy Contract Expenditure in 2021-22	\$558,960	

¹ Lists organisations who received the five (5) largest shares of Cancer Australia's expenditure on consultancy contracts, and those organisations who received 5% or more of Cancer Australia's expenditure on consultancy contracts.

Table B.6: Cancer Australia Non-Consultancy contracts in 2021-22

Organisation	Service Provided	Expenditure \$ (GST inclusive)
Evolve FM	Lease costs and property services for the Sydney Offices	\$972,526
University of Technology Sydney	Quality of Life National Technical Services Engagement Strategy and Project Plan; Investigation into the mapping of cancer treatment pathways using supervised and automated data analysis in a tertiary research environment	\$818,024
The Cancer Council Victoria	For goods and services to develop and test Business Rules for collecting stage at diagnosis data for additional cancer types; Procurement of services to develop an Optimal Care Pathway for Neuroendocrine Tumours	\$641,052
Southern Health – Monash Health	Procurement of services to understand the safety and efficacy of the COVID-19 vaccines in cancer patients through the implementation of the National Cancer Institute SerOzNET study in Australia	\$637,791
Chill IT Pty Ltd	Provision of ICT network services, equipment and software for Cancer Australia	\$626,344
The University of Melbourne	Procurement of services to assist with the scoping of tools, guidance, information, and communication materials for the early design of a potential Lung Cancer Screening Program in Australia	\$611,889

Organisation	Service Provided	Expenditure \$ (GST inclusive)
The Nous Group	Procurement of services to scope a Quality Assurance Framework and a Data Governance Framework to support the early design of a potential Lung Cancer Screening Program in Australia; Procurement of services to undertake synthesis and analysis of information generated throughout the development of the Australian Cancer Plan	\$611,450
University of Sydney	Australian Cancer Trials website hosting and maintenance; Procurement of a Genomics Cancer Clinical Trials Initiative National Technical Service to collaborate with the Multi-site Collaborative Clinical Trials Groups	\$560,643
Australian National University	Procurement of services for the development of the unreported measures through a longitudinal cancer study, for the Aboriginal and Torres Strait Islander Cancer Control Indicators	\$530,000
Randstad	Contractor for services; Psychometric assessments for recruitment	\$521,389
Carbon Creative	Procurement of provision of health communication expertise for Yarn for Life phase 4 campaign to increase reach and impact amongst Aboriginal and Torres Strait Islander people and their communities	\$385,000
Hays Specialist Recruitment	Contractor for services; Recruitment and scribe services	\$361,060
Deloitte Touche Tohmatsu	Deloitte to assist with the development of key priority areas for action in the National Pancreatic Cancer Roadmap	\$330,083
Deakin University	Procurement of a specialist contractor to undertake a national assessment of existing CT screening infrastructure to inform the early design of a potential Lung Cancer Screening Program; Procurement of a specialist contractor to determine workforce requirements and undertake workforce impact modelling to support the early design of a potential national Lung Cancer Screening Program in Australia	\$299,655
PriceWaterhouse Coopers Consulting (Australia) Pty Limited	Procurement of a specialist contractor to develop and implement a targeted stakeholder engagement and consultation strategy for the early design of a potential Lung Cancer Screening Program in Australia	\$298,572
National Health and Medical Research Council	Provision of information for the Ideas Grant Scheme 2021–2025; assessing the applications for the Clinical Trials and Cohort Studies scheme	\$262,808
University of South Australia	Provision of professional technical, epidemiological and data services for the national cancer data strategy — engagement of Professor David Roder AM; provided services to update the NCCI website	\$261,756

Organisation	Service Provided	Expenditure \$ (GST inclusive)
Flinders University	Procurement of a specialist contractor to undertake a cost-effectiveness analysis and budget impact assessment to support the early design and feasibility of a potential national Lung Cancer Screening Program; Procurement of goods and services to undertake a critical analysis and knowledge synthesis in relation to Patient Navigation in the cancer setting	\$236,383
Link Digital	Provision of website development services for the Cancer Australia website; to engage web development services for the redevelopment of The Statement — Best Practice in Breast Cancer, The Breast Cancers Risk Factors, and the Cancer Learning Drupal 7 websites on Drupal 9; Web Support & Maintenance	\$227,948
Gilimbaa Pty Ltd	Provision of video production services for the Our Mob and Cancer website; to film for the Our Mob and Cancer website videos in the additional location of Melbourne	\$179,803
University of Queensland	Procurement of services to undertake a rapid assessment of telehealth use and barriers and enablers to uptake for the delivery of cancer care in Australia during the COVID-19 pandemic	\$177,382
GrowthOps Services Pty Ltd	Procurement of services to assist with the design and build of the National Pancreatic Cancer Roadmap interactive digital tool	\$162,526
Menzies School of Health Research	Procurement of services to design the methodology for, undertake and report on targeted consultation with Aboriginal and Torres Strait Islander people to inform development of National Pancreatic Cancer Roadmap	\$133,579
IPSOS Public Affairs PTY LTD	Procurement of services to design an evaluation framework for the Yarn for Life multiplatform communications campaign	\$109,945
Australian Institute of Health	Services to link and store patient level data as part of the “STaR-Link” project; Cross Agency Cancer Data Services; Sourcing of Brain Cancer incidence, mortality, and survival data	\$98,832
Blaque Digital Pty Ltd	To finalise the build of a contemporary, mobile-optimised, and responsive website that is audience-appropriate, engaging and culturally sensitive, for the new Cancer in Aboriginal and Torres Strait Islander people website	\$98,824
The Cancer Council QLD	Procurement of services to enhance childhood cancer data in Australia	\$98,340
Biotext Pty Ltd	Provision of medical writing contractor services for the Cancer Australia website	\$92,290

Organisation	Service Provided	Expenditure \$ (GST inclusive)
Aurion Corporation Pty Ltd	Provision of payroll processing and maintenance services	\$84,094
Telstra	Provision for phone, data and mobile services	\$83,793
The Trustee for Singh Family Trust	Provision of services of Dr Anupriya Agarwal as Medical Officer	\$65,812
Concur Holdings (Netherlands) B.V	SAP Concur subscription	\$55,601
Cartymara Consulting	Provision of professional writing contractor services for the Our Mob and Cancer website; To develop a culturally safe glossary of terms page and review of up to 6 additional pages of content, for the new Our Mob and Cancer website	\$55,055
Watermark Search International Pty Limited	Executive search recruitment services	\$54,738
Dr Anne Nelson	Updates to manuscript for Shared follow-up and survivorship care for women with low-risk endometrial cancer; To update manuscript 'A conceptual framework for cancer care during a pandemic incorporating evidence from the COVID-19 pandemic' for resubmission to JCO Global Oncology, and update associated report to publish on website	\$53,818
South Eastern Sydney Local Health District	Updates to FAQs about COVID-19 vaccines and cancer — 10x language translations	\$52,360
National Storage	Rental of storage facility	\$47,678
Laundry Lane Productions Pty. Ltd.	To provide services to create an animated video for the National Pancreatic Cancer Roadmap	\$44,968
Cox Inall Ridgeway	Develop publication on Aboriginal and Torres Strait Islander consultation undertaken for the Lung Cancer Screening Enquiry; services to develop a database of key Aboriginal and Torres Strait Islander stakeholders in national cancer control to engage and collaborate with for the operationalisation of a potential national Lung Cancer Screening Program in Australia	\$44,330
F1 Solutions Pty Ltd	Procurement of OmniStar Grants Management System	\$41,798
Lung Foundation Australia	To develop accredited clinical learning e-modules targeted to primary care health professionals	\$40,000
Kapish	Kapish/Content Manager licence renewal; assistance configuring multi-factor authentication; Content Manager upgrade	\$39,408

Organisation	Service Provided	Expenditure \$ (GST inclusive)
Griffith University	Validation of the supportive care screening tool for women with Gynaecological cancers	\$38,500
Hudson Global Resources (Aust) Pty Ltd	Contractor for services	\$36,118
The Trustee for Insight Economics Hybrid Trust	Procurement of services to undertake the facilitation of Strategic Objective workshops to support the development of the Australian Cancer Plan	\$32,299
Diligent Board Services Australia Pty Ltd	Diligent Board Services licence renewal	\$28,925
Trans Tasman Radiation Oncology Group	Support for Clinical Trials	\$27,379
Alison Evans Consulting	Procurement of services for the collation, synthesis and reporting of stakeholder consultations for the development of the National Pancreatic Cancer Roadmap; Provision of technical services to assist with the Analysis of brain cancer platforms and technologies	\$23,716
Access Testing Pty Ltd	Providing services to research and recommend a revised Information Architecture for the Cancer Australia website	\$22,100
Yulang Indigenous Evaluation Pty Ltd	Provision of writing services for the Cancer in Aboriginal and Torres Strait Islander people website	\$20,130
Michael Reid and Associates	Procurement of drafting and writing services to interpret information generated throughout the development of the Australian Cancer Plan	\$19,250
Spirit Digital Pty Ltd	Provide graphic design to the updated resource: Breast Cancer: a handbook for Aboriginal and Torres Strait Islander Health Worker and Health Practitioners; Fabric artwork framing and placards for office opening	\$17,194
LinkedIn Singapore	Career pages, jobs dashboard manager and job slots for recruitment	\$16,766
The Kids Cancer Project	Procurement of an annual Childhood Brain Cancer Awareness Day	\$16,500
Energy Australia	Electricity usage	\$14,718
Dreamtime Creative	Digital Illustrator to create and/or update relevant and culturally sensitive illustrations to aid in knowledge translation and presentation of complex cancer related or biological information for Aboriginal and Torres Strait Islander people	\$14,553

Organisation	Service Provided	Expenditure \$ (GST inclusive)
Saltwater People	Procurement of a contractor to design the Reconciliation Action Plan 2022–24	\$13,354
Medianet	Media contacts and influence database subscription	\$12,650
ResearchCrowd	Provision of services to focus test content and creative concepts for the Cancer in Aboriginal and Torres Strait Islander people website information hub	\$12,100

Table B.7: Summary of Cancer Australia non-consultancy contracts in 2021-22

Reportable non-consultancy contracts 2021-22	Number	Expenditure \$ (GST inclusive)
New contracts entered into during the reporting period	20	\$945,669
Ongoing contracts entered into during a previous reporting period	39	\$10,529,929
Total	59	\$11,475,598

Table B.8: Organisations receiving a share of reportable non-consultancy contract expenditure 2021-22¹

Organisations receiving a share of reportable non-consultancy contract expenditure 2021-22	Expenditure \$	Proportion of 2021-22 total spend (%)
Evolve FM	\$972,526	8%
University of Technology Sydney	\$818,024	7%
The Cancer Council Victoria	\$641,052	6%
Southern Health - Monash Health	\$637,791	6%
Chill IT Pty Ltd	\$626,344	5%
The University of Melbourne	\$611,889	5%
Total of the Largest Shares	\$4,307,627	38%
Total non-consultancy contract expenditure in 2021-22	\$11,475,598	

¹ Lists organisations who received the five (5) largest shares of Cancer Australia's expenditure on non-consultancy contracts, and those organisations who received 5% or more of Cancer Australia's expenditure on non-consultancy contracts.

Disability reporting

The National Disability Strategy is Australia's overarching framework for disability reform. It acts to ensure the principles underpinning the United Nations Convention on the Rights of Persons with Disabilities are incorporated into Australia's policies and programs that affect people with disability, their families and carers.

All levels of government will continue to be held accountable for the implementation of the strategy through biennial progress reporting to the Council of Australian Governments. Progress reports can be found at dss.gov.au. Disability reporting is included the APS Commission's State of the Service reports and the APS Statistical Bulletin. These reports are available at www.apsc.gov.au.

Ecologically sustainable development and environmental performance

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

In 2021–2022 Cancer Australia maintained a range of measures which contributed to ecologically sustainable development, including:

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

All buildings in which Cancer Australia leases its office accommodation have a minimum National Australian Built Environment Rating System energy rating of 4.5 stars.

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

Exempt contracts

There were no contracts in excess of \$10,000 entered into by Cancer Australia during 2020–21 that were exempt from being published on AusTender due to FOI reasons.

External scrutiny

No judicial or administrative tribunal decisions relating to Cancer Australia were handed down during 2021–22. 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. In 2020–21 there were no reports on the operations of Cancer Australia conducted by a Parliamentary Committee or the Commonwealth Ombudsman and no capability reviews were conducted or released.

Freedom of information

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

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

Grant programs

The following grant programs were administered by Cancer Australia during the period 1 July 2021 to 30 June 2022:

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

Information on grants awarded by Cancer Australia during the period 1 July 2021 to 30 June 2022 is available at canceraustralia.gov.au.

Purchasing

In 2021–22, Cancer Australia sourced goods and services in accordance with the principles set out in the Commonwealth Procurement Rules.

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

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

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

Indigenous Procurement Policy

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

Small Business

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

finance.gov.au/procurement/statistics-on-commonwealth-contracts.

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

Work health and safety

During 2021–2022, the following initiatives were undertaken in relation to work health and safety:

- Influenza vaccinations were offered for all employees.
- Workstation assessments were carried out for employees.
- An Employee Assistance Program continued to be offered for employees and their immediate family members.
- Since June 2021, Cancer Australia has continued to implement its COVID-19 Workplace Management Plan, which is aligned to relevant safe work guidelines and public health orders. The Crisis Management Team met monthly to review the health and safety implications of the pandemic and to update directions to staff and WHS Committee on safe work practices.
- The agency's WHS Committee met periodically to review the safety management plan and workplace practices.

Executive Remuneration

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

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

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

Table B.9: Key Management Personnel 2021-22

Name	Position	Term as KMP
Dorothy Keefe	Chief Executive Officer (CEO)	Full year
Cleola Anderiesz	Deputy Chief Executive Officer (DCEO) — Resigned	8 Months (resigned – 25/02/2022)
Claire Howlett	Deputy Chief Executive Officer (DCEO) — Acting	4 Months (commenced – 23/02/2022)
Paul Jackson	Division Head – National Research and Data — Retired 1st July	Full Year
Cindy Toms	Division Head – National Research and Data	14 days (commenced – 17/6/2022)
Anna Boltong	Division Head – National Cancer Control	Full Year
Elmer Wiegold	General Manager (GM)/ Chief Financial Officer (CFO)	Full Year
Vivienne Milch	Medical Director	Full year

Table B.10: Summary information about Remuneration for Key Management Personnel 2021-22

	2022 \$
SHORT-TERM EMPLOYEE BENEFITS	
Base Salary	1,509,723
Bonus	-
Motor vehicle and other allowances	163,611
Total short-term employee benefits	1,673,334
POST-EMPLOYMENT BENEFITS	
Superannuation	215,342
Total post-employment benefits	215,342
OTHER LONG-TERM BENEFITS	
Long-service leave	41,976
Total other long-term benefits	41,976
Total employment benefits	1,930,652

Table B.1.1: Information About Remuneration for Key Management Personnel 2021-22¹

Name	Position Title	Short term benefits			Post-employment benefits			Other long-term benefits	Termination benefits ²	Total remuneration
		Base Salary ³	Bonuses	Other benefits & allowances ⁴	Superannuation contributions	Long service leave ⁵	Other long-term benefits			
Keefe, Dorothy	CEO	\$394,329	-	\$94,811	\$47,797	\$11,018	-	-	\$547,955	
Anderiesz, Cleola	DCEO	\$189,234	-	\$18,415	\$25,180	\$5,045	-	-	\$237,874	
Howlett, Claire	A/g DCEO	\$103,199	-	-	\$15,586	\$2,778	-	-	\$121,563	
Wiegold, Elmer	GM/CFO	\$205,350	-	-	\$37,640	\$5,897	-	-	\$248,887	
Jackson, Paul	DH	\$207,460	-	\$25,000	\$28,458	\$5,925	-	-	\$266,843	
Boltong, Anna	DH	\$212,403	-	\$25,000	\$31,570	\$3,820	-	-	\$272,793	
Toms, Cindy	DH	\$3,750	-	\$385	\$909	\$109	-	-	\$5,153	
Milch, Vivienne	MD	\$193,998	-	-	\$28,202	\$7,384	-	-	\$229,584	
Total		\$1,509,723	-	\$163,611	\$215,342	\$41,976	-	-	\$1,930,652	

¹ Appendix 2 of the RMG-No. 139

² Redundancy benefit – tax-free

³ Base salary includes gross payments, salary sacrifice, annual leave provision movement, prior years accrued annual leave paid out on termination, salary sacrifice super which was SNIL for all KMPs based on the Reportable Employer Superannuation Contribution reported on PAYG Payment Summaries.

⁴ Other benefits and allowances include Motor vehicle allowance and car parking.

⁵ Long service leave provision movement (accrued long service leave less leave paid during the year).

Table B.12: Information about remuneration for senior executives 2021-22

Total remuneration bands	Number of senior executives	Short term benefits			Post-employment benefits		Other long-term benefits		Termination benefits	Total remuneration
		Average base salary	Average bonuses	Average other benefits and allowances	Average superannuation contributions	Average LSL leave	Average other long-term benefits	Average termination benefits	Average total remuneration	
\$0 – \$220,000	2	53,475	192	8,247	1,443	-	-	-	63,358	
\$220,001 – \$245,000	2	191,616	9,208	26,691	6,214	-	-	-	233,729	
\$245,001 – \$270,000	2	206,405	12,500	33,049	5,911	-	-	-	257,865	
\$270,001 – \$295,000	1	212,403	25,000	31,570	3,820	-	-	-	272,793	
\$295,001 – \$320,000										
\$320,001 – \$345,000										
\$345,001 – \$370,000										
\$370,001 – \$395,000										
\$395,001 – \$420,000										
\$420,001 – \$445,000										
\$540,001 – \$565,000	1	394,329	94,811	47,797	11,018	-	-	-	547,955	

Table B.13: Details of Accountable Authority during the reporting period Current Report Period 2021-22

Name	Position Title/Position held	Date of Commencement	Date of cessation
Professor Dorothy Keefe	Chief Executive Officer (CEO)	1 July 2020	2 July 2025

Appendix C: Cancer Australia Advisory Groups

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

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

Strategic Advisory Groups

Cancer Australia values the advice and support provided to the organisation by its four Strategic Advisory Groups: the Australian Brain Cancer Mission Strategic Advisory Group, the Intercollegiate Advisory Group, the Leadership Group on Aboriginal and Torres Strait Islander Cancer Control, and the Research and Data Advisory Group.

Australian Brain Cancer Mission Strategic Advisory Group

The Australian Brain Cancer Mission Strategic Advisory Group, established in January 2018, provides strategic advice and guidance to Cancer Australia on achieving the Mission's goal, including: providing guidance on the alignment of key initiatives with the Mission's objectives; providing advice on emerging issues nationally and internationally to inform the work of the Mission; identifying and advising on collaborative opportunities and approaches to achieve the Mission's goal; identifying and advising on leveraging opportunities and investments while ensuring there is no duplication of initiatives, infrastructure or platforms; considering outcomes arising from a review of the Mission; and supporting the development of a revised Mission Implementation Plan.

The group was chaired by Professor Sanchia Aranda AM

Intercollegiate Advisory Group

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

The group was chaired by Professor Sandra O'Toole.

Leadership Group on Aboriginal and Torres Strait Islander Cancer Control

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

The group was chaired by Professor Jacinta Elston and Professor Gail Garvey.

Research and Data Advisory Group

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

The group was chaired by Professor Jane Hall.

Tumour-specific Advisory Group

Cancer Australia also acknowledges the important contribution of its tumour-specific Advisory Group:

Lung Cancer Advisory Group

The Lung Cancer Advisory Group (LCAG) provides high-level expert advice to inform Cancer Australia's work in promoting best practice lung cancer care and improving lung cancer outcomes, with an immediate role in guiding the early design of a potential national Lung Cancer Screening program. LCAG also identifies ways in which Cancer Australia can work effectively with stakeholders including consumers, cancer organisations and professional groups, to determine approaches to lessen the impact of lung cancers in Australia.

The group was chaired by Associate Professor Gavin Wright.

Appendix D: List of Requirements

PGPA Rule Reference	Part of Report	Description	Requirement
17AD(g)	Letter of transmittal		
17AI	Page i	A copy of the letter of transmittal signed and dated by accountable authority on date final text approved, with statement that the report has been prepared in accordance with section 46 of the Act and any enabling legislation that specifies additional requirements in relation to the annual report.	Mandatory
17AD(h)	Aids to access		
17AJ(a)	Page ii	Table of contents.	Mandatory
17AJ(b)		Alphabetical index.	Mandatory
17AJ(c)	Page 137-140	Glossary of abbreviations and acronyms.	Mandatory
17AJ(d)	Page 129	List of requirements.	Mandatory
17AJ(e)	N/A	Details of contact officer.	Mandatory
17AJ(f)	N/A	Entity's website address.	Mandatory
17AJ(g)	N/A	Electronic address of report.	Mandatory
17AD(a)	Review by accountable authority		
17AD(a)	Page 2	A review by the accountable authority of the entity.	Mandatory
17AD(b)	Overview of the entity		
17AE(1)(a)(i)	Page 18	A description of the role and functions of the entity.	Mandatory
17AE(1)(a)(ii)	Page 18	A description of the organisational structure of the entity.	Mandatory
17AE(1)(a)(iii)	Page 19	A description of the outcomes and programs administered by the entity.	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
17AE(1)(a)(iv)	Page 17	A description of the purposes of the entity as included in corporate plan.	Mandatory
17AE(1)(aa)(i)	Page 124	Name of the accountable authority or each member of the accountable authority.	Mandatory
17AE(1)(aa)(ii)	Page 124	Position of the accountable authority or each member of the accountable authority.	Mandatory
17AE(1)(aa)(iii)	Page 124	Period as the accountable authority or member of the accountable authority within the reporting period.	Mandatory
17AE(1)(b)	N/A	An outline of the structure of the portfolio of the entity.	Portfolio departments - mandatory
17AE(2)	N/A	Where the outcomes and programs administered by the entity differ from any Portfolio Budget Statement, Portfolio Additional Estimates Statement or other portfolio estimates statement that was prepared for the entity for the period, include details of variation and reasons for change.	If applicable, Mandatory
17AD(c)	Report on the Performance of the entity		
	Annual performance Statements		
17AD(c)(i); 16F	Page 22	Annual performance statement in accordance with paragraph 39(1)(b) of the Act and section 16F of the Rule.	Mandatory
17AD(c)(ii)	Report on Financial Performance		
17AF(1)(a)	Page 44	A discussion and analysis of the entity's financial performance.	Mandatory
17AF(1)(b)	Page 32	A table summarising the total resources and total payments of the entity.	Mandatory
17AF(2)	N/A	If there may be significant changes in the financial results during or after the previous or current reporting period, information on those changes, including: the cause of any operating loss of the entity; how the entity has responded to the loss and the actions that have been taken in relation to the loss; and any matter or circumstances that it can reasonably be anticipated will have a significant impact on the entity's future operation or financial results.	If applicable, Mandatory.

PGPA Rule Reference	Part of Report	Description	Requirement
17AD(d)	Management and Accountability		
	Corporate Governance		
17AG(2)(a)	Page 42	Information on compliance with section 10 (fraud systems).	Mandatory
17AG(2)(b)(i)	Page i	A certification by accountable authority that fraud risk assessments and fraud control plans have been prepared.	Mandatory
17AG(2)(b)(ii)	Page i	A certification by accountable authority that appropriate mechanisms for preventing, detecting incidents of, investigating or otherwise dealing with, and recording or reporting fraud that meet the specific needs of the entity are in place.	Mandatory
17AG(2)(b)(iii)	Page i	A certification by accountable authority that all reasonable measures have been taken to deal appropriately with fraud relating to the entity.	Mandatory
17AG(2)(c)	Page 41	An outline of structures and processes in place for the entity to implement principles and objectives of corporate governance.	Mandatory
17AG(2)(d) – (e)	Page 41	A statement of significant issues reported to Minister under paragraph 19(1)(e) of the Act that relates to non-compliance with Finance law and action taken to remedy non-compliance.	If applicable, Mandatory
	Audit Committee		
17AG(2A)(a)	Page 43	A direct electronic address of the charter determining the functions of the entity's audit committee.	Mandatory
17AG(2A)(b)	Page 43	The name of each member of the entity's audit committee.	Mandatory
17AG(2A)(c)	Page 43	The qualifications, knowledge, skills or experience of each member of the entity's audit committee.	Mandatory
17AG(2A)(d)	Page 43	Information about the attendance of each member of the entity's audit committee at committee meetings.	Mandatory
17AG(2A)(e)	Page 43	The remuneration of each member of the entity's audit committee.	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
External Scrutiny			
17AG(3)	Page 121	Information on the most significant developments in external scrutiny and the entity's response to the scrutiny.	Mandatory
17AG(3)(a)	N/A	Information on judicial decisions and decisions of administrative tribunals and by the Australian Information Commissioner that may have a significant effect on the operations of the entity.	If applicable, Mandatory
17AG(3)(b)	Page 121	Information on any reports on operations of the entity by the Auditor-General (other than report under section 43 of the Act), a Parliamentary Committee, or the Commonwealth Ombudsman.	If applicable, Mandatory
17AG(3)(c)	Page 121	Information on any capability reviews on the entity that were released during the period.	If applicable, Mandatory
Management of Human Resources			
17AG(4)(a)	Page 44	An assessment of the entity's effectiveness in managing and developing employees to achieve entity objectives.	Mandatory
17AG(4)(aa)	Pages 45-51	Statistics on the entity's employees on an ongoing and non-ongoing basis, including the following: (a) statistics on full-time employees; (b) statistics on part-time employees; (c) statistics on gender; (d) statistics on staff location.	Mandatory
17AG(4)(b)	Pages 45-51	Statistics on the entity's APS employees on an ongoing and non-ongoing basis; including the following: - Statistics on staffing classification level; - Statistics on full-time employees; - Statistics on part-time employees; - Statistics on gender; - Statistics on staff location; - Statistics on employees who identify as Indigenous.	Mandatory
17AG(4)(c)	Page 58	Information on any enterprise agreements, individual flexibility arrangements, Australian workplace agreements, common law contracts and determinations under subsection 24(1) of the <i>Public Service Act 1999</i> .	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
17AG(4)(c)(i)	Page 58	Information on the number of SES and non-SES employees covered by agreements etc identified in paragraph 17AG(4)(c).	Mandatory
17AG(4)(c)(ii)	Page 51	The salary ranges available for APS employees by classification level.	Mandatory
17AG(4)(c)(iii)	Page 58	A description of non-salary benefits provided to employees.	Mandatory
17AG(4)(d)(i)	Page 58	Information on the number of employees at each classification level who received performance pay.	If applicable, Mandatory
17AG(4)(d)(ii)	Page 58	Information on aggregate amounts of performance pay at each classification level.	If applicable, Mandatory
17AG(4)(d)(iii)	Page 58	Information on the average amount of performance payment, and range of such payments, at each classification level.	If applicable, Mandatory
17AG(4)(d)(iv)	Page 58	Information on aggregate amount of performance payments.	If applicable, Mandatory
Assets Management			
17AG(5)	N/A	An assessment of effectiveness of assets management where asset management is a significant part of the entity's activities.	If applicable, Mandatory
Purchasing			
17AG(6)	Page 122	An assessment of entity performance against the <i>Commonwealth Procurement Rules</i> .	
Commonwealth Procurement Rules			
	Reportable consultancy contracts		
17AG(7)(a)	Page 113	A summary statement detailing the number of new contracts engaging consultants entered into during the period; the total actual expenditure on all new consultancy contracts entered into during the period (inclusive of GST); the number of ongoing consultancy contracts that were entered into during a previous reporting period; and the total actual expenditure in the reporting year on the ongoing consultancy contracts (inclusive of GST).	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
17AG(7)(b)	Page 112	A statement that <i>"During [reporting period], [specified number] new reportable consultancy contracts were entered into involving total actual expenditure of \$[specified million]. In addition, [specified number] ongoing reportable consultancy contracts were active during the period, involving total actual expenditure of \$[specified million]"</i> .	Mandatory
17AG(7)(c)	Page 112	A summary of the policies and procedures for selecting and engaging consultants and the main categories of purposes for which consultants were selected and engaged.	Mandatory
17AG(7)(d)	Page 112	A statement that <i>"Annual reports contain information about actual expenditure on reportable consultancy contracts. Information on the value of reportable consultancy contracts is available on the AusTender website."</i>	Mandatory
Reportable non-consultancy contracts			
17AG(7A)(a)	Page 119	A summary statement detailing the number of new reportable non-consultancy contracts entered into during the period; the total actual expenditure on such contracts (inclusive of GST); the number of ongoing reportable non-consultancy contracts that were entered into during a previous reporting period; and the total actual expenditure in the reporting period on those ongoing contracts (inclusive of GST).	Mandatory
17AG(7A)(b)	Page 112	A statement that <i>"Annual reports contain information about actual expenditure on reportable non-consultancy contracts. Information on the value of reportable non-consultancy contracts is available on the AusTender website."</i>	Mandatory
17AD(daa)	Additional information about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts		
17AGA	Page 122-124	Additional information, in accordance with section 17AGA, about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts.	Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
Australian National Audit Office Access Clauses			
17AG(8)	Page 111	If an entity entered into a contract with a value of more than \$100,000 (inclusive of GST) and the contract did not provide the Auditor-General with access to the contractor's premises, the report must include the name of the contractor, purpose and value of the contract, and the reason why a clause allowing access was not included in the contract.	If applicable, Mandatory
Exempt contracts			
17AG(9)	Page 120	If an entity entered into a contract or there is a standing offer with a value greater than \$10 000 (inclusive of GST) which has been exempted from being published in AusTender because it would disclose exempt matters under the FOI Act, the annual report must include a statement that the contract or standing offer has been exempted, and the value of the contract or standing offer, to the extent that doing so does not disclose the exempt matters.	If applicable, Mandatory
Small business			
17AG(10)(a)	Page 122	A statement that <i>"[Name of entity] supports small business participation in the Commonwealth Government procurement market. Small and Medium Enterprises (SME) and Small Enterprise participation statistics are available on the Department of Finance's website."</i>	Mandatory
17AG(10)(b)	Page 122	An outline of the ways in which the procurement practices of the entity support small and medium enterprises.	Mandatory
17AG(10)(c)	N/A	If the entity is considered by the Department administered by the Finance Minister as material in nature—a statement that <i>"[Name of entity] recognises the importance of ensuring that small businesses are paid on time. The results of the Survey of Australian Government Payments to Small Business are available on the Treasury's website."</i>	If applicable, Mandatory

PGPA Rule Reference	Part of Report	Description	Requirement
Financial Statements			
17AD(e)	Page 62-106	Inclusion of the annual financial statements in accordance with subsection 43(4) of the Act.	Mandatory
Executive Remuneration			
17AD(da)	Pages 42, 123-126	Information about executive remuneration in accordance with Subdivision C of Division 3A of Part 2-3 of the Rule.	Mandatory
17AD(f) Other Mandatory Information			
17AH(1)(a)(i)	Pages 108-109	If the entity conducted advertising campaigns, a statement that <i>"During [reporting period], the [name of entity] conducted the following advertising campaigns: [name of advertising campaigns undertaken]. Further information on those advertising campaigns is available at [address of entity's website] and in the reports on Australian Government advertising prepared by the Department of Finance. Those reports are available on the Department of Finance's website."</i>	If applicable, Mandatory
17AH(1)(a)(ii)	N/A	If the entity did not conduct advertising campaigns, a statement to that effect.	If applicable, Mandatory
17AH(1)(b)	Page 121	A statement that <i>"Information on grants awarded by [name of entity] during [reporting period] is available at [address of entity's website]."</i>	If applicable, Mandatory
17AH(1)(c)	Page 120	Outline of mechanisms of disability reporting, including reference to website for further information.	Mandatory
17AH(1)(d)	Page 121	Website reference to where the entity's Information Publication Scheme statement pursuant to Part II of FOI Act can be found.	Mandatory
17AH(1)(e)	N/A	Correction of material errors in previous annual report.	If applicable, mandatory
17AH(2)	Page 10, Advisory Council Chair's review as per section 37 of <i>Cancer Australia Act 2006</i> .	Information required by other legislation.	Mandatory

Glossary

Term	Description
Adjuvant treatment	Treatment given after the primary treatment to increase the chances of a cure. In cancer, adjuvant treatment often refers to chemotherapy, hormonal therapy or radiotherapy after surgery, which is aimed at killing any remaining cancer cells.
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 continuum	The full spectrum of cancer control services from prevention and early detection efforts, through diagnosis and treatment, to rehabilitation and support services for people living with cancer and/or palliative care.
Cancer control	All actions undertaken by all stakeholders that aim to reduce the burden of cancer on individuals and the community, such as research; prevention; early detection and screening; treatment; survivorship issues; palliation; education and support for people with cancer and their families; and monitoring cancer outcomes.
Care pathway	The management and its sequence of a well-defined group of patients during a well-defined period of time.
Carer	A person who helps someone through an illness or disability such as cancer.
Cells	The building blocks of the body. A human is made of millions of cells, which are adapted for different functions. Cells can reproduce themselves exactly, unless they are abnormal or damaged, as are cancer cells.
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.
Multi-Site Collaborative National Cancer Clinical Trials Groups	Networks of institutions and researchers who conduct studies jointly, use identical protocols and pooling 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 programs; and groups affected in a specific way as a result of cancer policy, treatments or services. See also People affected by cancer.

Term	Description
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.
E-cigarette	Electronic cigarettes (e-cigarettes) are battery operated devices that heat a liquid to produce a vapour that users inhale. They are designed to deliver nicotine and/or other chemicals via an aerosol vapour directly to the lungs.
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.
Five-year relative survival	The probability that an individual will survive their cancer for 5 years after a cancer diagnosis, compared with the experience of the general population.
Genomics	The study of the complete set of DNA (including all of its genes) in a person or other organism.
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.
Indigenous	A person of Aboriginal or Torres Strait Islander descent who identifies as such and is accepted as such by the community with which they are associated.
Industry-independent cancer clinical trial	Cancer clinical trials not funded by industry e.g. pharmaceutical companies. Industry-independent clinical trials may be funded by government, non-government agencies, the not-for-profit sector and philanthropic organisations.
Metastatic cancer	Cancer that has spread from where it started to other parts of the body.
Models of cancer care	Models that explain the manner in which cancer care is provided and usually describes what care is provided, where it is provided and who provides it. It identifies a standard or example, for imitation or comparison, combining concepts, belief and intent.
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.
Mortality-to-incidence ratio	Calculated by dividing the mortality count by the incidence count in a given year. Generally used as a high-level comparative indicator of inequities in cancer outcomes.
Oncology	A sub-specialty of medicine dedicated to the investigation, diagnosis and treatment of people with cancer or suspected cancer. It includes preventative medicine, medical oncology (drugs to treat cancer), radiation oncology, surgical oncology, and palliative medicine. See also Specialist.

Term	Description
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.
Patient-centred	Considers patients' cultural traditions, their personal preferences and values, their family situations, and their lifestyles. Patient-centred care makes patients and their families an integral part of the care team who collaborate with health care professionals in making clinical decisions.
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.
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.
Priority-driven cancer research	Research undertaken in identified priority areas. An area might be identified as a priority for a variety of reasons, including a relative lack of research in the area in comparison to the impact that the particular cancer has on society.
Psychosocial	Concerned with mental, emotional, social, and spiritual well-being, or issues relating to these states. Psychosocial treatment is intended to address psychological, social and some spiritual needs.
Quality of life	An individual's overall appraisal of their situation and subjective sense of wellbeing. Quality of life encompasses symptoms of disease and side effects of treatment, functional capacity, social interactions and relationships and occupational functioning. Key psychological aspects include subjective distress, satisfaction with treatment, existential issues and the impact of illness and treatment on sexuality and body image.
Radiation oncology	The use of radiation, usually x-rays or gamma rays, to kill tumour cells.
Rare cancer	Cancer with an incidence rate of less than 6 cases in 100,000 Australians per annum. These cancers are often more difficult to prevent, diagnose, and treat.
Referral pathways	A series of steps, including clinical intervention to be taken by health care providers in response to people newly diagnosed with cancer or with recurrent or progressive disease. Its aim is to ensure more appropriate referral of patients to specialist cancer services, including the multidisciplinary team. A referral pathway is a process as much as a product or tool. Ideally it is developed via a comprehensive and inclusive approach between cancer services and relevant health care agencies to establish relationships and a shared understanding and agreed ways of working together to better address the cancer care needs of a defined population.

Abbreviations

Term	Description
AIHW	Australian Institute of Health and Welfare
APS	Australian Public Service
ATAGI	Australian Technical Advisory Group on Immunisation
BCNA	Breast Cancer Network Australia
CAM	Cancer Awareness Month
CEO	Chief Executive Officer
CFO	Chief Financial Officer
CTG	Clinical Trials Group
DCEO	Deputy Chief Executive Officer
EL	Executive Level
FAQs	Frequently Asked Questions
FOI	Freedom of Information
GM	General Manager
GST	Goods and Services Tax
ISLC Guide	Investigating Symptoms of Lung Cancer: A Guide for all Health Professionals
IPS	Information Publication Scheme
LCSP	Lung Cancer Screening Program
Leadership Group	Leadership Group on Aboriginal and Torres Strait Islander Cancer Control
MBS	Medicare Benefits Schedule
the Mission	The Australian Brain Cancer Mission
MRFF	Medical Research Future Fund
NCCI	National Cancer Control Indicators
NET	Neuroendocrine Tumor
NET OCP	Optimal Care Pathway for Neuroendocrine Tumours
NHMRC	National Health and Medical Research Council
NTS	National Technical Services
OCP	Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer
PdCCRS	Priority-driven Collaborative Cancer Research Scheme
PGPA Act	Public Governance, Performance and Accountability Act 2013
PBS	Portfolio Budget Statements
the Plan	The Australian Cancer Plan
RAP	Reconciliation Action Plan
The Roadmap	The National Pancreatic Cancer Roadmap
SES	Senior Executive Service
SME	Small and Medium Enterprises
SPWC	Supporting People with Cancer Grant initiative

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