



**Australian Government**  
**Cancer Australia**

Annual Report  
2010-11



## ABOUT THIS REPORT

Cancer Australia's annual report has been prepared in accordance with the *Requirements for Annual Reports* approved by the Joint Committee of Public Accounts and Audit on 8 July 2011.

The annual report is available in print from 39 libraries around Australia and online at [www.canceraustralia.gov.au](http://www.canceraustralia.gov.au).

### Contact us

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

Ms Jane Salisbury  
General Manager, Health Promotion and Communication  
Cancer Australia  
Locked Bag 3  
STRAWBERRY HILLS NSW 2012

Internet [www.canceraustralia.gov.au](http://www.canceraustralia.gov.au)  
Email [enquiries@canceraustralia.gov.au](mailto:enquiries@canceraustralia.gov.au)

Telephone +61 2 9357 9400  
Facsimile +61 2 9357 9477

ABN 21 075 951 918

ISBN: 978-1-74241-595-6

Online SSN: 1839-6615

Print ISSN: 1839-6607

Publications Approval Number- D0592

Copyright Statements:

#### Paper-based publications

© Commonwealth of Australia 2011

This work is copyright. You may reproduce the whole or part of this work in unaltered form for your own personal use or, if you are part of an organisation, for internal use within your organisation, but only if you or your organisation do not use the reproduction for any commercial purpose and retain this copyright notice and all disclaimer notices as part of that reproduction. Apart from rights to use as permitted by the Copyright Act 1968 or allowed by this copyright notice, all other rights are reserved and you are not allowed to reproduce the whole or any part of this work in any way (electronic or otherwise) without first being given the specific written permission from the Commonwealth to do so. Requests and inquiries concerning reproduction and rights are to be sent to the Communications Branch, Department of Health and Ageing, GPO Box 9848, Canberra ACT 2601, or via e-mail to [copyright@health.gov.au](mailto:copyright@health.gov.au).

Internet sites

© Commonwealth of Australia 2011

This work is copyright. You may download, display, print and reproduce the whole or part of this work in unaltered form for your own personal use or, if you are part of an organisation, for internal use within your organisation, but only if you or your organisation do not use the reproduction for any commercial purpose and retain this copyright notice and all disclaimer notices as part of that reproduction. Apart from rights to use as permitted by the Copyright Act 1968 or allowed by this copyright notice, all other rights are reserved and you are not allowed to reproduce the whole or any part of this work in any way (electronic or otherwise) without first being given the specific written permission from the Commonwealth to do so. Requests and inquiries concerning reproduction and rights are to be sent to the Communications Branch, Department of Health and Ageing, GPO Box 9848, Canberra ACT 2601, or via e-mail to [copyright@health.gov.au](mailto:copyright@health.gov.au).

## LETTER OF TRANSMITTAL



**Australian Government**

**Cancer Australia**

Locked Bag 3  
Strawberry Hills NSW 2012

Dear Minister,

I am pleased to present the annual report of Cancer Australia for the year ended 30 June 2011.

This report has been prepared in accordance with the *Financial Management and Accountability Act 1997*, which requires that you table the report in Parliament. It reflects the *Requirements for Annual Reports* approved by the Joint Committee of Public Accounts and Audit under sections 63 and 70 of the *Public Service Act 1999*.

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

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

In addition, and as required by the *Commonwealth Fraud Control Guidelines*, I certify that I am satisfied that Cancer Australia has in place appropriate fraud control mechanisms that meet Cancer Australia's needs and that comply with the guidelines applying in 2010–11.

Yours sincerely,

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

Dr Helen Zorbas  
Chief Executive Officer  
Cancer Australia

5 October 2011

# Contents

<b>Letter of transmittal</b>	<b>iii</b>
<b>1 Overview</b>	<b>1</b>
Highlights and achievements	2
Chief Executive Officer's review	5
<b>2 Advisory Council Chair's review</b>	<b>9</b>
<b>3 About Cancer Australia</b>	<b>13</b>
Functions and role	14
Outcome and program structure	15
Organisational structure	15
<b>4 Report on performance</b>	<b>17</b>
Priority research	19
Cancer networks and professional development	21
Lung Cancer Program	22
National Centre for Gynaecological Cancers	23
Consumer networks	25
Deliverables—Cancer Australia's priorities	27
<b>5 Management and accountability</b>	<b>33</b>
Key results for the year	34
Corporate governance	35
Financial overview	36
Management of human resources	36
Ministerial and parliamentary coordination	39

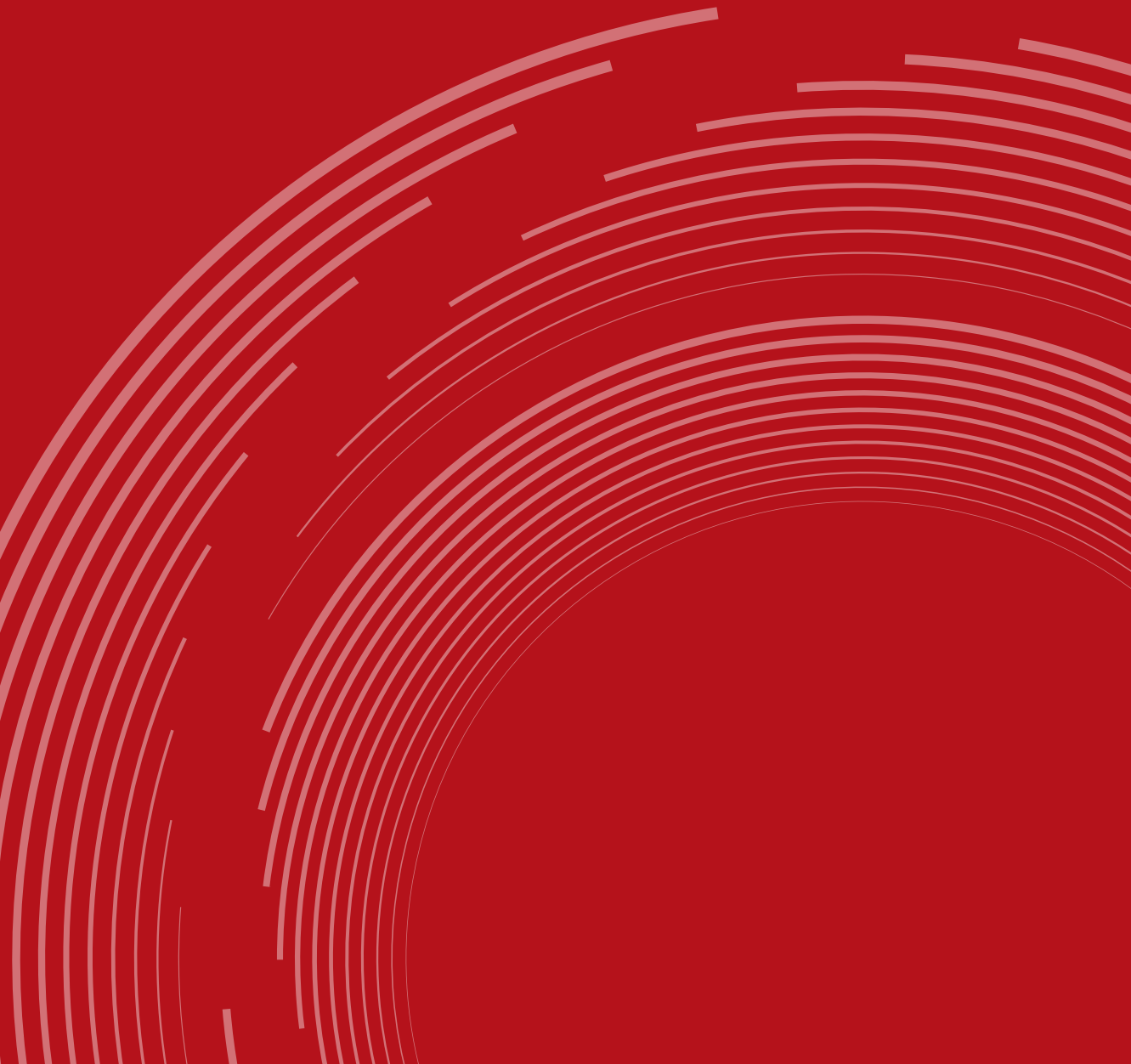
<b>6 Appendices</b>	<b>41</b>
<b>Appendix A—Audited financial statements</b>	<b>42</b>
<b>Appendix B—Mandatory reporting information</b>	<b>94</b>
Advertising and market research	94
Asset management	94
Australian National Audit Office access	94
Competitive tendering and contracting	94
Consultancies	94
Disability reporting	96
Ecologically sustainable development and environmental performance	96
Exempt contracts	96
External scrutiny	96
Freedom of information	97
Grant programs	100
Occupational health and safety	100
Purchasing	100
Resource Statement and Resources for Outcomes	101
<b>Appendix C—Cancer Australia’s National Advisory Groups</b>	<b>102</b>
Cancer Australia Inter-governmental Strategic Forum	102
National Cancer Data Strategy Advisory Group	102
National Centre for Gynaecological Cancers Advisory Group	103
National Consumer Advisory Group	103
National Lung Cancer Advisory Group	103
National Research Advisory Group	103
<b>Appendix D—List of requirements</b>	<b>104</b>
<b>Glossary</b>	<b>108</b>
<b>Abbreviations</b>	<b>111</b>
<b>Index</b>	<b>112</b>

## Tables

Table 4.1	Program 1.1 Qualitative Deliverables	27
Table 4.2	Program 1.1 Quantitative Deliverables	28
Table 4.3	Program 1.1 Key Performance Indicators: Qualitative Indicators	30
Table 4.4	Program 1.1 Key Performance Indicators: Quantitative Indicators	30
Table 5.1	Cancer Australia staff numbers by classification and full-time or part-time status at 30 June 2011	37
Table 5.2	Cancer Australia staff numbers by classification and full-time or part-time status at 30 June 2010	37
Table 5.3	Salary structures at Cancer Australia	38
Table 5.4	Employment arrangements	38
Table B.1	Consultancy services let during 2010–11 of \$10 000 or more	95
Table B.2	Documents held by Cancer Australia	98
Table B.3	Cancer Australia’s Resource Table 2010–11	101
Table B.4	Cancer Australia’s Resources for Outcomes 2010–11	101

## Figures

Figure 3.1	Cancer Australia’s organisational structure	16
------------	---	----



# 1 Overview

## Highlights and achievements

### **Development of strategic plan for newly amalgamated agency**

- » Consulted broadly through stakeholder forums with over 300 external stakeholders, and internally with members of the Cancer Australia Advisory Council, National Breast and Ovarian Cancer Centre (NBOCC) Board, and staff of Cancer Australia and NBOCC, to achieve high-level agreement about the direction and priorities for the amalgamated agency

### **Priority research**

#### Priority-driven Collaborative Cancer Research Scheme (PdCCRS)

- » Partnered with 9 government and non-government funders of cancer research in the 2010 round of the PdCCRS
- » Funded 32 grants totalling \$13.8 million through the 2010 round of the PdCCRS
- » Cancer Australia funded or co-funded 29 (91 per cent) of the successful research projects
- » 74 per cent of grants awarded supported patient-centred research
- » 100 per cent of fundable applications matched published research priorities through the PdCCRS

#### Support for Cancer Clinical Trials program (including Regional Multi-site Clinical Trials Capacity Building Network)

- » Provided continued support for Australia's 13 Multi-site Collaborative National Cancer Clinical Trials Groups
- » Funded 10 regional hospitals as part of the Regional Multi-site Clinical Trials Capacity Building Network
- » Recruited over 200 patients to national cancer clinical trials in regional areas through the Regional Multi-site Clinical Trials Capacity Building Network
- » Provided national health- and pharmaco-economic, quality of life, secretariat, and trial development services to Australia's 13 Multi-site Collaborative National Cancer Clinical Trials Groups

#### Cancer data to improve cancer survival

- » Developed lung cancer data set specification and commenced pilot testing in clinical services



### **Cancer networks and professional development**

- » Partnered with each state and territory government to embed regional cancer services reform
- » Initiated five projects with four state governments that specifically focus on Aboriginal and Torres Strait Islander peoples
- » Completed and published a national review of activities titled *Aboriginal and Torres Strait Islander Cancer Control Report*
- » Funded a pilot project to develop a model of care coordination for older Australians with cancer in a regional area
- » Supported cancer health professionals with evidence-based professional development tools and resources
- » Commenced a statistical review of cancer in Aboriginal and Torres Strait Islander peoples in partnership with the Australian Institute of Health and Welfare (AIHW)

### **Lung Cancer program**

- » Funded two lung cancer research projects through the PdCCRS
- » Researched and completed a report *Lung Cancer in Australia: review of evidence, research and national consultation*
- » Completed a statistical analysis report on lung cancer in Australia in partnership with AIHW

### **National Centre for Gynaecological Cancers**

- » Developed the first National Gynaecological Cancers Service Delivery and Resource Framework in partnership with the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG)
- » Implemented five state and territory projects, involving cross-jurisdictional collaboration that aligned with the Framework
- » Developed and distributed to general practitioners and gynaecologists diagnostic and referral flowcharts for pre-, peri-, and post-menopausal women with abnormal vaginal bleeding
- » Developed two Rural Health Education Foundation broadcasts: *Gynaecological cancers: Psychosexual care*; and *Endometrial cancer: Investigations and appropriate referral*
- » Developed and disseminated the online educational resource for health professionals: *The psychosexual care of women affected by gynaecological cancers*
- » Initiated and funded the first Jeannie Ferris, National Centre for Gynaecological Cancers Consumer Churchill Fellowship. The 2010 Fellow investigated survivorship programs in the USA that support women affected by ovarian cancer.
- » Funded two gynaecological cancer research projects as part of the 2010 PdCCRS
- » Completed pilot testing, in public and private sectors, of the Cancer (Clinical) Data Set Specification for Gynaecological Cancers involving both retrospective and prospective data.
- » Commenced a statistical overview of two gynaecological cancers with AIHW: *Endometrial and Cervical Cancers in Australia*

### **Consumer networks**

- » Launched the first national 'consumer friendly' cancer clinical trials website [www.australiancancertrials.gov.au](http://www.australiancancertrials.gov.au) providing non-technical information for consumers about cancer clinical trials available in Australia
- » Continued partnerships with 14 organisations funding 23 projects through the Building Cancer Support Networks Initiative
- » Strengthened meaningful consumer involvement at all levels of Cancer Australia's work program as a result of continued engagement of over 50 consumer representatives
- » Partnered with Cancer Voices Australia and consulted broadly to develop a *National Framework for Consumer Involvement in Cancer Control* in order to improve outcomes and experiences for people affected by cancer.

## Chief Executive Officer's review

### Dr Helen Zorbas



The Minister's announcement in June 2010 of the intention to amalgamate Cancer Australia and National Breast and Ovarian Cancer Centre (NBOCC), marked a significant opportunity in cancer control in Australia. The amalgamation will provide a single national cancer agency with a clear leadership mandate across all cancers, and capacity to better focus on Cancer Australia's responsibilities under the *Cancer Australia Act 2006*.

It has been a highly productive year for Cancer Australia. The Australian Government's investment in cancer control through Cancer Australia continued to deliver tangible and significant outcomes across a range of areas for people with cancer, while also transitioning towards the agency's successful amalgamation with NBOCC.

In 2010–11 Cancer Australia directed its efforts in the following key areas: priority research; clinical trials; data improvement; service development and reform; gynaecological cancers; lung cancer; and consumer engagement and support. The outcomes achieved in all these areas are set out in Part 4 of this report. Information on Cancer Australia's management and accountability, including our financial results, is provided in Part 5 of this report.

The funding rounds for the PdCCRS and Cancer Clinical Trials programs continued to focus on cancers with high incidence rates, low survival rates and cancers where significant years of life are lost due to early deaths. Over the five years since its inception, the PdCCRS has increased the pool of funding available for cancer research in Australia by attracting a total of 14 different funding partners. In the last four rounds (2007–2010), 136 grants totalling \$49.3 million have been funded through the scheme.

During 2010–11 Cancer Australia was responsible for delivering a number of 'firsts' across a range of areas.

The first national Cancer Trials website<sup>1</sup> ([www.australiancancertrials.gov.au](http://www.australiancancertrials.gov.au)) was launched in November 2010 with the aim of providing consumers with easy access to non-technical information about different types of cancer clinical trials available in Australia, including trials on prevention, screening, treatment and quality of life. The information on the site will help people with cancer to decide if there might be a trial relevant to them that they can discuss with their medical practitioner.

Two new framework documents provide a strong foundation to guide national improvements in cancer control: *The National Gynaecological Cancers Service Delivery and Resource Framework* developed in collaboration with RANZCOG, and *A National Framework for Consumer Involvement in Cancer Control*, developed in partnership with Cancer Voices Australia. Both these frameworks have had wide sector engagement and have the potential to significantly impact the delivery of cancer care.

---

<sup>1</sup> The site was developed and evaluated during 2009 and 2010 in partnership with the University of Sydney, the NHMRC Australian and New Zealand Clinical Trials Registry and Cancer Voices.

Cancer Australia also released the *Aboriginal and Torres Strait Islander Cancer Control Research Report*, developed with Cancer Council South Australia, which provides a comprehensive review of research and initiatives aimed at improving Aboriginal and Torres Strait Islander cancer control. Four priority areas for improvement were identified: data infrastructure; prevention; programs; and service delivery.

During 2010–11 Cancer Australia continued to work with the jurisdictions through the *Mentoring for Regional Hospitals and Cancer Professionals Program* to better link regional, rural and metropolitan cancer services. The focus this year was in supporting multidisciplinary cancer care and improving access to services for specific population groups that currently have poorer outcomes, with specific projects being undertaken for Aboriginal and Torres Strait Islander peoples diagnosed with cancer.

During 2010–11 a number of significant projects in gynaecological cancer were completed as part of a three year program of work focussed on improving information and support, building the evidence and supporting the workforce. An online psychosexual support training module for health professionals was completed and released through the Cancer Learning website. An extensive suite of fact sheets covering eight gynaecological cancer tumour streams was released on Cancer Australia's website ([www.canceraustralia.gov.au](http://www.canceraustralia.gov.au)).

Diagnostic and referral flowcharts relating to the treatment of pre-, peri-, and post-menopausal women with abnormal vaginal bleeding were completed and distributed to general practitioners and gynaecologists.

Substantial progress was also made in this second year of a four year program of work in lung cancer. A report, *Lung Cancer in Australia: review of evidence, research and national consultation* was released, and work is under way with Cancer Council Australia to update clinical practice guidelines (2004) for the prevention, diagnosis and management of lung cancer, and to develop a guide for general practitioners in the investigation of symptoms of lung cancer. Cancer Australia is also working with AIHW to develop a comprehensive statistical report on lung cancer to be released later in 2011.

Through its work to improve the availability and quality of cancer data reporting, Cancer Australia has funded two important studies on improving practices and using technology for the collection, acquisition and use of data relating to cancer stages, including metastases, recurrences and treatment.

Additionally during 2010–11 Cancer Australia continued investing in the development of practical web-based education and professional development resources designed to build the capacity of the cancer workforce.<sup>2</sup>

The reach and value of Cancer Australia's work continued to be strengthened by our partnerships with other government agencies and non-government bodies involved in cancer control.

---

2 The following are links to these resources:

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

During 2010–11 our government partners included the federal Department of Health and Ageing (DoHA); AIHW; the National Health and Medical Research Council (NHMRC); and state and territory government agencies.

Our funding partners during 2010–11 have been: the Australian Lung Foundation; Australian and New Zealand Clinical Trials Registry; *beyondblue: the national depression initiative*; Breast Cancer Network Australia; Cancer Council Australia; Cancer Councils in each state and the NT; Cancer Voices Australia; Cancer Voices South Australia; CanTeen; Cure Cancer Australia Foundation; Federation of Ethnic Communities' Council of Australia; Leukaemia Foundation; National Breast Cancer Foundation; Meat and Livestock Australia; National Aboriginal Community Controlled Health Organisation; Ovarian Cancer Australia; Prostate Cancer Foundation of Australia; and Women's Health.

Consumer engagement continues to be a fundamental aspect of Cancer Australia's way of working. During 2010–11 the valued perspectives of people affected by cancer shaped our work and informed our priorities. Consumers were also integral to consultations on the future role of the single cancer agency.

Achieving impacts from our efforts in cancer control also requires productive and collaborative relationships with our many stakeholders in the cancer landscape. Important among these are the cancer and primary health care professionals and their professional organisations and colleges. Cancer Australia has continued to benefit from the expertise of the health professionals and their representative groups with whom we have worked over the past year, including Medical Oncology Group Australia, Royal Australian and New Zealand College of Radiologists, RANZCOG and the Royal College of Nursing Australia.

The quality of Cancer Australia's outcomes was augmented during the year through the combined energy, expertise and exceptional commitment of the many government and non-government organisations, researchers, clinicians and consumers who generously contributed to Cancer Australia's advisory, reference and specialist or project groups.

During 2010–11, my first year as CEO of Cancer Australia, the Chair and members of Cancer Australia's ministerially appointed Advisory Council have provided considered advice and support to me in this exceptional year of transition. The Council's insights relating to shaping the direction of the new single agency have been particularly appreciated.

I am pleased to report that the May 2011 Budget reflected the Australian Government's confidence in the amalgamated agency, and support for its strengthened leadership role in cancer control into the future.

I would like to acknowledge the Minister for Health and Ageing, the Hon Nicola Roxon MP, for her continued and much valued support of Cancer Australia and of cancer control efforts more broadly.

In addition I would like to acknowledge the substantial support provided during the year by the executive and staff of DoHA. This covered both cancer priority issues and programs, and the fundamental work undertaken to move towards the new single national cancer agency.

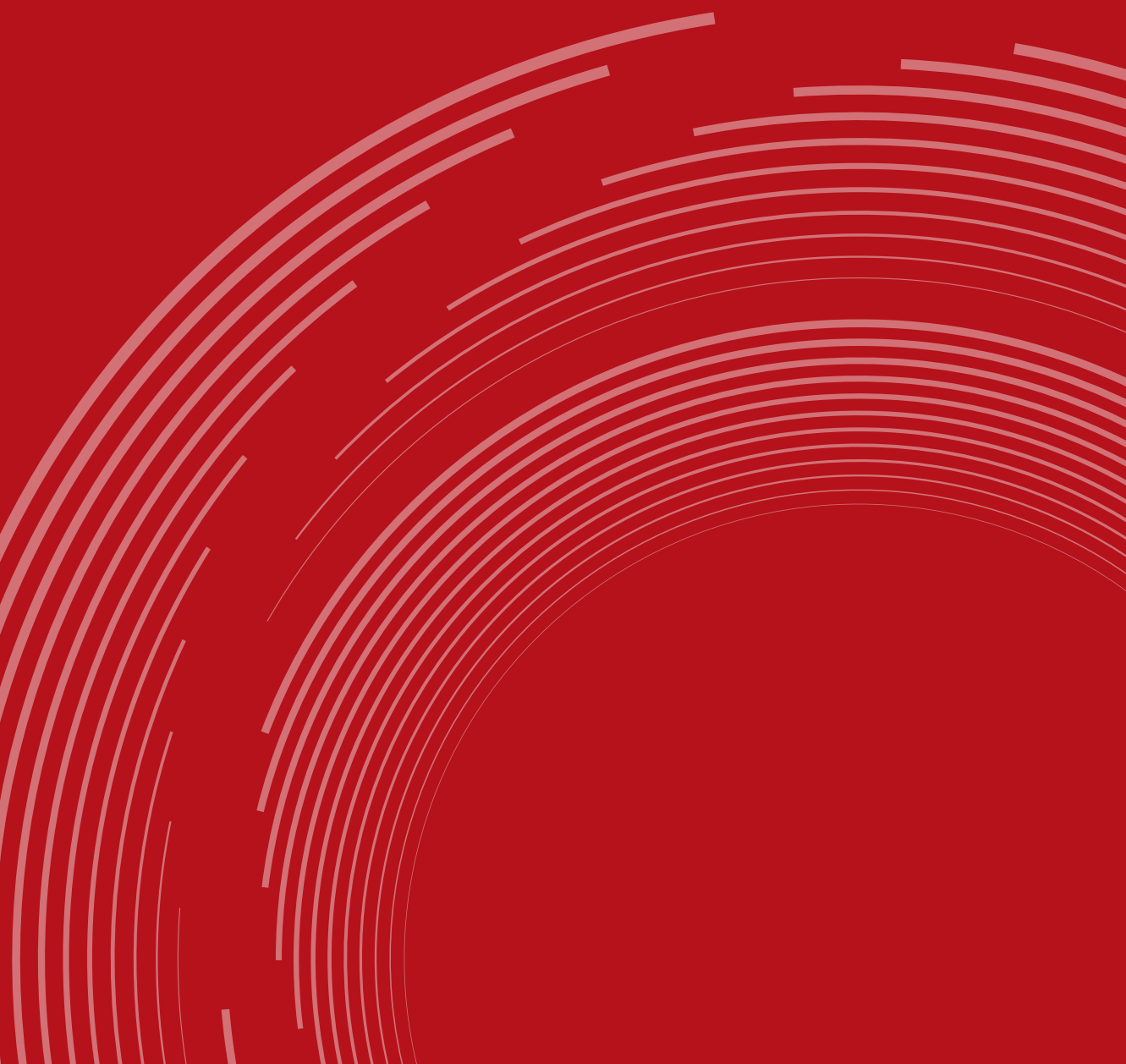
During the year the commitment and professionalism of the staff of Cancer Australia have been central to the outcomes we have achieved, the productive relationships with our stakeholders and our standards of organisational accountability.

Cancer Australia will work to improve outcomes for all people affected by cancer, with a commitment to build on the achievements of NBOCC in breast and ovarian cancers.

As Cancer Australia moves forward, it is important to ensure that our directions and priority areas of focus for the next three years are informed by the views of our valued stakeholders. A strategic planning process was undertaken in the first half of 2011, with input invited from over 300 groups or individuals across a range of sectors nationally. The process has identified widespread engagement with Cancer Australia and strong support for its leadership role into the future.

I look forward to working with the Minister, DoHA, the staff of the new Cancer Australia, consumers, and government and non-government organisations involved in cancer control in successfully delivering on our Strategic Plan and ultimately in improving the care, support and outcomes experienced by people with cancer across Australia.

## 2 Advisory Council Chair's review



## 2 Advisory Council Chair's review

### Dr Bill Glasson AO



The Advisory Council has been pleased to contribute to the move towards a new stage in the evolution of Cancer Australia brought about by the amalgamation with NBOCC on 30 June 2011. This, together with the Australian Government's May 2011 Budget decisions, will provide an improved funding and operating platform for the lead national cancer agency. The Council welcomes the Government's actions.

The Council is pleased to report that many of the successes that have characterised Cancer Australia will be carried into the new agency. The Council has noted particularly in this past reporting year the consolidation of partnerships and the continued strengthening of consumer input to the work of Cancer Australia.

During 2010–11 the Council has continued to discuss and provide advice to Cancer Australia on alignment of its work with government priorities, stakeholder engagement and maximising partnerships with other government and non-government organisations.

With three consumer members, the Council offers broad consumer expertise, with other members providing expertise in oncology, general practice, community cancer care, public health, cancer research and academia. The combination of personal experience, professional knowledge and individuals' skills are of great value in the Council's work.

Members of the Council have additionally continued their commitment to contributing to the work of Cancer Australia's National Advisory Groups, and have been actively engaged in the activities of these groups. I am grateful to them for contributing their specific expertise beyond the strategic work of the Advisory Council.

In 2010–11 the Council's work included: considering options for widening stakeholder consultations to assist in identifying funding priorities in cancer research; advising on dissemination of information about the value of the Australian Cancer Trials online website; and advising on the development of the flagship *National Framework for Consumer Involvement in Cancer Control*.

The Council was especially pleased to contribute its perspective and expertise in discussions with the NBOCC Board at a special joint meeting about the proposed strategic direction of the single agency, including the distinctive contribution that Cancer Australia can make to cancer control in Australia.



## Establishment and functions

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

## Membership

Members of the Advisory Council as at 30 June 2011 were:

Dr Bill Glasson AO (Chair)

Professor Sanchia Aranda

Dr Anne Atkinson

Professor Simon Chapman

Ms Kathryn Crisell

Dr Liz Kenny

Professor Ian Olver AM

Professor Christobel Saunders

Ms Lyn Swinburne AM

Dr Julie Thompson.

Remuneration of members of the Advisory Council is governed by section 30 of the *Cancer Australia Act 2006* and is determined by the Remuneration Tribunal.

## Looking ahead

The Council welcomes the opportunity to work with the new single national agency that Cancer Australia is to become in 2011–12.

The Council acknowledges the support of the Minister, the Secretary, the Chief Medical Officer and senior executives from DoHA, and is confident that the processes which were undertaken to support the amalgamation will assist in the establishment of a viable and sustainable entity that is fully capable in delivering the government's policy outcomes, and meeting all external accountability obligations as a *Financial Management and Accountability Act 1997* agency.

The Council understands from the consultations conducted during 2010–11 that there is widespread support for the organisation going forward. Council members endorse this view and look forward to working with the CEO and the staff of the new Cancer Australia.



## 3 About Cancer Australia



## 3 About Cancer Australia

Cancer Australia was established to benefit all Australians who are diagnosed with cancer, their families and carers.

In 2010 about 115,000 Australians were expected to be diagnosed with cancer, and by the age of 85 years, one in two men and one in three women will have been diagnosed with cancer in their life. Cancer is estimated to be the leading cause of burden of disease in Australia, accounting for approximately 19 per cent of the total disease burden in 2010.

Cancer Australia's role is to provide national leadership in cancer control and improve coordination of, and collaboration between, all stakeholders, including people affected by cancer, health professionals, researchers, cancer organisations and governments.

Cancer Australia works with our diverse range of stakeholders to harness efforts to ensure that evidence informs cancer control interventions across the cancer continuum.

Cancer Australia's effectiveness in delivering on its strategic intent is supported by its skilled staff and defined business processes.

### Functions and role

Cancer Australia was established in 2006. Its functions, as prescribed by the *Cancer Australia Act 2006*, are:

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

Cancer Australia reports to the Minister for Health and Ageing, the Hon Nicola Roxon MP.

## Outcome and program structure

The outcome expected from Cancer Australia's work in 2010–11 was:

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

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

The agency's Outcome Strategy states:

The Australian Government, through Cancer Australia, aims to provide national leadership in cancer control; guide scientific improvements in cancer prevention, treatment and care; coordinate and liaise between the wide range of health care providers and groups with an interest in cancer care; provide advice and make recommendations on cancer policy and priorities to the Minister for Health and Ageing; and oversee a dedicated budget for research into cancer.

The full Agency Budget Statement for 2010–11 is available at:

[http://www.health.gov.au/internet/budget/publishing.nsf/Content/2010-2011\\_Health\\_PBS](http://www.health.gov.au/internet/budget/publishing.nsf/Content/2010-2011_Health_PBS)

## Organisational structure

Cancer Australia's organisational structure is outlined in figure 3.1. The organisation was led by the Chief Executive Officer, Dr Helen Zorbas. Dr Zorbas was supported by the Deputy Chief Executive Officer (Dr Joanne Ramadge), Chief Finance Officer (Mr Mark Lewington, to 24 June 2011) and from 25 June 2011 Acting Chief Finance Officer (Ms Linnet Lee).

Five national managers covered the following fields or programs:

- » Cancer Research, Clinical Trials and Data—Dr Cleola Anderiesz
- » Cancer Networks and Professional Development—Ms Caroline Nehill (also NBOCC)
- » Lung Cancer Program—Ms Sue Sinclair (also NBOCC)
- » National Centre for Gynaecological Cancers—Dr Joanne Ramadge
- » Consumer Networks—Ms Susan Hanson

At June 2011 Cancer Australia had 23 positions of which 14 were ongoing.\*

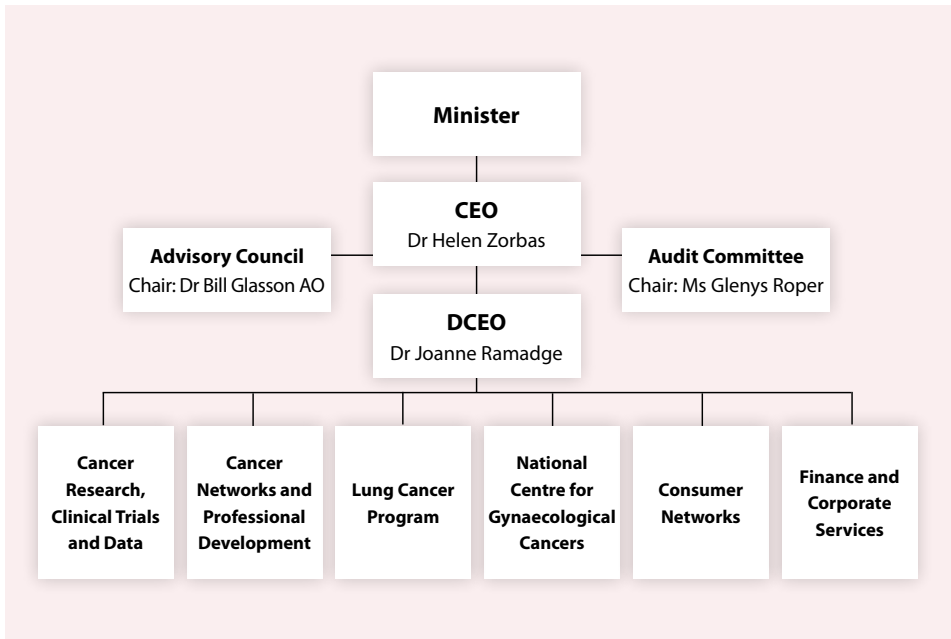
In carrying out its work Cancer Australia has structures, systems and processes in place to ensure that its governance, compliance and accountability responsibilities are met (see Part 5 of this report).

During 2010–11 Cancer Australia continued with its shared accommodation (in Canberra and Melbourne) and service level agreement with NHMRC for specified transactional corporate services.

\* Note: The amalgamation of Cancer Australia and National Breast and Ovarian Cancer Centre (NBOCC) took effect on 30 June 2011. The combined number of staff at 30 June 2011 was 56, (including non-ongoing staff) with staff located in Sydney, Canberra, Melbourne and Adelaide.

**FIGURE 3.1**

Cancer Australia's organisational structure up to 30 June 2011



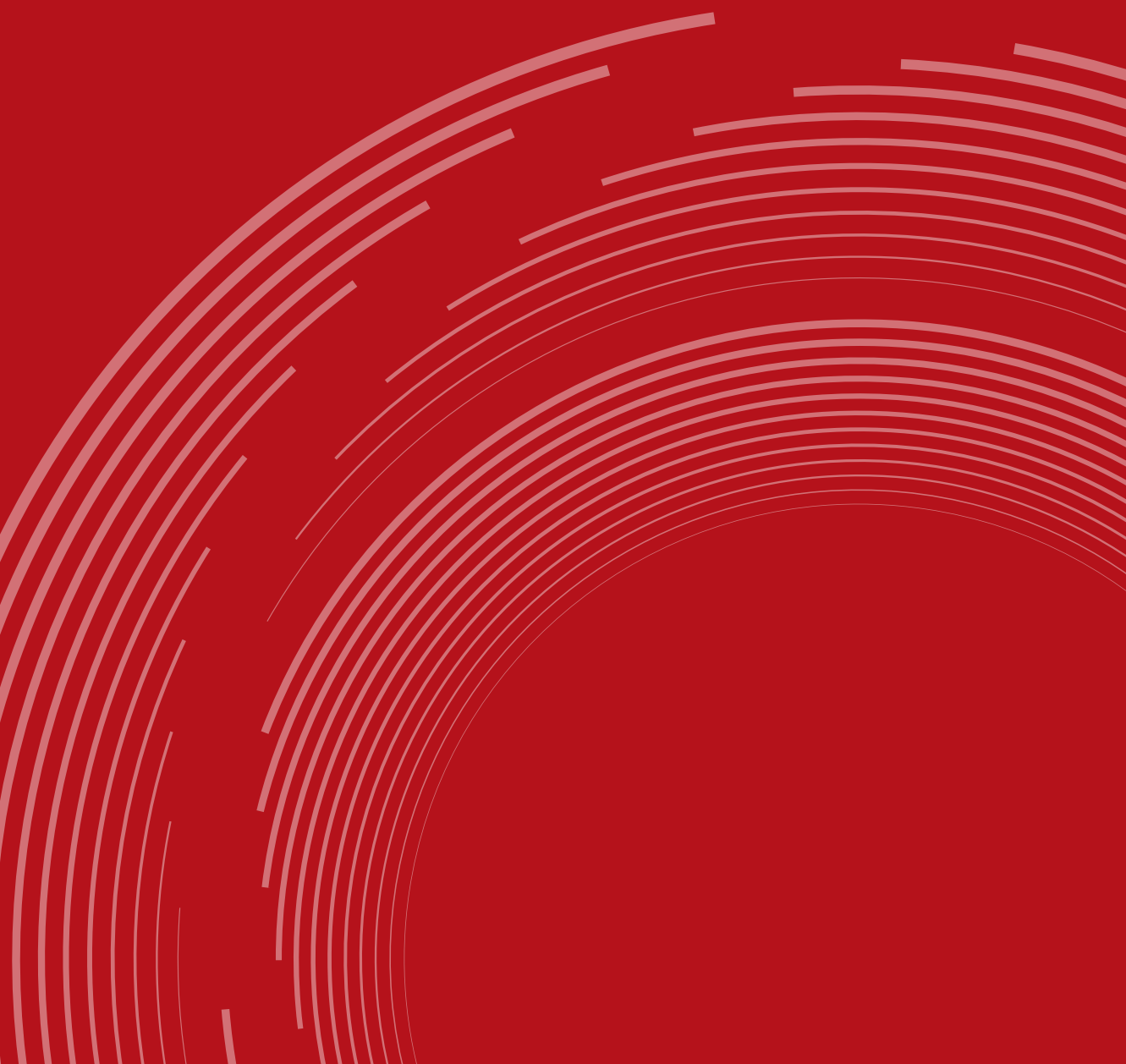
### The Cancer Australia Advisory Council

Cancer Australia draws on the wide spectrum of expertise, skills and experience Advisory Council members bring to our organisation. The Advisory Council Chair's review is in Part 2 of this report.

### Audit Committee

Cancer Australia benefits from advice and counsel provided through a standing Audit Committee, whose members during 2010-2011 were Ms Glenys Roper (Chair), Ms Di Fielding, and the DCEO Dr Joanne Ramadge.

## 4 Report on performance



## 4 Report on performance

The outcome expected through Cancer Australia's work in 2010–11 was:

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

Through Cancer Australia the Australian Government aimed in 2010–11 to:

- » boost cancer research in priority areas and build capacity for multi-site, collaborative national cancer clinical trials groups
- » improve cancer services in partnership with state and territory governments
- » strengthen education and support for cancer health care professionals
- » support people affected by gynaecological cancers
- » engage and support people affected by cancer to influence outcomes in cancer control and improve access to innovative support services.

Through this work and these partnerships Cancer Australia contributes to the Australian Government's broader health agenda.

This section reports on performance and covers the outcomes achieved by Cancer Australia in each of the priority areas specified and funded by the Australian Government. Cancer Australia has worked closely with other Australian Government agencies involved in cancer control, particularly with DoHA which is responsible for cancer control policy issues and advice to Government. Our work has also benefited from collaboration with AIHW, NHMRC and NBOCC.

Outcomes have been further augmented through engagement with people affected by cancer, and work undertaken in conjunction with clinicians, national cancer organisations and peak professional bodies. The impact of the agency's work has been enhanced by incorporating evaluation as an essential feature of its programs.

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

Tables 4.1, 4.2, 4.3 and 4.4 set out the quantitative and qualitative deliverables and performance against key performance indicators for 2010–11.

Cancer Australia's financial statements are at Appendix A. In addition, included in Appendix B is a summary table showing the total resources of the agency by outcome.

---

<sup>3</sup> Agency Budget Statement 2010–11, at [www.health.gov.au](http://www.health.gov.au).



## Priority research

Through administering the research and clinical trial programs Cancer Australia has demonstrated its continuing leadership and improved coordination in national research. We have supported targeted research and clinical trials to increase research effort in those cancers with high incidence rates and low survival rates, and cancers where significant years of life are lost due to early death.

### Priority-driven Collaborative Cancer Research Scheme

In 2010–11 through the PdCCRS Cancer Australia continued to partner with key government and non-government organisations to coordinate the funding of cancer research at a national level.

In the 2010 round of this scheme Cancer Australia partnered with:

- » *beyondblue: the national depression initiative*
- » Cancer Council New South Wales
- » Cancer Council Tasmania
- » CanTeen
- » Cure Cancer Australia Foundation
- » Leukaemia Foundation
- » Meat and Livestock Australia
- » National Breast Cancer Foundation
- » Prostate Cancer Foundation of Australia.

Specific research funding from Cancer Australia's National Centre for Gynaecological Cancers and Lung Cancer Program was also administered through the PdCCRS.

This national collaborative approach improves the coordination and funding of cancer research, and adds value to the research investment of both Cancer Australia and its Funding Partners. In 2010–11 32 grants totalling \$13.8 million were awarded through the PdCCRS, and 29 of these were funded or co-funded by Cancer Australia. Of these successful grants 74 per cent supported patient-centred research, and all of the fundable applications matched published priorities of the PdCCRS scheme.

Cancer Australia's PdCCRS aims to support patient-centred research. This type of research most directly informs best-practice cancer care and policy. The community benefits from patient-centred research through the application of research results to improve cancer care and outcomes.

### Support for Cancer Clinical Trials program

In 2010–11 Cancer Australia continued to administer the Support for Cancer Clinical Trials program, and provided funding to Australia's 13 Multi-site Collaborative National Cancer Clinical Trials Groups. During the year the national cancer trials groups had over 200 cancer clinical trials open to patient recruitment across Australia.

This year Cancer Australia updated and implemented the National Evaluation Framework to guide the national cancer clinical trials groups in monitoring their outcomes against the *Supporting Cancer Clinical Trials in Australia Principles Document*. Cancer Australia has also

continued to support the national cancer clinical trials groups through funding national support services including:

- » health- and pharmaco-economic services to assist the groups to include economic data in their trials
- » Cancer Australia Chair in Quality-of-Life, held by Professor Madeleine King at the University of Sydney, to assist the groups to incorporate quality-of-life measures into their clinical trials
- » Cancer Clinical Trials Development Unit to assist the three most recently established national cancer clinical trials groups to develop their cancer clinical trials
- » National Secretariat Services to assist the groups with their secretariat meeting requirements.

The Regional Multi-site Clinical Trials Capacity Building Network initiative was expanded in 2010–11 to include a total of 10 regional hospitals/centres. Through this initiative the regional hospitals opened 22 different cancer clinical trials and recruited over 200 patients from regional areas to these trials.

Cancer Australia's clinical trials initiatives increase the number of, and accessibility to, cancer clinical trials. These trials improve the survival of people affected by cancer and contribute to a reduction in premature death and disability. They are fundamental to establishing if new cancer treatments, diagnostic tests or preventive interventions are effective, and they help generate evidence for best practice cancer care.

### **Cancer data to improve cancer survival**

In 2010–11 Cancer Australia continued to fund pilot studies to determine appropriate collection methodologies for data related to spread, treatment and recurrence of cancer. Cancer Australia has engaged the Western Australia Cancer and Palliative Care Network (WACPCN) and Cancer Council Victoria (CCV) to develop and test methodologies that can be applied across all jurisdictions for capturing and collecting these data. The WACPCN is employing a clinical management system for collecting data on stage, with an emphasis on metastases, recurrences and treatment in Western Australia and in the Northern Territory. The CCV is undertaking a complementary project, trialling the use of electronic data acquisition technology to collect data on stage from source records such as imaging studies, laboratory tests and endoscopic staging procedures.

Cancer Australia has also in the past year updated the Cancer (Clinical) Data Set Specification (C(C)DSS), formerly known as the National Cancer Control Initiative Minimum Data Set, and the accompanying data definitions.

Cancer Australia has collaborated with key stakeholders to develop specific cancer datasets. During 2010–11 the development of a bio-specimen data set and data sets for lung and prostate cancer were progressed. Under the Australian Government's \$15 million Youth Cancer Networks Program, Cancer Australia has also progressed an Adolescents and Young Adults (AYA) clinical cancer data set. The methodology for pilot testing the AYA and lung cancer data sets commenced during 2010–11. The gynaecological cancer data set was also developed and pilot tested this year to determine the collectability of the proposed data items at the point of clinical care. Over time these datasets will improve the availability of information on national trends, and gaps in cancer care, and will ultimately inform better policy and practice in cancer control.

## Cancer networks and professional development

### Professional development for cancer professionals

During 2010–11 Cancer Australia continued to support health professionals to provide evidence-based cancer care with the development of a suite of targeted professional development initiatives through the Developing Training Courses for Nurses and Health Professionals measure. Three major projects have been continued this year under this measure, which aims to improve outcomes for patients by providing professional development opportunities for cancer health professionals and organisations.

### Cancer Learning

Cancer Learning is the health professionals' one-stop website for cancer care information, education and resources. The project is coordinated by the Workforce Education and Development Group at the School of Medicine at the University of Sydney, supported by clinical and educational experts and the Clinical Oncological Society of Australia (COSA).

The Cancer Learning website—[www.cancerlearning.gov.au](http://www.cancerlearning.gov.au)—has more than 2250 registered users—an increase of more than 350 per cent since the official launch in November 2008, and an average of 4400 unique visits a month. The site also provides access to over 1500 learning resources and activities.

### The National Cancer Nursing Education initiative

The National Cancer Nursing Education (EdCaN) initiative supports the development of the nursing workforce's understanding of, and skills and competency in, cancer control.

EdCaN resources are managed by the Queensland University of Technology (QUT) on behalf of Cancer Australia, and are supported by the Peter MacCallum Cancer Centre, the Cancer Nurses Society of Australia and other key stakeholders. QUT has continued the dissemination, implementation and engagement work that has been undertaken to date, and focussed on supporting CanNET sites. With Cancer Australia the university has continued to progress the Application for Continuing Professional Education (CPE) points for nurses completing the modules; targeted primary care nurses; engaged with universities, professional colleges and other providers of nursing education; and begun to implement the modules on the *Psychosexual Care for Women Affected by Gynaecological Cancers (PSGC)*.

EdCaN resources are available through the Cancer Learning website [www.cancerlearning.gov.au](http://www.cancerlearning.gov.au).

### A Cancer Professional Development Framework

An initiative of Cancer Australia this year has been funding the establishment of the *Cancer Professional Development Framework*. The framework will guide Cancer Australia's work in professional development over the next three to five years. There has been wide consultation in this work, which will be finalised in early 2011–12.

## Evidence-based Cancer Treatments Online for Primary Health Care

Cancer Australia has continued to fund and oversee the Evidence-based Cancer Treatments Online for Primary Health Care (eviQ®) initiative. This initiative is an online information resource of evidence-based cancer treatments specifically to support primary health care clinicians. Its development is led by the Cancer Institute NSW, and it can be accessed at [www.eviQ.org.au](http://www.eviQ.org.au).

## Service Development and Reform

Throughout 2010–11 Cancer Australia continued to better link metropolitan and regional cancer services through the Mentoring for Regional Hospitals and Health Professionals Measure. This measure aims to improve access to best practice care for regional Australians by identifying the needs of Aboriginal and Torres Strait Islander peoples, developing referral pathways and service directories, supporting health professionals and improving access to multidisciplinary care (MDC). A team approach to care has been shown to improve outcomes for people with cancer and to support best practice. The projects under the umbrella of this measure that continued to progress or were completed include:

- » the Cancer Services Networks National program (CanNET) that specifically targets MDC, referral pathways and service directories
- » a review of the CanNET Glossary to promote consistent use and application of terminology across the jurisdictions, and thus improve communication
- » a survey to identify how factors influencing multidisciplinary teams (MDT) interact and contribute to MDT outcomes
- » development of a model of care coordination for older Australians with cancer in regional Victoria
- » an updated review of the evidence surrounding managed clinical networks (MCN) that underpin the CanNET projects, both locally and internationally
- » support for health organisations and individual health professionals working with Aboriginal and Torres Strait Islander women to promote breast cancer awareness through locally-run workshops
- » three clinical research projects funded under the PdCCRS, two of which have a major focus on regional Australia
- » a research report on cancer control in Aboriginal and Torres Strait Islander populations
- » a statistical report on cancer in Aboriginal and Torres Strait Islander peoples.

Cancer Australia has had strong consultative processes supporting these projects, and has incorporated into this work the outcomes of three national workshops and working and advisory group meetings throughout the year.

## Lung Cancer Program

In 2010–11 Cancer Australia continued to engage with consumers, health professionals and other relevant stakeholder organisations to progress work that will build the evidence in lung cancer, and the support for health professionals to deliver consistent evidence-based best practice care to improve outcomes for people affected by lung cancer.

Late diagnosis and delays in referral to specialist multidisciplinary teams have been identified from research and consultation as a key factor impacting on the outcomes for people diagnosed with lung cancer. In 2010–11 Cancer Australia commenced on a broad scope of work that will build the evidence to support early diagnosis and encourage referrals to specialists who work within multidisciplinary teams. This includes a systematic review of risk factors associated with lung cancer in smokers, former smokers and those who have never smoked; research on the effects of stigma and nihilistic views on lung cancer outcomes from the perspective of health professionals and people affected by lung cancer; the development of a guide for general practitioners about the investigation of symptoms of lung cancer; and a national service directory of lung cancer multidisciplinary teams.

In 2010–11 two lung cancer research projects were funded through the PdCCRS. Lung cancer continues to be an identified research priority in the 2011–12 grants round. Partnerships continue with Cancer Council Australia and the Australian Lung Foundation to support health professionals to deliver best practice care.

Cancer Australia is funding Cancer Council Australia to update the 2004 clinical practice guidelines for the prevention, diagnosis and management of lung cancer utilising an innovative Wiki-based IT approach to provide accessible, user friendly clinical guidelines for health professionals.

In partnership with the Australian Lung Foundation five nurses were supported to attend the 14th World Lung Cancer Congress in the Netherlands. Supporting nurses aims to build the capacity of clinical nurse leaders in lung cancer. In addition the Australian Lung Foundation has been funded to support the dissemination of the DVD *Lung Cancer: Understanding, Managing, Living* which has been recently translated into 12 languages. This will provide widespread community access to a comprehensive resource for people with lung cancer.

Building data capacity remains a priority, and in 2010–11 Cancer Australia funded AIHW to produce the first comprehensive statistical overview of lung cancer in Australia. Additionally, four cancer centres commenced testing the feasibility of the lung cancer clinical data set specification.

## National Centre for Gynaecological Cancers

In 2010–11 the National Centre for Gynaecological Cancers (the Centre) continued to work with key organisations and individuals on its three-year work plan that concluded in June 2011. Since its establishment the Centre has aimed to improve outcomes for women diagnosed with gynaecological cancers, their families and carers, through:

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

The Centre has achieved significantly in each of these areas with the support of the National Centre for Gynaecological Cancers Advisory Group (see Appendix C) which contributed extensively to all projects.

## Information and support

Information about the on-line availability of the 72 evidence-based consumer information factsheets developed by the Centre was disseminated. These resources were promoted through the state and territory gynaecological cancer workforce projects and gynaecological cancer centres. A review panel has been established to ensure the currency of the material.

In 2010–11 the Centre continued to fund two gynaecological cancer support projects under the Building Cancer Support Networks Initiative.

A consumer fellowship, the Jeannie Ferris, National Centre for Gynaecological Cancers Consumer Churchill Fellowship, was awarded in 2010. Ms Merran Williams used the Fellowship in 2011 to visit gynaecological cancer centres of excellence with a focus on survivorship programs in the USA.

## Evidence-based care

The Centre continued to work collaboratively and drew on expert advice to advance the evidence base in the treatment of women with gynaecological cancers.

The clinical resource, *Abnormal vaginal bleeding in pre-, peri- and post-menopausal women: A diagnostic guide for general practitioners and gynaecologists*, was developed and disseminated to assist GPs and gynaecologists ensure that women with unusual vaginal bleeding that may indicate endometrial cancer are appropriately investigated. It is also available on Cancer Australia's website [www.canceraustralia.gov.au](http://www.canceraustralia.gov.au).

Two research grants were funded by the Centre through the 2010 round of the PdCCRS, bringing the number of research grants funded or co-funded by the Centre in the PdCCRS to four, with a total value \$1.1 million. A further 10 research grants relating to gynaecological cancers, with a total value of \$5.6 million, have been funded by Cancer Australia and its Funding Partners through the 2007–2010 rounds of the PdCCRS.

Work commenced this year, in partnership with Cancer Council Australia, on the development of clinical practice guidelines for the management of women with endometrial cancer. These guidelines are being written with assistance from a working group and contributing authors with expertise in gynaecological cancers. The guidelines will be available in a Wiki-based format, providing the platform for ongoing updates from closed expert panels as new published evidence becomes available.

The National Cancer (Clinical) Data Set Specification for Gynaecological Cancers has been finalised and pilot tested in all jurisdictions. The final report is being reviewed and will inform future implementation of the dataset which will facilitate standardised, national data collection to help identify gaps in care and support policy and service planning.

In 2010–11 AIHW was funded to research and produce a report on endometrial and cervical cancers in Australia, providing the most up-to-date statistical information for key stakeholders in the area of gynaecological cancer control.

## Workforce support for coordinated care

The Centre worked in partnership with RANZCOG to finalise the first *National Gynaecological Cancers Service Delivery and Resource Framework*. The framework is designed to help guide services in the delivery of quality multidisciplinary gynaecological cancer care.

After broad public consultation the framework has been completed and endorsed by RANZCOG, and is now available on the Cancer Australia website at [www.canceraustralia.gov.au](http://www.canceraustralia.gov.au).

The Framework has been aligned with the Centre's gynaecological cancer workforce projects funded in each state and territory. These projects implemented elements of the framework to improve outcomes for women with gynaecological cancers.

The online psychosexual support training module for health professionals has been completed and pilot tested with cancer health professionals. This resource, which will assist health professionals further develop the skills to support women and their partners, was recently released through the Cancer Learning website—[www.cancerlearning.gov.au](http://www.cancerlearning.gov.au)—and is currently being promoted through facilitated train-the-trainer workshops in rural, regional and metropolitan areas.

The Royal Australian College of General Practitioners (RACGP) continues to manage and promote the GP Learning Module *Managing Gynaecological Malignancies in General Practice* that was developed by the Centre in 2008, as one of a number of educational initiatives to support health professionals who manage the care and treatment of women in the community with gynaecological cancers. Since then the module has formed part of a more comprehensive women's health learning module titled *Female cancers and psychosocial care*.

Two Rural Health Education Foundation broadcasts were delivered in 2011: *Gynaecological cancers: Psychosexual care* and *Endometrial cancer: Investigations and appropriate referral*. These broadcasts reached over 660 satellite receiving sites across Australia. They are available to health professionals on DVD and can also be obtained through the Rural Health Education Foundation and Cancer Australia.

Four *Health Minutes* to promote awareness about gynaecological cancers within the community have been filmed by the ABC, for release onto Cancer Australia's website and online broadcast by the ABC.

## Consumer networks

In 2010–11 Cancer Australia continued to be guided by the National Consumer Advisory Group and the needs of people affected by cancer in informing our work program. Communities across Australia benefit from consumers and community organisations participating in cancer control to reduce the impact of cancer and improve the wellbeing of both people who are diagnosed and their families.

### National Framework for Consumer Involvement in Cancer Control

Cancer Australia, in partnership with Cancer Voices Australia, engaged more than 50 consumers, health professionals, researchers, policy makers and service planners, involving government agencies, non-government organisations and professional bodies, to develop a framework for effective consumer engagement in cancer control.

Establishing strong governance, and incorporating consultation with over 500 stakeholders and peer review by international experts, high-level agreement was reached for the national framework to set the direction for meaningful consumer involvement. Effective consumer engagement was found to involve four interrelated elements, including: committed organisations involving consumers at every level; well-informed consumers able to represent the views of others; inclusive groups understanding the value of each member's contribution; and recognition of a shared focus and aim achieved by acting collaboratively and effectively.

The framework advocates that people affected by cancer and their families be respectfully engaged as equal and integral members of the treatment team. Their unique needs and preferences are to be incorporated into the treatment plan, and similarly, at a community level, consumers are to be included as core members of all cancer control and health system efforts in service improvements, policy development and targeted research.

### **Building Cancer Support Networks Initiative**

During 2010–11 Cancer Australia continued to deliver the Building Cancer Support Networks Initiative, both independently and in partnership with cancer organisations. This grants program aims to improve the capacity of community-based organisations and networks to provide appropriate information and support for people with cancer and their families and caregivers, in order to minimise the impact of cancer on their lives.

Under this initiative Cancer Australia continued to support 23 projects and maintained ongoing partnerships with 14 cancer organisations this year.

These projects target:

- » Aboriginal and Torres Strait Islander peoples
- » culturally and linguistically diverse communities
- » rural and remote communities
- » people living with brain cancer, breast cancer, cancer of unknown primary, melanoma, prostate cancer, lung cancer and gynaecological cancers, and survivors of cancer,

and significantly improve the range, reach and access to quality information resources and coordinated cancer support options.

Cancer Australia's partnering with community organisations increases the visibility of cancer support networks that are responsive to local needs and further develop linkages within communities.

### **Australia Cancer Trials Online Website**

Cancer Australia and the National Consumer Advisory Group (NCAG), in partnership with the University of Sydney, NHMRC Australian New Zealand Clinical Trials Registry and Cancer Voices, has developed the first national 'consumer friendly' website to provide clear, non-technical information about cancer clinical trials available in Australia. In addition, the website was formally evaluated through a randomised controlled trial led by the University of Sydney and made possible through an NHRMC grant.



The website, Australian Cancer Trials, was launched on 10 November 2010. The website provides consumers with easy access to information about cancer clinical trials, and enables them to make informed decisions about participating in clinical trials. The website can be accessed at [www.australiancancertrials.gov.au](http://www.australiancancertrials.gov.au).

The Australian Cancer Trials website has been well received by consumers, researchers and health professionals, with unique user visits to the website averaging over 700 per month since its launch. NCAG was instrumental in establishing and developing the website, and continues to promote it within consumer and community groups. Enhanced awareness and understanding of clinical trials leads to increased participation, and community benefits from the research associated with increased participation include improved cancer treatments and rates of survival.

## Deliverables – Cancer Australia’s priorities

The Australian Government’s priority areas for Cancer Australia’s efforts in 2010–11—including deliverables, targets and results—are outlined below.

**TABLE 4.1**

Program 1.1 Qualitative Deliverables

Priority research
<b>Deliverable</b>
Manage a nationally competitive, priority-driven cancer research grant round
<b>Target</b>
Manage the Priority-driven Collaborative Cancer Research Scheme, with Funding Agreements in place by end February 2011
<i>Target met</i>
<b>Deliverable</b>
Funding support for multi-site, collaborative, national cancer clinical trials groups
<b>Target</b>
Funding for multi-site, collaborative, national cancer clinical trials groups in place by December 2010
<i>Target met</i>
Service development and reform
<b>Deliverable</b>
Manage coordination of reforming regional cancer services
<b>Target</b>
Manage coordination with jurisdictions, with funding agreements in place by December 2010
<i>Target met</i>

**Deliverable**

Improve national lung cancer data

**Target**

Develop a dataset specification for lung cancer by May 2011

*Target met*

**National Centre for Gynaecological Cancers**

**Deliverable**

Manage and coordinate program activities that will improve information and resources, support the workforce and help build the evidence in gynaecological cancers

**Target**

Program objectives achieved, for the coordination of the gynaecological cancer workforce initiative in collaboration with states and territories by June 2011.

*Target met*

**Consumer engagement and support**

**Deliverable**

Involve consumers in Cancer Australia advisory groups

**Target**

Consumers participate in all Advisory Groups for Cancer Australia

*Target met*

**Deliverable**

Build Cancer Support Networks Initiative

**Target**

Grants provided to community organisations by Cancer Australia

*Target met*

**TABLE 4.2**

Program 1.1 Quantitative Deliverables

**Priority research**

**Deliverable**

Minimum number of cancer research grants funded by Cancer Australia through the Priority-driven Collaborative Cancer Research Scheme

**Target**

11

*Target met*

**Deliverable**

Number of multi-site, collaborative, national cancer clinical trials groups funded by Cancer Australia

**Target**

13

*Target met*

**Service development and reform****Deliverable**

Number of clinical resources published for health professionals

**Target**

1

*Target met*

**Deliverable**

Number of pilot studies funded to improve data on the spread, treatment and recurrence of cancer

**Target**

2

*Target met*

**National Centre for Gynaecological Cancers****Deliverable**

Number of information resources published for women with gynaecological cancers

**Target**

1

*Target met*

**Consumer engagement and support****Deliverable**

Number of new projects developed under the Building Cancer Support Network Initiative

**Target**

2

*Target met*

**TABLE 4.3**

Program 1.1 Key Performance Indicators: Qualitative Indicators

<b>Service development and reform</b>	
<b>Indicator</b>	Development of Cancer Clinical Networks
<b>Target</b>	Each state and territory will have a Cancer Clinical Network
	<i>Target met</i>
<b>Consumer engagement and support</b>	
<b>Indicator</b>	Consumer support for involvement in Cancer Australia projects
<b>Target</b>	Active training programs for consumers
	<i>Target met</i>

**TABLE 4.4**

Program 1.1 Key Performance Indicators: Quantitative Indicators

<b>Priority research</b>	
<b>Indicator</b>	Percentage of patient-centred research funded through the Priority-driven Collaborative Cancer Research Scheme
<b>Target</b>	>70%
	<i>Target met</i>
<b>Indicator</b>	Number of fundable applications matching published priorities through the Priority-driven Collaborative Cancer Research Scheme
<b>Target</b>	>80%
	<i>Target met</i>

## Service development and reform

### Indicator

Percentage of states and territories participating in service development projects

### Target

100%

*Target met*

### Indicator

Number of multidisciplinary teams aligned to Cancer Australia's programs

### Target

20

*Target met*

## National Centre for Gynaecological Cancers

### Indicator

Percentage of states and territories with specialist gynaecological services participating in at least one gynaecological cancer project

### Target

100%

*Target met*

## Consumer engagement and support

### Indicator

Maintain number of consumers recruited for involvement in Cancer Australia activities

### Target

40

*Target met*

### Indicator

Percentage of consumer groups represented in Cancer Australia Advisory Committee

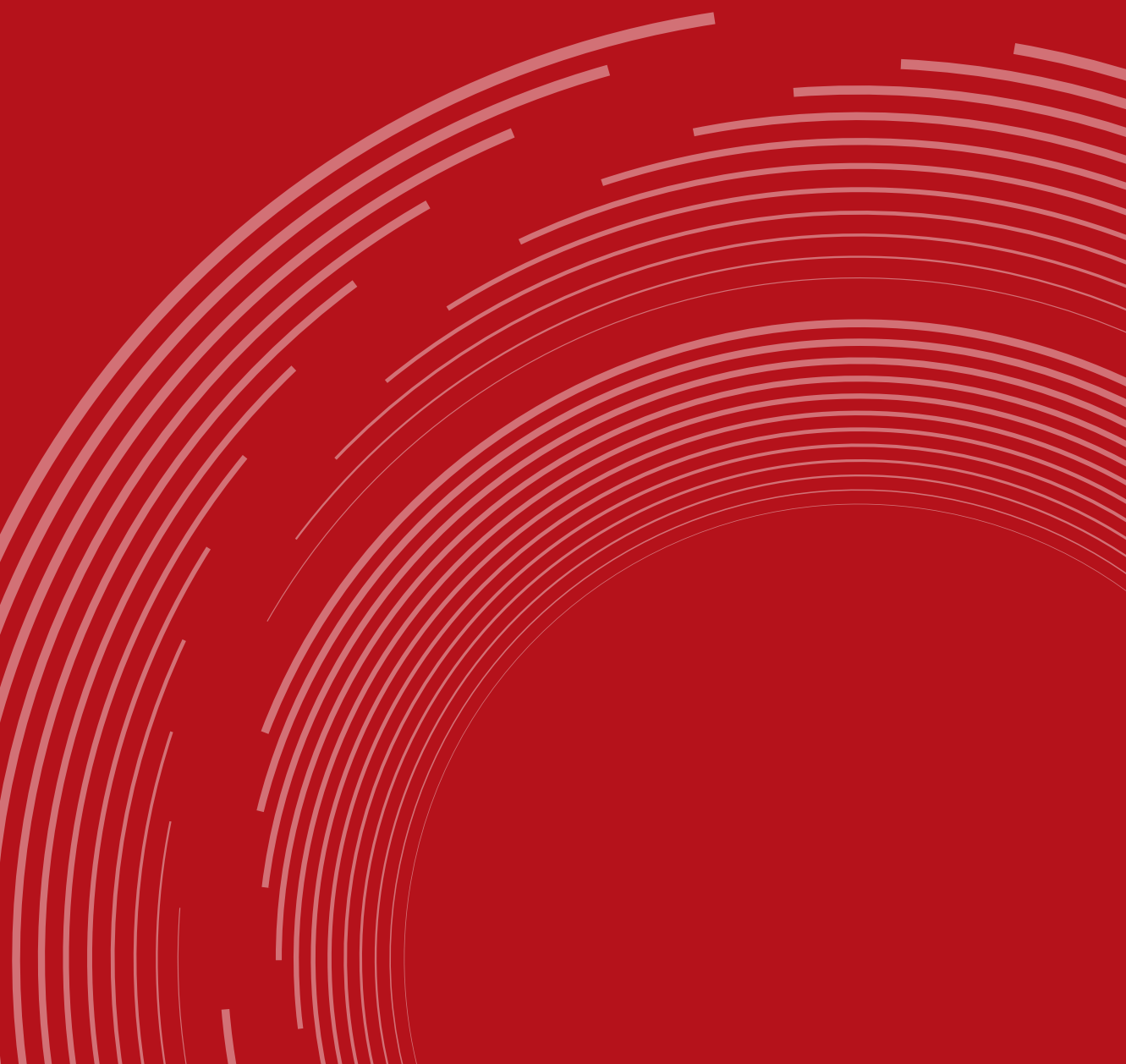
### Target

100%

*Target met*



## 5 Management and accountability



## 5 Management and accountability

In 2010–11 the Chief Finance Officer's team was responsible for organising the financial, human resources, procurement, information technology and web services and general administrative services needed to support Cancer Australia's operations.

### Key results for the year

- » Redeveloped Cancer Australia's website to improve the accessibility and quality of information available
- » Provided advice and services relating to amalgamation with NBOCC
- » Implemented improved financial management processes
- » Developed and implemented a new shared services agreement for specified services with NHMRC
- » Updated fraud control and risk management plans.

Cancer Australia's audited financial statements are at Appendix A. Other mandatory information reports for 2010–11 are at Appendix B, and cover:

- » advertising and market research
- » asset management
- » Australian National Audit Office access
- » competitive tendering and contracting
- » consultancies
- » disability reporting
- » ecologically sustainable development
- » exempt contracts
- » external scrutiny
- » freedom of information (FOI) (in addition to complying with the government's Information Publication Scheme requirements on the Cancer Australia website, from 1 May 2011)
- » grant programs
- » occupational health and safety
- » purchasing
- » resource statement and resource table by outcome.



## Corporate governance

### Corporate and operational plans

In 2010–11 Cancer Australia continued to manage its programs or measures through an operational plan. In May/June 2011 the agency joined NBOCC in business planning activities to support the new model of operating for the 2011–12 financial year.

The Chief Executive Officer, the Deputy Chief Executive Officer and the Chief Finance Officer met weekly during the year to assess progress against Cancer Australia's operational plan, to make decisions on the strategic management of the agency and to address organisation-wide operational matters. A wider group including all senior managers from Cancer Australia also met monthly to cover progress and canvas issues in common.

In addition, from late March 2011, a Transition Senior Management Team meeting was held weekly, involving senior staff from both Cancer Australia and NBOCC.

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

### Internal audit arrangements

Cancer Australia's Audit Committee met five times during the year to provide independent advice and assistance to the Chief Executive Officer on Cancer Australia's risk control and compliance framework, and its external accountability responsibilities. The committee includes two members appointed from outside Cancer Australia.

In 2010–11 Cancer Australia's auditor conducted the internal audit function. These audits were conducted in compliance with the risk-based internal audit plan, which has been endorsed by the Audit Committee.

### Fraud control

In accordance with the requirements of the Commonwealth Fraud Control Guidelines, Cancer Australia constantly reviews its fraud control plan. This is supported by appropriate procedures and processes relating to fraud that enable the agency to comply with Australian Government guidelines.

### Ethical standards

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

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

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

## Remuneration for Senior Executive Service (SES) officers

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

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

## Consultancies

Annual reports contain information about actual expenditure on contracts for consultancies. Information on the value of Cancer Australia's contracts and consultancies is available on the AusTender website- [www.tenders.gov.au](http://www.tenders.gov.au). More detailed information is at Appendix B of this report.

## Financial overview

The 2010–11 departmental expenses were \$4,487,507 (GST exclusive).

The 2010–11 administered expenses were \$24,389,654 (GST exclusive).

A resource summary of Cancer Australia's administered and departmental expenses is provided in Appendix B. Further information on Cancer Australia's financial performance is available in the financial statements and accompanying notes of this annual report. Cancer Australia's audited financial statements are at Appendix A.

## Management of human resources

As at 30 June 2011 Cancer Australia had 23 positions, including 14 ongoing and nine non-ongoing staff.

Most staff are located in Canberra, with three based in Melbourne, one in Adelaide, and four Sydney based staff working across Cancer Australia and NBOCC. The workforce is predominantly female (92 per cent).

During the year as Cancer Australia moved towards amalgamation with NBOCC, the staffing profile and skill mix of the agency was carefully managed to ensure effective positioning to meet the needs of the amalgamated agency from 2011–12.

### **Cancer Australia staffing statistics**

The distribution of staff by classification is shown in Table 5.1. The distribution of staff by classification as at 30 June 2010 is shown in Table 5.2. Salary structures are listed in Table 5.3 and employment arrangements in Table 5.4. Please note that Tables 5.1, 5.2 and 5.4 refer to Cancer Australia staff only prior to the amalgamation with NBOCC, which took effect on 30 June 2011.

**TABLE 5.1**

Cancer Australia staff numbers by classification and full-time or part-time status at 30 June 2011

Classification	Female		Male		Total
	Full-time	Part-time	Full-time	Part-time	
Chief Executive Officer	1S	0	0	0	1
Senior Executive Band 1	1	0	0	0	1
Executive Level (EL) 2 (or equivalent)	2M 1	1S	0	0	4
EL 1	3	1S	1	0	5
APS 6	1M 3	1S 1	0 0	1A 0	7 0
APS 5	4	0	0	0	4
APS 4	0	0	0	0	0
APS 1–3	0	0	0	0	0
Medical	0	1	0	0	1
Total	16	5	1	1	23

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

**TABLE 5.2**

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

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

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

**TABLE 5.3**

Salary structures at Cancer Australia

Classification	Salary range
EL2	\$103,406 – \$147,058
EL1	\$86,670 – \$98,849
APS Level 6	\$70,528 – \$79,567
APS Level 5	\$63,932 – \$67,479
APS Level 4	\$58,780 – \$62,107
APS Level 3	\$51,881 – \$57,506
APS Level 2	\$44,894 – \$48,991
APS Level 1	\$38,413 – \$43,140
Medical Officer salary structure	Salary range
Medical Officer Class 4	\$133,603 – \$147,058
Medical Officer Class 3	\$122,513 – \$128,273
Medical Officer Class 2	\$109,568 – \$115,447
Medical Officer Class 1	\$77,799 – \$100,128

**TABLE 5.4**

Employment arrangements

Staff	AWA	Common Law or s. 24
SES	1	
Non-SES	9	12

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

### Performance pay

No member of Cancer Australia staff was employed under performance-based remuneration conditions in 2010–11.

### Training and development

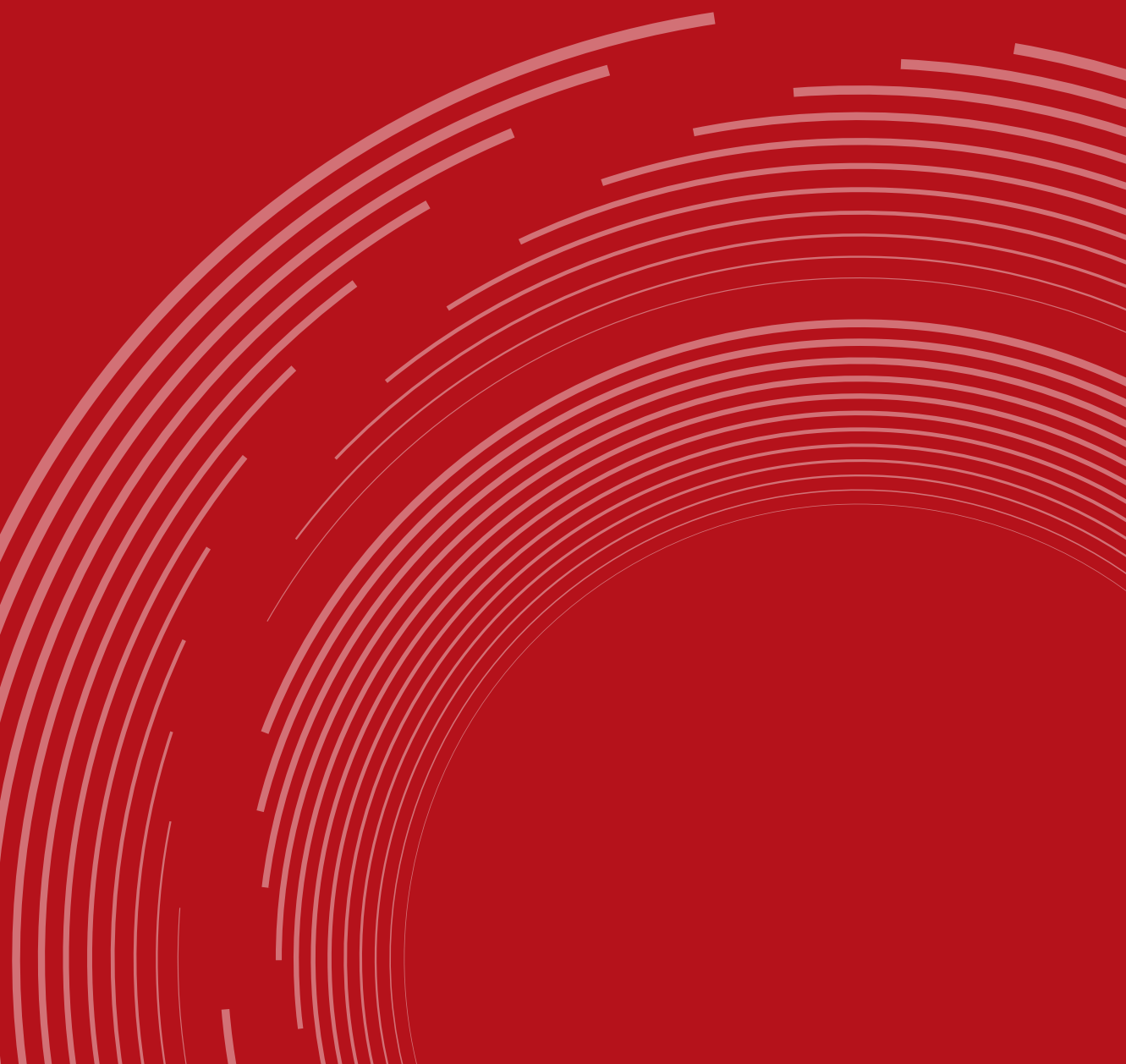
Cancer Australia provides financial and leave assistance to its staff enrolled in external study or training that is relevant to the operational needs of the agency. Each staff member has the opportunity to identify and access appropriate training through the organisation's Performance Development Scheme. In addition to individual training opportunities, during 2010–11 project management training was identified as a corporate priority and relevant training was provided to all staff.

## Ministerial and parliamentary coordination

During 2010–11 Cancer Australia provided quality, timely and relevant evidence-based advice to the Minister for Health and Ageing on cancer-related issues. The agency collaborates closely with DoHA to support the Minister and implement Australian Government policies.



# Appendices





## INDEPENDENT AUDITOR'S REPORT

### To the Minister for Health and Ageing

I have audited the accompanying financial statements of Cancer Australia for the year ended 30 June 2011, which comprise: the Statement by the Chief Executive and General Manager Corporate Affairs; Statement of Comprehensive Income; Balance Sheet; Statement of Changes in Equity; Cash Flow Statement; Schedule of Commitments; Schedule of Asset Additions; Schedule of Administered Items and Notes to and forming part of the Financial Statements comprising a Summary of Significant Accounting Policies and other explanatory information.

#### *Chief Executive's Responsibility for the Financial Statements*

The Chief Executive Officer of Cancer Australia is responsible for the preparation of financial statements that give a true and fair view in accordance with the Finance Minister's Orders made under the Financial Management and Accountability Act 1997, including the Australian Accounting Standards, and for such internal control as the Chief Executive Officer determines is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

#### *Auditor's Responsibility*

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to Cancer Australia's preparation of the financial statements that give a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Cancer Australia's internal control. An audit also includes evaluating the appropriateness of the accounting policies used and the reasonableness of accounting estimates made by the Chief Executive Officer, as well as evaluating the overall presentation of the financial statements.

GPO Box 707 CANBERRA ACT 2601  
19 National Circuit BARTON ACT 2600  
Phone (02) 6203 7300 Fax (02) 6203 7777



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

***Independence***

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

***Auditor's Opinion***

In my opinion, the financial statements of Cancer Australia:

- (a) have been prepared in accordance with the Finance Minister's Orders made under the *Financial Management and Accountability Act 1997*, including the Australian Accounting Standards; and
- (b) give a true and fair view of the matters required by the Finance Minister's Orders including Cancer Australia's financial position as at 30 June 2011 and of its financial performance and cash flows for the year then ended.

Australian National Audit Office



Puspa Dash  
Executive Director

Delegate of the Auditor-General

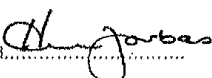
Canberra

26 September 2011

Cancer Australia


**STATEMENT BY THE CHIEF EXECUTIVE AND GENERAL MANAGER CORPORATE AFFAIRS**

In our opinion, the attached financial statements for the year ended 30 June 2011 are based on properly maintained financial records and give a true and fair view of the matters required by the Finance Minister's Orders made under the *Financial Management and Accountability Act 1997*, as amended.

Signed 

Helen Zorbas  
Chief Executive Officer

26 September 2011

Signed 

Bill Northcote  
General Manager, Corporate Affairs

26 September 2011

## Table of Contents

Statement of Comprehensive Income
Balance Sheet
Statement of Changes in Equity
Cash Flow Statement
Schedule of Commitments
Schedule of Asset Additions
Schedule of Administered Items
Note 1: Summary of Significant Accounting Policies
Note 2: Events After the Reporting Period
Note 3: Expenses
Note 4: Income
Note 5: Financial Assets
Note 6: Non-Financial Assets
Note 7: Payables
Note 8: Provisions
Note 9: Restructuring
Note 10: Cash Flow Reconciliation
Note 11: Contingent Liabilities and Assets
Note 12: Senior Executive Remuneration
Note 13: Remuneration of Auditors
Note 14: Financial Instruments
Note 15: Income Administered on Behalf of Government
Note 16: Expenses Administered on Behalf of Government
Note 17: Assets Administered on Behalf of Government
Note 18: Liabilities Administered on Behalf of Government
Note 19: Administered Reconciliation Table
Note 20: Administered Contingent Assets and Liabilities
Note 21: Administered Financial Instruments
Note 22: Appropriations
Note 23: Special Accounts
Note 24: Compensation and Debt Relief
Note 25: Reporting of Outcomes
Note 26: Comprehensive Income (Loss) attributable to the entity

**STATEMENT OF COMPREHENSIVE INCOME***for the period ended 30 June 2011*

	Notes	2011 \$	2010 \$
<b>EXPENSES</b>			
Employee benefits	3A	2,714,047	2,368,492
Supplier expenses	3B	1,703,980	1,514,829
Depreciation and amortisation	3C	7,424	45,795
Write-down and impairment of assets	3D	62,056	10,003
<b>Total expenses</b>		<u>4,487,507</u>	<u>3,939,119</u>
<b>LESS:</b>			
<b>OWN-SOURCE INCOME</b>			
<b>Own-source revenue</b>			
Sale of goods and rendering of services	4A	701,178	158,413
<b>Total own-source revenue</b>		<u>701,178</u>	<u>158,413</u>
<b>Gains</b>			
Sale of assets	4B	2,179	-
Other gains	4C	47,000	52,000
<b>Total gains</b>		<u>49,179</u>	<u>52,000</u>
<b>Total own-source income</b>		<u>750,357</u>	<u>210,413</u>
<b>Net cost of services</b>		<u>3,737,150</u>	<u>3,728,706</u>
Revenue from Government	4D	3,820,000	3,886,000
<b>Surplus (Deficit)</b>		<u>82,850</u>	<u>157,294</u>
<b>OTHER COMPREHENSIVE INCOME</b>			
Changes in asset revaluation reserves		-	-
<b>Total other comprehensive income</b>		<u>-</u>	<u>-</u>
<b>Total comprehensive income</b>		<u>82,850</u>	<u>157,294</u>

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

**BALANCE SHEET***as at 30 June 2011*

	Notes	2011 \$	2010 \$
<b>ASSETS</b>			
<b>Financial Assets</b>			
Cash and cash equivalents	5A	796,848	38,220
Trade and other receivables	5B	2,403,781	1,592,354
<b>Total financial assets</b>		<u>3,200,629</u>	<u>1,630,574</u>
<b>Non-Financial Assets</b>			
Property, plant and equipment	6A,B	198,937	2,487
Intangibles	6C,D	144,623	5,923
Other	6E	109,063	2,836
<b>Total non-financial assets</b>		<u>452,623</u>	<u>11,246</u>
<b>Total Assets</b>		<u>3,653,252</u>	<u>1,641,820</u>
<b>LIABILITIES</b>			
<b>Payables</b>			
Suppliers	7A	1,043,873	336,817
Other	7B	725,131	134,404
<b>Total payables</b>		<u>1,769,004</u>	<u>471,221</u>
<b>Provisions</b>			
Employee provisions	8A	1,150,780	590,376
Other	8B	54,100	-
<b>Total provisions</b>		<u>1,204,880</u>	<u>590,376</u>
<b>Total Liabilities</b>		<u>2,973,884</u>	<u>1,061,597</u>
<b>Net Assets</b>		<u>679,368</u>	<u>580,223</u>
<b>EQUITY</b>			
Contributed equity		16,295	-
Retained surplus		663,073	580,223
<b>Total Equity</b>		<u>679,368</u>	<u>580,223</u>

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

**STATEMENT OF CHANGES IN EQUITY***for the period ended 30 June 2011*

	Retained surplus		Contributed equity		Total equity	
	2011	2010	2011	2010	2011	2010
	\$	\$	\$	\$	\$	\$
<b>Opening balance</b>						
Balance carried forward from previous period	580,223	422,929	-	-	580,223	422,929
<b>Adjusted opening balance</b>	<b>580,223</b>	<b>422,929</b>	<b>-</b>	<b>-</b>	<b>580,223</b>	<b>422,929</b>
<b>Comprehensive income</b>						
Surplus (Deficit) for the period	82,850	157,294			82,850	157,294
<b>Total comprehensive income</b>	<b>82,850</b>	<b>157,294</b>	<b>-</b>	<b>-</b>	<b>82,850</b>	<b>157,294</b>
<b>Transactions with owners</b>						
<b>Contributions by owners</b>						
Departmental capital budget	-	-	80,000	-	80,000	-
Restructuring	-	-	(63,705)	-	(63,705)	-
<b>Sub-total transactions with owners</b>	<b>-</b>	<b>-</b>	<b>16,295</b>	<b>-</b>	<b>16,295</b>	<b>-</b>
<b>Closing balance as at 30 June</b>	<b>663,073</b>	<b>580,223</b>	<b>16,295</b>	<b>-</b>	<b>679,368</b>	<b>580,223</b>

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

**CASH FLOW STATEMENT***for the period ended 30 June 2011*

	Notes	2011 \$	2010 \$
<b>OPERATING ACTIVITIES</b>			
<b>Cash received</b>			
Appropriations		4,273,346	3,500,636
Net GST received		102,303	66,898
Goods and services		571,431	476,661
<b>Total cash received</b>		<b>4,947,080</b>	<b>4,044,195</b>
<b>Cash used</b>			
Employees		2,689,320	2,461,792
Suppliers		1,263,842	1,468,163
s 31 receipts transferred to OPA		219,965	139,254
<b>Total cash used</b>		<b>4,173,127</b>	<b>4,069,209</b>
<b>Net cash from operating activities</b>	10	<b>773,953</b>	<b>(25,014)</b>
<b>INVESTING ACTIVITIES</b>			
<b>Cash received</b>			
Proceeds from sales of property, plant and equipment		2,179	4,287
<b>Total cash received</b>		<b>2,179</b>	<b>4,287</b>
<b>Cash used</b>			
Purchase of property, plant and equipment		-	3,174
Purchase of intangibles		97,504	6,681
<b>Total cash used</b>		<b>97,504</b>	<b>9,855</b>
<b>Net cash used by investing activities</b>		<b>(95,325)</b>	<b>(5,568)</b>
<b>FINANCING ACTIVITIES</b>			
<b>Cash received</b>			
Contributed equity—Departmental capital budget		80,000	-
<b>Total cash received</b>		<b>80,000</b>	<b>-</b>
<b>Net cash from financing activities</b>		<b>80,000</b>	<b>-</b>
<b>Net increase (decrease) in cash held</b>		<b>758,628</b>	<b>(30,582)</b>
Cash and cash equivalents at the beginning of the reporting period		38,220	68,802
<b>Cash and cash equivalents at the end of the reporting period</b>	5A	<b>796,848</b>	<b>38,220</b>

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

## SCHEDULE OF COMMITMENTS

as at 30 June 2011

	2011	2010
	\$	\$
<b>BY TYPE</b>		
<b>Commitments receivable</b>		
GST recoverable on commitments	163,891	9,307
<b>Total commitments receivable</b>	<u>163,891</u>	<u>9,307</u>
<b>Commitments payable</b>		
<b>Other commitments</b>		
Operating leases <sup>1</sup>	(276,136)	-
Other <sup>2</sup>	(1,442,233)	(93,069)
<b>Total other commitments</b>	<u>(1,718,369)</u>	<u>(93,069)</u>
<b>Net commitments by type</b>	<u>(1,554,478)</u>	<u>(83,762)</u>
<b>BY MATURITY</b>		
<b>Commitments receivable</b>		
<b>GST recoverable on commitments</b>		
<b>Operating lease income</b>		
One year or less	27,614	-
From one to five years	-	-
Over five years	-	-
<b>Total operating lease income</b>	<u>27,614</u>	<u>-</u>
<b>Other commitments</b>		
One year or less	104,259	9,307
From one to five years	32,018	-
Over five years	-	-
<b>Total other commitments receivable</b>	<u>136,277</u>	<u>9,307</u>
<b>Commitments payable</b>		
<b>Operating lease commitments</b>		
One year or less	(276,136)	-
From one to five years	-	-
Over five years	-	-
<b>Total operating lease commitments</b>	<u>(276,136)</u>	<u>-</u>
<b>Other commitments</b>		
One year or less	(1,122,049)	(93,069)
From one to five years	(320,183)	-
Over five years	-	-
<b>Total other commitments</b>	<u>(1,442,233)</u>	<u>(93,069)</u>
<b>Net commitments by maturity</b>	<u>(1,554,478)</u>	<u>(83,762)</u>

NB: Commitments are GST inclusive where relevant.

<sup>1</sup> The entity had entered into a commercial lease on the premises and for certain items of plant and equipment. There are no restrictions placed upon the lessee by entering into these leases.

<sup>2</sup> Other commitments refer to agreements or contracts related to goods and services of which the supplier is yet to perform.

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

## SCHEDULE OF ASSET ADDITIONS

for the period ended 30 June 2011

### The following non-financial non-current assets were added in 2010–11:

	Property, plant & equipment \$	Intangibles \$	Total \$
<b>Additions funded in the current year</b>			
By purchase—appropriation ordinary annual services			
Departmental capital budget	-	80,000	80,000
Ordinary operating costs	-	17,504	17,504
From restructure (refer to Note 9)	144,837	47,775	192,612
<b>Total additions funded in the current year</b>	<b>144,837</b>	<b>145,279</b>	<b>290,116</b>
<b>Additions recognised in 2010–11—to be funded in future years</b>			
Make-good from restructure (refer to Note 9)	54,100	-	54,100
<b>Total future years/unfunded additions</b>	<b>54,100</b>	<b>-</b>	<b>54,100</b>
<b>Total additions</b>	<b>198,937</b>	<b>145,279</b>	<b>344,216</b>

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

	Property, plant & equipment \$	Intangibles \$	Total \$
<b>Additions funded in the current year</b>			
By purchase—appropriation ordinary annual services			
Ordinary operating costs	3,174	6,681	9,855
<b>Total additions funded in the current year</b>	<b>3,174</b>	<b>6,681</b>	<b>9,855</b>

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



## SCHEDULE OF ADMINISTERED ITEMS

	Notes	2011 \$	2010 \$
<b>Income administered on behalf of Government</b>			
<i>for the period ended 30 June 2011</i>			
<b>Revenue</b>			
<b>Non-taxation revenue</b>			
Return of grant monies	15A	<u>196,047</u>	136,244
<b>Total non-taxation revenue</b>		<u>196,047</u>	136,244
<b>Total revenues administered on behalf of Government</b>		<u>196,047</u>	136,244
<b>Total income administered on behalf of Government</b>		<u>196,047</u>	136,244
<b>Expenses administered on behalf of Government</b>			
<i>for the period ended 30 June 2011</i>			
Consultants	16A	209,465	104,263
Contractors	16A	15,480	1,156,786
Sitting and advisory fees	16A	276,853	235,928
Travel	16A	193,162	103,438
Printing	16A	99,697	14,268
Other	16A	119,757	112,309
Grants & service delivery contracts	16B	<u>23,475,240</u>	<u>21,555,177</u>
<b>Total expenses administered on behalf of Government</b>		<u>24,389,654</u>	<u>23,282,169</u>

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

## SCHEDULE OF ADMINISTERED ITEMS

	Notes	2011 \$	2010 \$
<b>Assets administered on behalf of Government</b>			
<i>as at 30 June 2011</i>			
<b>Financial assets</b>			
Cash and cash equivalents	17A	993,613	240,068
Receivables	17B	<u>863,967</u>	992,300
<b>Total financial assets</b>		<u>1,857,580</u>	1,232,368
<b>Total assets administered on behalf of Government</b>		<u>1,857,580</u>	1,232,368
<b>Liabilities administered on behalf of Government</b>			
<i>as at 30 June 2011</i>			
<b>Payables</b>			
Suppliers	18A	283,595	108,167
Grants	18B	<u>4,874,811</u>	<u>6,772,515</u>
<b>Total payables</b>		<u>5,158,406</u>	6,880,682
<b>Total liabilities administered on behalf of Government</b>		<u>5,158,406</u>	6,880,682

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

## SCHEDULE OF ADMINISTERED ITEMS

	Notes	2011 \$	2010 \$
<b>Administered Cash Flows</b>			
<i>for the period ended 30 June 2011</i>			
<b>OPERATING ACTIVITIES</b>			
<b>Cash received</b>			
Net GST received		2,550,710	2,136,398
Other receipts		206,955	125,336
<b>Total cash received</b>		<u>2,757,665</u>	<u>2,261,734</u>
<b>Cash used</b>			
Grant payments		27,360,862	21,555,177
Suppliers		1,173,442	365,634
<b>Total cash used</b>		<u>28,534,304</u>	<u>21,920,811</u>
<b>Net cash flows used by operating activities</b>		<u>(25,776,639)</u>	<u>(19,659,077)</u>
<b>Net Decrease in Cash Held</b>		<u>(25,776,639)</u>	<u>(19,659,077)</u>
Cash and cash equivalents at the beginning of the reporting period		240,068	595,631
Cash from Official Public Account for:			
– Appropriations		26,737,140	19,419,568
		<u>26,977,208</u>	<u>20,015,199</u>
Cash to Official Public Account for:			
– Appropriations		(206,955)	(116,054)
		<u>(206,955)</u>	<u>(116,054)</u>
<b>Cash and cash equivalents at the end of the reporting period</b>	17A	<u>993,614</u>	<u>240,068</u>

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

## SCHEDULE OF ADMINISTERED ITEMS

	2011	2010
	\$	\$
<b>Administered Commitments</b>		
<i>as at 30 June 2011</i>		
<b>BY TYPE</b>		
<b>Commitments receivable</b>		
GST recoverable on commitments	<u>2,494,059</u>	2,204,576
<b>Total commitments receivable</b>	<u>2,494,059</u>	<u>2,204,576</u>
<b>Commitments payable</b>		
<b>Other commitments</b>		
Other <sup>1</sup>	<u>(17,756,892)</u>	(26,726,362)
<b>Total other commitments</b>	<u>(17,756,892)</u>	<u>(26,726,362)</u>
<b>Net commitments by type</b>	<u>(15,262,833)</u>	<u>(24,521,786)</u>
<b>BY MATURITY</b>		
<b>Other commitments receivable</b>		
<b>GST recoverable on commitments</b>		
One year or less	1,957,577	1,076,471
From one to five years	536,482	1,128,105
Over five years	-	-
<b>Total other commitment receivable</b>	<u>2,494,059</u>	<u>2,204,576</u>
<b>Commitments payable</b>		
<b>Other commitments</b>		
One year or less	<u>(10,715,482)</u>	(13,129,287)
From one to five years	<u>(7,041,410)</u>	(13,597,075)
Over five years	-	-
<b>Total other commitments</b>	<u>(17,756,892)</u>	<u>(26,726,362)</u>
<b>Net commitments by maturity</b>	<u>(15,262,833)</u>	<u>(24,521,786)</u>

NB: Commitments are GST inclusive where relevant.

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

<sup>1</sup> Grant and supplier commitments are recorded by Cancer Australia at the time an agreement or contract is entered into of which the grantee or supplier has yet to provide the goods or services.

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

## Notes to and forming part of the Financial Statements

### Note 1: Summary of Significant Accounting Policies

#### 1.1 Objectives of Cancer Australia

Cancer Australia is a government controlled entity. The objectives of Cancer Australia as specified in the *Cancer Australia Act 2006*, are to: provide national leadership in cancer control; guide scientific improvements to cancer prevention, treatment and care; coordinate and liaise between the wide range of groups and health care providers with an interest in cancer care; and provide advice and make recommendations to the Australian Government on cancer policy and priorities.

Cancer Australia is structured to meet one outcome:

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

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

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

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

On 30 June 2011 Cancer Australia entered into a Transition Deed with the National Breast and Ovarian Cancer Centre (NBOCC). The Deed provided for the amalgamation with the NBOCC on that date including:

- (i) all the assets and undertaking of NBOCC be transferred to and assumed by Cancer Australia;
- (ii) all liabilities of NBOCC be assumed by Cancer Australia;
- (iii) subject to the requirements of the *Public Service Act 1999*, the staff of NBOCC be offered employment with Cancer Australia; and
- (iv) Cancer Australia assume the functions of NBOCC.

The recognition policies of Cancer Australia were applied when transferring the assets and liabilities of NBOCC. Refer to Note 1.7 and Restructuring Note 9.

#### 1.2 Basis of Preparation of the Financial Statements

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

The financial statements have been prepared in accordance with:

- » Finance Minister's Orders (or FMOs) for reporting periods ending on or after 1 July 2010; and
- » Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

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

The financial statements are presented in Australian dollars and values are rounded to the nearest dollar unless otherwise specified.

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

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

Administered revenues, expenses, assets and liabilities and cash flows reported in the Schedule of Administered Items and related notes are accounted for on the same basis and using the same policies as for departmental items, except where otherwise stated at Note 1.19.

### 1.3 Significant Accounting Judgements and Estimates

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

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

### 1.4 New Australian Accounting Standards

#### *Ad option of New Australian Accounting Standard Requirements*

No accounting standard has been adopted earlier than the application date as stated in the standard. There have been no new standards, amendments to standards or interpretations that were issued prior to the signoff date and are applicable to the current reporting period that have had a financial impact, and are expected to have a future impact on Cancer Australia.

#### *Future Australian Accounting Standard Requirements*

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

### 1.5 Revenue

#### *Revenue from Government*

Amounts appropriated for departmental outputs 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.

#### *Other Types of Revenue*

Revenue from the sale of goods is recognised when:

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

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

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

The stage of completion of contracts at the reporting date is determined by reference to services performed to date as a percentage of total services to be performed.

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

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

## 1.6 Gains

### *Other Resources Received Free of Charge*

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

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

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

### *Sale of Assets*

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

## 1.7 Transactions with the Government as Owner

### *Equity Injections*

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

### *Restructuring of Administrative Arrangements*

Net assets received from the National Breast and Ovarian Cancer Centre under restructuring arrangements are adjusted to their book value directly against contributed equity.

## 1.8 Employee Benefits

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

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

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

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

### *Leave*

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

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

The estimate of the present value of the liability takes into account attrition rates and pay increases through promotion and inflation. The shorthand method of determining employee liabilities was used. The shorthand method was developed by the Australian Government Actuary in the mid-1990s and last reviewed in July 2010.

### *Separation and Redundancy*

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

### ***Superannuation***

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

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

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

Cancer Australia makes employer contributions to the employee's 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.

### **1.9 Leases**

A distinction is made between finance leases and operating leases. Finance leases effectively transfer from the lessor to the lessee substantially all the risks and rewards incidental to ownership of leased assets. An operating lease is a lease that is not a finance lease. In operating leases, the lessor effectively retains substantially all such risks and benefits.

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

Cancer Australia has no finance leases.

### **1.10 Borrowing Costs**

All borrowing costs are expensed as incurred.

### **1.11 Cash**

Cash and cash equivalents includes cash on hand, cash held with outsiders, demand deposits in bank accounts with an original maturity of 3 months or less that are readily convertible to known amounts of cash and subject to insignificant risk of changes in value. Cash is recognised at its nominal amount.

### **1.12 Financial Assets**

Cancer Australia classifies its financial assets in the following categories:

- » loans and receivables.

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

Financial assets are recognised and derecognised upon trade date.

#### ***Effective Interest Method***

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

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

### ***Loans and Receivables***

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

### ***Impairment of Financial Assets***

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

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

### **1.13 Financial Liabilities**

Financial liabilities are classified as other financial liabilities.

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

#### ***Other Financial Liabilities***

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

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

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

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

### **1.14 Contingent Liabilities and Contingent Assets**

Contingent liabilities and contingent assets are not recognised in the balance sheet but are reported in the relevant 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. As Cancer Australia has no contingent liabilities or contingent assets either in the current or prior year there is no schedule of contingencies.

### **1.15 Acquisition of Assets**

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

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

### **1.16 Property, Plant and Equipment**

#### ***Asset Recognition Threshold***

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



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

#### **Revaluations**

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

<b>Asset Class</b>	<b>Fair value measured at</b>
Leasehold improvements	Depreciated replacement cost
Plant and equipment	Market selling price

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

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

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

#### **Depreciation**

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

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

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

	<b>2011</b>	<b>2010</b>
Leasehold improvements	Lease term	Lease term
Plant and Equipment	3 years	3 years

#### **Impairment**

All assets were assessed for impairment at 30 June 2011. Where indications of impairment exist, the asset's recoverable amount is estimated and an impairment adjustment made if the asset's recoverable amount is less than its carrying amount.

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

#### **Derecognition**

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

### **1.17 Intangibles**

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

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

Software is amortised on a straight-line basis over its anticipated useful life. The useful lives of Cancer Australia's software are 3 years (2009–10: 3 years).

All software assets were assessed for indications of impairment as at 30 June 2011.

### **1.18 Taxation**

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

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

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

### **1.19 Reporting of Administered Activities**

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

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

#### ***Administered Cash Transfers to and from the Official Public Account***

Revenue collected by Cancer Australia for use by the Government rather than Cancer Australia is administered revenue. Collections are transferred to the Official Public Account (OPA) maintained by the Department of Finance and Deregulation. Conversely, cash is drawn from the OPA to make payments under Parliamentary appropriation on behalf of Government. These transfers to and from the OPA are adjustments to the administered cash held by Cancer Australia on behalf of the Government and reported as such in the statement of cash flows in the schedule of administered items and in the administered reconciliation table in Note 19.

#### ***Loans and Receivables***

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

#### ***Grants***

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

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

#### ***Comparatives***

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

## Note 2: Events After the Reporting Period

Cancer Australia are not aware of any events occurring after 30 June 2011 that have the potential to significantly affect the on-going structure or financial activities of Cancer Australia.

## Note 3: Expenses

	2011	2010
	\$	\$
<b>Note 3A: Employee Benefits</b>		
Wages and salaries	1,954,021	1,840,660
Superannuation:		
Defined contribution plans	204,423	165,538
Defined benefit plans	108,708	143,735
Leave and other entitlements	446,895	218,559
<b>Total employee benefits</b>	<u>2,714,046</u>	<u>2,368,492</u>
<b>Note 3B: Suppliers</b>		
<b>Goods and services</b>		
Consultants	157,421	191,174
Contractors	281,532	288,429
Sponsorships	102,374	-
Printing	87,155	232,880
Make good expense	-	101,963
Licences	4,553	70,777
Other	704,505	372,672
<b>Total goods and services</b>	<u>1,337,540</u>	<u>1,257,895</u>
Goods and services are made up of:		
Provision of goods—external parties	196,411	270,972
Rendering of services—related entities	142,151	304,074
Rendering of services—external parties	998,978	682,849
<b>Total goods and services</b>	<u>1,337,540</u>	<u>1,257,895</u>
Service Level Agreement—related entities <sup>1</sup>	348,730	131,392
Operating lease rentals—external parties:		
Minimum lease payments	-	110,038
Workers compensation expenses	17,710	15,504
<b>Total other supplier expenses</b>	<u>366,440</u>	<u>256,934</u>
<b>Total supplier expenses</b>	<u>1,703,980</u>	<u>1,514,829</u>

<sup>1</sup> During the 2010–11 financial year, Cancer Australia continued with a shared services arrangement with the National Health and Medical Research (NHMRC). The shared services included co-location, property and security services, and IT infrastructure and support.

### Note 3: Expenses

	2011	2010
	\$	\$

#### Note 3C: Depreciation and Amortisation

##### Depreciation:

Property, plant and equipment	846	23,086
<b>Total depreciation</b>	<b>846</b>	<b>23,086</b>

##### Amortisation:

##### Intangibles:

Computer Software—Internally developed	-	7,040
Computer Software—Purchased	6,578	15,669
<b>Total amortisation</b>	<b>6,578</b>	<b>22,709</b>
<b>Total depreciation and amortisation</b>	<b>7,424</b>	<b>45,795</b>

#### Note 3D: Write-Down and Impairment of Assets

##### Asset write-downs and impairments from:

Write down of assets	60,415	-
Impairment of property, plant and equipment	1,641	2,925
Impairment on intangible assets	-	7,078
<b>Total write-down and impairment of assets</b>	<b>62,056</b>	<b>10,003</b>

## Note 4: Income

	2011	2010
	\$	\$
<b>REVENUE</b>		
<b>Note 4A: Sale of Goods and Rendering of Services</b>		
Rendering of services—related entities	552,775	128,551
Rendering of services—external parties	148,403	29,862
<b>Total sale of goods and rendering of services</b>	<b>701,178</b>	<b>158,413</b>
<b>GAINS</b>		
<b>Note 4B: Sale of Assets</b>		
Property, plant and equipment:		
Proceeds from sale	2,179	4,287
Carrying value of assets sold	-	(4,287)
<b>Net gain from sale of assets</b>	<b>2,179</b>	<b>-</b>
<b>Note 4C: Other Gains</b>		
Resources received free of charge	47,000	52,000
<b>Total other gains</b>	<b>47,000</b>	<b>52,000</b>
<b>REVENUE FROM GOVERNMENT</b>		
<b>Note 4D: Revenue from Government</b>		
Appropriations:		
Departmental outputs	3,820,000	3,886,000
<b>Total revenue from Government</b>	<b>3,820,000</b>	<b>3,886,000</b>

## Note 5: Financial Assets

	2011	2010
	\$	\$
<b>Note 5A: Cash and Cash Equivalents</b>		
Cash on hand or on deposit	796,848	38,220
<b>Total cash and cash equivalents</b>	<u>796,848</u>	<u>38,220</u>
<b>Note 5B: Trade and Other Receivables</b>		
<b>Good and Services:</b>		
Goods and services—related entities	662,288	2,890
Goods and services—external parties	79,983	330
<b>Total receivables for goods and services</b>	<u>742,271</u>	<u>3,220</u>
<b>Appropriations receivable:</b>		
For existing outputs	1,593,515	1,541,893
<b>Total appropriations receivable</b>	<u>1,593,515</u>	<u>1,541,893</u>
<b>Other receivables:</b>		
GST receivable from the Australian Taxation Office	67,995	47,241
<b>Total other receivables</b>	<u>67,995</u>	<u>47,241</u>
<b>Total trade and other receivables (gross)</b>	<u>2,403,781</u>	<u>1,592,354</u>
<b>Total trade and other receivables (net)</b>	<u>2,403,781</u>	<u>1,592,354</u>
Receivables are expected to be recovered in:		
No more than 12 months	2,403,781	1,592,354
More than 12 months	-	-
<b>Total trade and other receivables (net)</b>	<u>2,403,781</u>	<u>1,592,354</u>
Receivables are aged as follows:		
Not overdue	2,403,781	1,592,354
Overdue by:		
0 to 30 days	-	-
31 to 60 days	-	-
61 to 90 days	-	-
More than 90 days	-	-
<b>Total receivables (gross)</b>	<u>2,403,781</u>	<u>1,592,354</u>

No allowance for impairment was required at reporting date.

## Note 6: Non-Financial Assets

	2011	2010
	\$	\$

### Note 6A: Property, Plant and Equipment

Property, plant and equipment:

Fair value	198,937	390,784
Accumulated depreciation	-	(242,127)
Accumulated impairment losses	-	(146,170)
<b>Total property, plant and equipment</b>	<b>198,937</b>	<b>2,487</b>

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

## Note 6: Non-Financial Assets

### Note 6B: Reconciliation of the Opening and Closing Balances of Property, Plant and Equipment (2010–11)

	Property, plant & equipment \$	Total \$
<b>As at 1 July 2010</b>		
Gross book value	390,784	390,784
Accumulated depreciation and impairment	(388,297)	(388,297)
<b>Net book value 1 July 2010</b>	<b>2,487</b>	<b>2,487</b>
Additions*:		-
From restructure (refer to Note 9)	198,937	198,937
Impairment recognised in the operating result	(1,641)	(1,641)
Depreciation expense	(846)	(846)
Other movements:		
Write back of depreciation on disposal	390,785	390,785
Disposals:		
Other disposals	(390,785)	(390,785)
<b>Net book value 30 June 2011</b>	<b>198,937</b>	<b>198,937</b>
<b>Net book value as of 30 June 2011 represented by:</b>		
Gross book value	198,937	198,937
Accumulated depreciation	-	-
Accumulated impairment losses	-	-
	<b>198,937</b>	<b>198,937</b>
<b>As at 1 July 2009</b>		
Gross book value	393,122	393,122
Accumulated depreciation and impairment	(363,510)	(363,510)
<b>Net book value 1 July 2009</b>	<b>29,612</b>	<b>29,612</b>
Additions*:	3,174	3,174
Impairment recognised in the operating result	(2,925)	(2,925)
Depreciation expense	(23,087)	(23,087)
Other movements:		
Write back of depreciation on disposal	1,225	1,225
Disposals:		
Other disposals	(5,512)	(5,512)
<b>Net book value 30 June 2010</b>	<b>2,487</b>	<b>2,487</b>
<b>Net book value as of 30 June 2010 represented by:</b>		
Gross book value	390,784	390,784
Accumulated depreciation	(242,127)	(242,127)
Accumulated impairment losses	(146,170)	(146,170)
	<b>2,487</b>	<b>2,487</b>

\* Disaggregated additions information are disclosed in the Schedule of Asset Additions.



## Note 6: Non-Financial Assets

	2011	2010
	\$	\$

### Note 6C: Intangibles

#### Computer software:

Internally developed—in use	-	83,790
Purchased	<u>209,206</u>	<u>184,157</u>
<b>Total computer software (gross)</b>	<b><u>209,206</u></b>	<b><u>267,947</u></b>
Accumulated amortisation	<u>(6,579)</u>	<u>(168,405)</u>
Accumulated impairment losses	<u>(58,004)</u>	<u>(93,619)</u>
<b>Total computer software (net)</b>	<b><u>144,623</u></b>	<b><u>5,923</u></b>
<b>Total intangibles</b>	<b><u>144,623</u></b>	<b><u>5,923</u></b>

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

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

## Note 6: Non-Financial Assets

### Note 6D: Reconciliation of the Opening and Closing Balances of Intangibles (2010–11)

	Computer software internally developed	Computer software purchased	Total
	\$	\$	\$
<b>As at 1 July 2010</b>			
Gross book value	83,790	184,157	267,947
Accumulated amortisation and impairment	(83,790)	(178,234)	(262,024)
<b>Net book value 1 July 2010</b>	-	5,923	5,923
Additions*:			
By purchase	-	97,504	97,504
From restructure (refer to Note 9)		47,775	47,775
Amortisation	-	(6,579)	(6,579)
Other movements	-	-	-
Write back of depreciation on disposal	83,790	120,230	204,020
Disposals:			
Other	(83,790)	(120,230)	(204,020)
<b>Net book value 30 June 2011</b>	-	144,623	144,624
<b>Net book value as of 30 June 2011 represented by:</b>			
Gross book value	-	209,206	209,206
Accumulated amortisation	-	(6,579)	(6,579)
Accumulated impairment losses	-	(58,004)	(58,004)
	-	144,623	144,623
<b>As at 1 July 2009</b>			
Gross book value	83,790	177,476	261,266
Accumulated amortisation and impairment	(74,480)	(157,757)	(232,237)
<b>Net book value 1 July 2009</b>	9,310	19,719	29,029
Additions*:			
By purchase	-	6,681	6,681
Impairment recognised in the operating result	(2,270)	(4,808)	(7,078)
Amortisation	(7,040)	(15,669)	(22,709)
<b>Net book value 30 June 2010</b>	-	5,923	5,923
<b>Net book value as of 30 June 2010 represented by:</b>			
Gross book value	83,790	184,157	267,947
Accumulated amortisation	(60,449)	(107,956)	(168,405)
Accumulated impairment losses	(23,341)	(70,278)	(93,619)
	-	5,923	5,923

\* Disaggregated additions information are disclosed in the Schedule of Asset Additions.

## Note 6: Non-Financial Assets

	2011	2010
	\$	\$

### Note 6E: Other Non-Financial Assets

Prepayments	109,063	2,836
<b>Total other non-financial assets</b>	<b>109,063</b>	<b>2,836</b>

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

Total other non-financial assets—are expected to be recovered in:

No more than 12 months	109,063	2,836
More than 12 months	-	-
<b>Total other non-financial assets</b>	<b>109,063</b>	<b>2,836</b>

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

## Note 7: Payables

	2011	2010
	\$	\$

### Note 7A: Suppliers

Trade creditors and accruals	1,043,873	336,817
<b>Total supplier payables</b>	<b>1,043,873</b>	<b>336,817</b>

Supplier payables expected to be settled within 12 months:

Related entities	423,254	114,310
External parties	620,619	222,507
<b>Total</b>	<b>1,043,873</b>	<b>336,817</b>

### Total supplier payables

<b>1,043,873</b>	<b>336,817</b>
------------------	----------------

Settlement is usually made within 30 days.

### Note 7B: Other payables

Salaries and wages	70,561	30,537
Superannuation	7,137	5,081
Unearned revenue	645,070	90,842
Other	2,363	7,944
<b>Total other payables</b>	<b>725,131</b>	<b>134,404</b>

Total unearned revenue and other payables are expected to be settled in:

No more than 12 months	725,131	134,404
More than 12 months	-	-
<b>Total other payables</b>	<b>725,131</b>	<b>134,404</b>

## Note 8: Provisions

	2011	2010
	\$	\$
<b>Note 8A: Employee Provisions</b>		
Leave	1,150,780	590,376
<b>Total employee provisions</b>	<b>1,150,780</b>	<b>590,376</b>
Employee provisions are expected to be settled in:		
No more than 12 months	712,119	236,150
More than 12 months	438,661	354,226
<b>Total employee provisions</b>	<b>1,150,780</b>	<b>590,376</b>
<b>Note 8B: Other Provisions</b>		
Provision for make good	54,100	-
<b>Total other provisions</b>	<b>54,100</b>	<b>-</b>
Other provisions are expected to be settled in:		
No more than 12 months	-	-
More than 12 months	54,100	-
<b>Total other provisions</b>	<b>54,100</b>	<b>-</b>
	<b>Provision for make good</b>	<b>Total</b>
<b>Carrying amount 1 July 2010</b>	<b>-</b>	<b>-</b>
Additional provisions made as a result of restructure (refer to Note 9)	54,100	54,100
<b>Closing balance 30 June 2011</b>	<b>54,100</b>	<b>54,100</b>

## Note 9: Restructuring

### Note 9: Departmental Restructuring

There was no restructure in 2009–10. Below are disclosures relating to the restructure which occurred in 2010–11.

On 30 June 2011 Cancer Australia entered into a Transition Deed with the National Breast and Ovarian Cancer Centre (NBOCC). The Deed provided for the amalgamation with the NBOCC on that date including:

- (i) all the assets and undertaking of NBOCC be transferred to and assumed by Cancer Australia;
- (ii) all liabilities of NBOCC be assumed by Cancer Australia;
- (iii) subject to the requirements of the *Public Service Act 1999*, the staff of NBOCC be offered employment with Cancer Australia; and
- (iv) Cancer Australia assume the functions of NBOCC.

The recognition policies of Cancer Australia were applied when transferring the assets and liabilities of NBOCC.

As a result of a restructuring of administrative arrangements, Cancer Australia assumed responsibility for the following functions:

- » improving information to inform clinical and consumer decision-making;
- » enhancing health service delivery;
- » strengthening data capacity; and
- » engaging in strategic partnerships to improve outcomes.

In respect of functions assumed, the net book values of assets and liabilities transferred to the entity for no consideration and recognised as at the date of transfer were:

	2011
	\$
<b>National Breast and Ovarian Cancer Centre</b>	
<b>Assets recognised</b>	
Prepayments	99,306
Trade debtors	162,760
Other debtors	5,510
GST receivable	34,768
Property, plant and equipment	197,327
Intangibles	55,700
<b>Total assets recognised</b>	<u>555,371</u>
<b>Liabilities recognised</b>	
Trade creditors	(92,796)
Other creditors	(35,608)
Accrued expenses	(40,338)
Make good provision	(55,185)
Unearned revenue	(572)
Employee provisions	(394,577)
<b>Total liabilities recognised</b>	<u>(619,076)</u>
<b>Net assets/(liabilities) assumed</b>	<u>(63,705)</u>
<b>Net assets/(liabilities) assumed from all entities</b>	<u>(63,705)</u>

The entity did not relinquish any responsibility as a result of a restructuring of administrative arrangements. NBOCC operating funds of \$154,879 and donation funds of \$367,986 were transferred to Cancer Australia. As these transfers occurred during June 2011 these have not been included in the net liabilities assumed.

## Note 10: Cash Flow Reconciliation

	2011	2010
	\$	\$
<b>Reconciliation of cash and cash equivalents as per Balance Sheet to Cash Flow Statement</b>		
<b>Cash and cash equivalents as per:</b>		
Cash flow statement	796,848	38,220
Balance sheet	796,848	38,220
<b>Difference</b>	<u>-</u>	<u>-</u>
<b>Reconciliation of net cost of services to net cash from operating activities:</b>		
Net cost of services	(3,737,150)	(3,728,706)
Add revenue from Government	3,820,000	3,886,000
<b>Adjustments for non-cash items</b>		
Depreciation / amortisation	7,424	45,795
Net write down of non-financial assets	62,056	10,003
Gain on disposal of assets	(2,179)	-
Loss on transfer of operational assets and liabilities	(370,829)	-
<b>Changes in assets / liabilities</b>		
(Increase) / decrease in net receivables	(811,427)	(354,096)
(Increase) / decrease in prepayments	(106,227)	7,318
Increase / (decrease) in employee provisions	560,404	(93,549)
Increase / (decrease) in supplier payables	707,056	292,739
Increase / (decrease) in other provisions	54,100	(181,531)
Increase / (decrease) in other payables	590,727	91,013
<b>Net cash from (used by) operating activities</b>	<u>773,953</u>	<u>(25,014)</u>

### Note 11: Contingent Liabilities and Assets

Cancer Australia has not identified any quantifiable, unquantifiable or significant remote contingent assets or liabilities as at 30 June 2011 (2009–10: Nil)

### Note 12: Senior Executive Remuneration

#### Note 12A: Senior Executive Remuneration Expense for the Reporting Period

	2011	2010
	\$	\$
<b>Short-term employee benefits:</b>		
Salary	343,280	322,369
Annual leave accrued	26,528	9,269
Performance bonuses	-	20,613
Other	-	37,449
<b>Total short-term employee benefits</b>	<b>369,808</b>	<b>389,700</b>
<b>Post-employment benefits:</b>		
Superannuation	48,101	48,369
<b>Total post-employment benefits</b>	<b>48,101</b>	<b>48,369</b>
<b>Other long-term benefits:</b>		
Long-service leave	11,937	-
<b>Total other long-term benefits</b>	<b>11,937</b>	<b>-</b>
<b>Total</b>	<b>429,846</b>	<b>438,068</b>

*Notes:*

1. Note 12A was prepared on an accrual basis.
2. Note 12A excludes acting arrangements and part-year service where remuneration expensed for a senior executive was less than \$150,000.
3. Note 12A excludes NBOCC SES employees.

**Note 12: Senior Executive Remuneration****Note 12B: Average Annual Remuneration Packages and Bonus Paid for Substantive Senior Executives as at the end of the Reporting Period**

Fixed Elements and Bonus Paid <sup>1</sup>	as at 30 June 2011					as at 30 June 2010				
	Fixed elements				Bonus paid \$	Fixed elements				Bonus paid \$
	Senior Executives No.	Salary \$	Allowances \$	Total \$		Senior Executives No.	Salary \$	Allowances \$	Total \$	
<b>Total remuneration (including part-time arrangements)</b>										
less than \$150,000	-	-	-	-	-	1	133,813	-	133,813	-
\$180,000 to \$209,999	3	197,386	-	197,386	-	1	198,233	-	198,233	-
\$300,000 to \$329,999	1	321,015	-	321,015	-					
<b>Total</b>	<b>4</b>					<b>2</b>				

## Notes:

1. This table reports substantive senior executives who were employed by Cancer Australia at the end of the reporting period. Fixed elements were based on the employment agreement of each individual. Each row represents an average annualised figure (based on headcount) for the individuals in that remuneration package band (i.e. the 'Total' column).
2. The remuneration of an additional 2.6 FTE are included in the 30 June 2011 table as a result of Cancer Australia's amalgamation with the National Breast and Ovarian Cancer Centre.
3. No performance bonuses were paid in 2010-11.

**Variable Elements:**

With the exception of bonuses, variable elements were not included in the 'Fixed Elements and Bonus Paid' table above. The following variable elements were available as part of senior executives' remuneration package:

## (a) Bonuses:

- » Bonuses are based on the performance rating of each individual. The maximum bonus that an individual can receive were 10 per cent of his/her base salary.



## Note 12: Senior Executive Remuneration

### Note 12B (Cont'd): Average Annual Remuneration Packages and Bonus Paid for Substantive Senior Executives as at the end of the Reporting Period

(b) On average senior executives were entitled to the following leave entitlements:

- » Annual Leave (AL): entitled to 20 days (2010: 20 days) each full year worked (pro-rata for part-time SES);
- » Personal Leave (PL): entitled to 20 days (2010: 20 days) or part-time equivalent; and
- » Long Service Leave (LSL): in accordance with Long Service Leave (*Commonwealth Employees Act 1976*).

In addition, some senior executives were entitled to leave loading.

(c) Senior executives were members of one of the following superannuation funds:

- » Public Sector Superannuation Scheme (PSS): this scheme is closed to new members, with current employer contributions were set at 16.3 per cent (2010: 16.3 per cent) (including productivity component). More information on PSS can be found at <http://www.pss.gov.au>;
- » Public Sector Superannuation Accumulation Plan (PSSap): employer contributions were set at 15.4 percent (2010: 15.4 per cent), and the fund has been in operation since July 2005. More information on PSSap can be found at <http://www.pssap.gov.au>; and
- » Other: there were some senior executives who had their own superannuation arrangements (e.g. self-managed superannuation funds). Their employer contributions were set at 15.4 per cent (2010: 15.4 per cent).

(d) Salary sacrifice arrangements were available to senior executives for superannuation.

### Note 12C: Other Highly Paid Staff

During the reporting period, there were no non-SES employees whose salary plus performance bonus were \$150,000 or more (2010: Nil).

### Note 13: Remuneration of Auditors

	2011	2010
	\$	\$

Financial statement audit services were provided free of charge to Cancer Australia.

The fair value of the services provided was for:

Financial statement audit	47,000	52,000
	<u>47,000</u>	<u>52,000</u>

No other services were provided by the auditors of the financial statements.

### Note 14: Financial Instruments

	2011	2010
	\$	\$

#### Note 14A: Categories of Financial Instruments

##### Financial Assets

Loans and receivables:

Cash and cash equivalents	796,848	38,220
Trade receivables	742,271	3,220
<b>Total</b>	<u>1,539,119</u>	<u>41,440</u>
<b>Carrying amount of financial assets</b>	<u>1,539,119</u>	<u>41,440</u>

##### Financial Liabilities

At amortised cost:

Trade creditors—suppliers	1,043,873	336,817
<b>Total</b>	<u>1,043,873</u>	<u>336,817</u>
<b>Carrying amount of financial liabilities</b>	<u>1,043,873</u>	<u>336,817</u>

#### Note 14B: Fair Value of Financial Instruments

##### Financial Assets

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

##### Financial Liabilities

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

## Note 14: Financial Instruments

### Note 14C: Credit Risk

Cancer Australia is exposed to minimal credit risk as loans and receivables are cash and trade receivables. The maximum exposure to credit risk is the risk from potential default of a debtor. This amount is equal to the total amount of the trade receivables (2011: \$742,271 and 2010: \$3,220). Cancer Australia has assessed the risk of the default on payment and has allocated \$0 in 2011 (2010: \$0) to an allowance for impairment.

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

Cancer Australia holds no collateral to mitigate against credit risk.

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

	2011 \$	2010 \$
<b>Financial assets</b>		
Cash and cash equivalents	796,848	38,220
Trade receivables	742,271	3,220
<b>Total</b>	<b>1,539,119</b>	<b>41,440</b>
<b>Financial liabilities</b>		
Trade creditors	1,043,873	336,817
<b>Total</b>	<b>1,043,873</b>	<b>336,817</b>

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

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

	Not past due nor impaired 2011 \$	Not past due nor impaired 2010 \$	Past due or impaired 2011 \$	Past due or impaired 2010 \$
Cash and cash equivalents	796,848	38,220	-	-
Trade receivables	742,271	3,220	-	-
<b>Total</b>	<b>1,539,119</b>	<b>41,440</b>	<b>-</b>	<b>-</b>

## Note 14: Financial Instruments

### Note 14D: Liquidity Risk

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

#### Maturities for non-derivative financial liabilities 2011

	On demand \$	within 1 year \$	1 to 2 years \$	2 to 5 years \$	> 5 years \$	Total \$
Trade creditors	-	1,043,873	-	-	-	1,043,873
<b>Total</b>	-	1,043,873	-	-	-	1,043,873

#### Maturities for non-derivative financial liabilities 2010

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

Cancer Australia has no derivative financial liabilities in both the current and prior year.

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

### Note 14E: Market Risk

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

## Notes to the Schedule of Administered Items

### Note 15: Income Administered on Behalf of Government

	2011	2010
	\$	\$
<b>REVENUE</b>		
<b>Non-Taxation Revenue</b>		
<b>Note 15A: Other Revenue</b>		
Return of grant monies	196,047	136,244
<b>Total other revenue</b>	<u>196,047</u>	<u>136,244</u>

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

### Note 16: Expenses Administered on Behalf of Government

	2011	2010
	\$	\$
<b>EXPENSES</b>		
<b>Note 16A: Suppliers</b>		
<b>Goods and services</b>		
Consultants	209,465	104,263
Contractors	15,480	1,156,786
Sitting and Advisory Fees	276,853	235,928
Travel	193,162	103,438
Printing	99,697	14,268
Other	119,757	112,309
<b>Total goods and services</b>	<u>914,414</u>	<u>1,726,992</u>
<b>Goods and services are made up of:</b>		
Provision of goods—related entities	484	-
Provision of goods—external parties	71,953	-
Rendering of services—related entities	21,446	187,181
Rendering of services—external parties	820,531	1,539,811
<b>Total goods and services</b>	<u>914,414</u>	<u>1,726,992</u>
<b>Total suppliers expenses</b>	<u>914,414</u>	<u>1,726,992</u>
<b>Note 16B: Grants and service delivery contracts</b>		
Public sector:		
Australian Government entities (related entities)	587,643	645,602
State and Territory Governments	1,968,942	2,647,180
Local Governments	150,000	355,694
Private sector:		
Non-profit & profit organisations	20,768,655	17,906,701
<b>Total grants and service delivery contracts</b>	<u>23,475,240</u>	<u>21,555,177</u>

## Note 17: Assets Administered on Behalf of Government

	2011	2010
	\$	\$
<b>FINANCIAL ASSETS</b>		
<b>Note 17A: Cash and Cash Equivalents</b>		
Cash and cash equivalents	993,613	240,068
<b>Total cash and cash equivalents</b>	<u>993,613</u>	<u>240,068</u>
<b>Note 17B: Receivables</b>		
<b>Goods and services:</b>		
Goods and services receivable—related entities	-	77,292
Goods and services receivable—external parties	950	17,499
<b>Total receivables for goods and services</b>	<u>950</u>	<u>94,791</u>
<b>Other receivables:</b>		
GST receivable from Australian Taxation Office	863,017	897,509
<b>Total other receivables</b>	<u>863,017</u>	<u>897,509</u>
<b>Total receivables (gross)</b>	<u>863,967</u>	<u>992,300</u>
Receivables are expected to be recovered in:		
No more than 12 months	863,967	992,300
<b>Total trade and other receivables (net)</b>	<u>863,967</u>	<u>992,300</u>
Receivables were aged as follows:		
Not overdue	863,177	992,300
Overdue by:		
31 to 60 days	790	-
<b>Total receivables (gross)</b>	<u>863,967</u>	<u>992,300</u>

Goods and services receivables are with entities external to the Australian Government. Credit terms were net 30 days (2010: 30 days).

No allowance for impairment was required at reporting date.

### Note 18: Liabilities Administered on Behalf of Government

	2011	2010
	\$	\$
<b>PAYABLES</b>		
<b>Note 18A: Suppliers</b>		
Trade creditors and accruals	283,595	87,978
Other	-	20,189
<b>Total suppliers</b>	<u>283,595</u>	<u>108,167</u>
Supplier payables expected to be settled within 12 months:		
Related entities	2,962	20,189
External parties	280,633	87,978
<b>Total suppliers</b>	<u>283,595</u>	<u>108,167</u>
<b>Total supplier payables</b>	<u>283,595</u>	<u>108,167</u>
Settlement is usually made within 30 days.		
<b>Note 18B: Grants</b>		
Public sector:		
Australian Government entities (related entities)	159,639	-
State and Territory Governments	1,029,000	914,882
Local Governments	100,000	338,762
Private sector:		
Non-profit & profit organisations	3,586,172	5,518,871
<b>Total grants</b>	<u>4,874,811</u>	<u>6,772,515</u>
Total grants—are expected to be settled in:		
No more than 12 months	4,874,811	6,772,515
<b>Total grants</b>	<u>4,874,811</u>	<u>6,772,515</u>

Settlement is usually made according to the terms and conditions of each grant. This is usually within 30 days of performance or eligibility (2010: 30 days).

### Note 19: Administered Reconciliation Table

	2011	2010
	\$	\$
<b>Opening administered assets less administered liabilities as at 1 July</b>	<b>(5,648,314)</b>	<b>(1,785,713)</b>
<b>Adjusted opening administered assets less administered liabilities</b>	<b>(5,648,314)</b>	<b>(1,785,713)</b>
Plus: Administered income	<b>196,047</b>	136,244
Less: Administered expenses (non CAC)	<b>(24,389,656)</b>	<b>(23,282,169)</b>
Administered transfers to/from Australian Government:		
Appropriation transfers from OPA:		
Annual appropriations for administered expenses (non CAC)	<b>26,737,140</b>	19,419,568
Transfers to OPA	<b>(196,047)</b>	<b>(136,244)</b>
<b>Closing administered assets less administered liabilities as at 30 June</b>	<b>(3,300,830)</b>	<b>(5,648,314)</b>

### Note 20: Administered Contingent Assets and Liabilities

Cancer Australia has not identified any quantifiable, unquantifiable or remote contingencies as at 30 June 2011 (2010: Nil).

### Note 21: Administered Financial Instruments

		2011	2010
		\$	\$
<b>Note 21A: Categories of Financial Instruments</b>			
<b>Financial Assets</b>			
Loans and receivables:			
Cash and cash equivalents	17A	<b>993,613</b>	240,068
Trade receivables	17B	<b>950</b>	94,791
<b>Total</b>		<b>994,563</b>	<b>334,859</b>
<b>Carrying amount of financial assets</b>		<b>994,563</b>	<b>334,859</b>
<b>Financial Liabilities</b>			
At amortised cost:			
Trade creditors	18A	<b>283,595</b>	87,978
Other creditors	18A	-	20,189
Grants payable	18B	<b>4,874,811</b>	<b>6,772,515</b>
<b>Total</b>		<b>5,158,406</b>	<b>6,880,682</b>
<b>Carrying amount of financial liabilities</b>		<b>5,158,406</b>	<b>6,880,682</b>

### Note 21B: Fair Value of Financial Instruments

The fair value of each class of Cancer Australia's financial assets and financial liabilities equals its carrying amount.



## Note 21: Administered Financial Instruments

### Note 20C: Credit Risk

The administered activities of Cancer Australia is exposed to a low level of credit risk as the majority of its financial assets are trade receivables and cash and cash equivalents. Cancer Australia manages its credit risk by undertaking background and credit checks prior to allowing a debtor relationship. In addition, Cancer Australia has policies and procedures that guide employees' debt recovery techniques that are to be applied.

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

	2011	2010
	\$	\$
<b>Financial assets</b>		
Cash and cash equivalents	993,613	240,068
Trade receivables	950	94,791
<b>Total</b>	<b>994,563</b>	<b>334,859</b>

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

	Not Past Due Nor Impaired	Not Past due nor impaired	Past due or impaired	Past due or impaired
	2011	2010	2011	2010
	\$	\$	\$	\$
<b>Financial assets</b>				
Cash and cash equivalents	993,613	240,068	-	-
Trade receivables	160	94,791	790	-
<b>Total</b>	<b>993,773</b>	<b>334,859</b>	<b>790</b>	<b>-</b>

### Ageing of financial assets that were past due but not impaired for 2011

	0 to 30 days	31 to 60 days	61 to 90 days	90+ days	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Trade receivables	-	790	-	-	790
<b>Total</b>	<b>-</b>	<b>790</b>	<b>-</b>	<b>-</b>	<b>790</b>

### Ageing of financial assets that were past due but not impaired for 2010

	0 to 30 days	31 to 60 days	61 to 90 days	90+ days	Total
	\$'000	\$'000	\$'000	\$'000	\$'000
Trade receivables	-	-	-	-	-
<b>Total</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

## Note 21: Administered Financial Instruments

### Note 21D: Liquidity Risk

Cancer Australia's administered financial liabilities are trade creditors and grants payable. The exposure to liquidity risk is based on the notion that Cancer Australia will encounter difficulty in meeting its obligations associated with administered financial liabilities. This is highly unlikely as the entity was appropriated funding from the Australian Government and Cancer Australia manages its budgeted funds to ensure it had adequate funds to meet payments as they fell due. In addition, the entity has procedures in place to ensure there are appropriate resources to meet its financial obligations.

The following tables illustrates the maturities for financial liabilities.

#### Maturities for non-derivative financial liabilities 2011

	On demand \$	within 1 year \$	1 to 2 years \$	2 to 5 years \$	> 5 years \$	Total \$
Trade creditors	-	283,595	-	-	-	283,595
Other creditors	-	-	-	-	-	-
Grants payable	-	4,874,811	-	-	-	4,874,811
<b>Total</b>	-	<b>5,158,406</b>	-	-	-	<b>5,158,406</b>

#### Maturities for non-derivative financial liabilities 2010

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

### Note 21E: Market Risk

Cancer Australia holds basic financial instruments that do not expose it to market risks.

Cancer Australia is not exposed to currency risk or other price risk.

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

**Note 22: Appropriations (FMA Act only)**

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

	2011 Appropriations					Total appropriation \$	Appropriation applied in 2011 (current and prior years) <sup>(b)</sup> \$	Variance \$
	Appropriation Act		FMA Act					
	Annual Appropriation \$	Appropriations reduced <sup>(a)</sup> \$	Section 30 \$	Section 31 \$	Section 32 \$			
<b>DEPARTMENTAL</b>								
Ordinary annual services	3,900,000	-	-	754,539	-	4,654,539	3,884,744	769,795
<b>Total departmental</b>	<b>3,900,000</b>	<b>-</b>	<b>-</b>	<b>754,539</b>	<b>-</b>	<b>4,654,539</b>	<b>3,884,744</b>	<b>769,795</b>
<b>ADMINISTERED</b>								
Ordinary annual services								
Administered items	25,222,000	-	-		-	25,222,000	26,448,205	(1,226,205)
<b>Total administered</b>	<b>25,222,000</b>	<b>-</b>	<b>-</b>		<b>-</b>	<b>25,222,000</b>	<b>26,448,205</b>	<b>(1,226,205)</b>

*Notes:*

- (a) Appropriations reduced under Appropriation Acts (No.1,3,5) 2010–11: sections 10, 11, 12 and 15 and under Appropriation Acts (No.2,4,6) 2010–11: sections 12,13, 14 and 17. Departmental appropriations do not lapse at financial year-end. However, the responsible Minister may decide that part or all of a departmental appropriation is not required and request that the Finance Minister reduce that appropriation. The reduction in the appropriation is effected by the Finance Minister's determination and is disallowable by Parliament.
- (b) Administered appropriation applied in 2011 includes spend from prior year undrawn, unexpired appropriations.

## Note 22: Appropriations (FMA Act only)

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

	2010 Appropriations					Total appropriation \$	Appropriation applied in 2010 (current and prior years) <sup>(b)</sup> \$	Variance \$
	Appropriation Act		FMA Act					
	Annual Appropriation \$	Appropriations reduced <sup>(a)</sup> \$	Section 30 \$	Section 31 \$	Section 32 \$			
<b>DEPARTMENTAL</b>								
<b>Ordinary annual services</b>	3,886,000	-	-	139,254	-	4,025,254	3,816,028	209,226
<b>Total departmental</b>	3,886,000	-	-	139,254	-	4,025,254	3,816,028	209,226
<b>ADMINISTERED</b>								
<b>Ordinary annual services</b>								
Administered items	23,600,000	317,831	-		-	23,282,169	19,419,568	3,862,601
<b>Total administered</b>	23,600,000	317,831	-		-	23,282,169	19,419,568	3,862,601

*Notes:*

- (a) Appropriations reduced under Appropriation Acts (No.1,3) 2009–10: sections 10, 11 and 12 and under Appropriation Acts (No.2,4) 2009–10: sections 12, 13 and 14. Departmental appropriations do not lapse at financial year-end. However, the responsible Minister may decide that part or all of a departmental appropriation is not required and request that the Finance Minister reduce that appropriation. The reduction in the appropriation is effected by the Finance Minister's determination and is disallowable by Parliament.
- (b) In 2009–10, there were no adjustments that met the recognition criteria of a formal addition or reduction in revenue (in accordance with FMO Div 101) but at law the appropriations had not been amended before the end of the reporting period.
- (c) Administered appropriation applied in 2010 includes spend from prior year undrawn, unlapsd appropriations.

**Note 22: Appropriations (FMA Act only)****Table B: Unspent Departmental Annual Appropriations ('Recoverable GST exclusive')**

<b>Authority</b>	<b>2011</b>	<b>2010</b>
Appropriation Act (No.1) 2006–07	<b>405,030</b>	405,030
Appropriation Act (No.1) 2007–08	-	-
Appropriation Act (No.1) 2008–09	<b>729,964</b>	729,964
Appropriation Act (No.1) 2009–10	<b>213,112</b>	445,119
Appropriation Act (No.1) 2010–11	<b>1,042,257</b>	-
<b>Total</b>	<b>2,390,363</b>	1,580,113

**Note 22: Appropriations (FMA Act only)****Table C: Reduction in Administered Items ('Recoverable GST exclusive')**

2010–11	Amount required <sup>1</sup> —by	Amount required—as represented by:		Total amount required <sup>1</sup>	Total amount appropriated <sup>2</sup>	Total reduction <sup>3</sup>
	Appropriation Act	Spent	Retention			
<b>Ordinary Annual Services</b>	<b>Act (No.1)</b>					
Outcome 1	25,222,000.00	20,807,363.08	4,414,636.92	25,222,000.00	25,222,000.00	-

*Notes:*

1. Amount required as per Appropriation Act (Act 1 s. 11).
2. Total amount appropriated in 2010–11.
3. Total reduction effective in 2011–12.

2009–10	Amount required <sup>1</sup> —by	Amount required—as represented by:		Total amount required <sup>1</sup>	Total amount appropriated <sup>2</sup>	Total reduction <sup>3</sup>
	Appropriation Act	Spent	Retention			
<b>Ordinary Annual Services</b>	<b>Act (No.1)</b>					
Outcome 1	23,282,168.93	19,419,567.97	3,862,600.96	23,282,168.93	23,600,000.00	317,831.07

*Notes:*

1. Amount required as per Appropriation Act (Act 1 s. 11).
2. Total amount appropriated in 2009–10.
3. Total reduction effective in 2010–11.

### Note 23: Special Accounts

Cancer Australia does not operate any Special Accounts.

### Note 24: Compensation and Debt Relief

#### Departmental

No 'Act of Grace payments' were expensed during the reporting period (2010: nil).

No waivers of amounts owing to the Australian Government were made pursuant to subsection 34(1) of the *Financial Management and Accountability Act 1997* (2010: nil)

No payments were provided under the Compensation for Detriment caused by Defective Administration (CDDA) Scheme during the reporting period (2010:nil).

No ex-gratia payments were provided for during the reporting period (2010: nil).

No payments were provided in special circumstances relating to APS employment pursuant to section 73 of the *Public Service Act 1999* during the reporting period (2010: nil).

#### Administered

No 'Act of Grace payments' were expensed during the reporting period (2010: nil).

No waivers of amounts owing to the Australian Government were made pursuant to subsection 34(1) of the *Financial Management and Accountability Act 1997* (2010: nil)

No payments were provided under the Compensation for Detriment caused by Defective Administration (CDDA) Scheme during the reporting period (2010:nil).

No ex-gratia payments were provided for during the reporting period (2010: nil).

No payments were provided in special circumstances relating to APS employment pursuant to section 73 of the *Public Service Act 1999* during the reporting period (2010: nil).

## Note 25: Reporting of Outcomes

Cancer Australia allocates shared items to outcomes in proportion to the employee costs directly assigned to outcomes in the 2010–2011 financial year.

### Note 25A: Net Cost of Outcome Delivery

	Outcome 1		Total	
	2011	2010	2011	2010
	\$	\$	\$	\$
<b>Expenses</b>				
Administered	<b>24,389,654</b>	23,282,169	<b>24,389,654</b>	23,282,169
Departmental	<b>4,487,507</b>	3,939,119	<b>4,487,507</b>	3,939,119
<b>Total</b>	<b>28,877,161</b>	27,221,288	<b>28,877,161</b>	27,221,288
<b>Other Own Source Revenue</b>				
Administered				
Prior year grant monies	<b>196,047</b>	136,244	<b>196,047</b>	136,244
<b>Total administered</b>	<b>196,047</b>	136,244	<b>196,047</b>	136,244
Departmental				
Provision of goods and rendering of services	<b>701,178</b>	158,413	<b>701,178</b>	158,413
Sale of assets	<b>2,179</b>	-	<b>-</b>	-
Resources received free of charge	<b>47,000</b>	52,000	<b>47,000</b>	52,000
<b>Total departmental</b>	<b>750,357</b>	210,413	<b>750,357</b>	210,413
<b>Total</b>	<b>946,404</b>	346,657	<b>946,404</b>	346,657
<b>Net cost of outcome delivery</b>	<b>27,930,757</b>	26,874,631	<b>27,930,757</b>	26,874,631

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



## Note 25: Reporting of Outcomes

### Note 25B: Major Classes of Departmental Expense, Income, Assets and Liabilities by Outcomes

	Outcome 1		Total	
	2011	2010	2011	2010
	\$	\$	\$	\$
<b>Departmental Expenses:</b>				
Employee	2,714,046	2,368,492	2,714,046	2,368,492
Suppliers	1,703,980	1,514,829	1,703,980	1,514,829
Depreciation and amortisation	7,424	45,795	7,424	45,795
Write-down and impairment of assets	62,056	10,003	62,056	10,003
<b>Total</b>	<b>4,487,507</b>	<b>3,939,119</b>	<b>4,487,506</b>	<b>3,939,119</b>
<b>Departmental Income:</b>				
Income from government	3,820,000	3,886,000	3,820,000	3,886,000
Provision of goods and rendering of services	701,178	-	701,178	-
Sale of Assets	2,179	-	2,179	-
Other gains	47,000	52,000	47,000	52,000
<b>Total</b>	<b>4,570,357</b>	<b>3,938,000</b>	<b>4,570,357</b>	<b>3,938,000</b>
<b>Departmental Assets</b>				
Cash and cash equivalents	796,848	38,220	796,848	38,220
Trade and other receivables	2,403,781	1,592,354	2,403,781	1,592,354
Infrastructure, Property Plant & Equipment	198,937	2,487	198,937	2,487
Intangible assets	144,623	5,923	144,623	5,923
Other non-financial assets	109,063	2,836	109,063	2,836
<b>Total</b>	<b>3,653,252</b>	<b>1,641,820</b>	<b>3,653,252</b>	<b>1,641,820</b>
<b>Departmental Liabilities</b>				
Trade creditors	1,043,873	336,817	1,043,873	336,817
Employee provisions	1,150,780	590,376	1,150,780	590,376
Personal benefits payable	77,698	35,618	77,698	35,618
Other provisions	54,100	-	54,100	-
Unearned revenue	645,070	90,842	645,070	90,842
Other payables	2,363	7,944	2,363	7,944
<b>Total</b>	<b>2,973,884</b>	<b>1,061,597</b>	<b>2,973,884</b>	<b>1,061,597</b>

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

## Note 25: Reporting of Outcomes

### Note 25C: Major Classes of Administered Expenses, Income, Assets and Liabilities by Outcomes

	Outcome 1		Total	
	2011	2010	2011	2010
	\$	\$	\$	\$
<b>Administered expenses</b>				
Advisory fees	276,853	235,928	276,853	235,928
Suppliers	224,945	1,261,049	224,945	1,261,049
Grants	23,475,240	21,555,177	23,475,240	21,555,177
Travel	193,162	103,438	193,162	103,438
Other expenses	219,454	112,309	219,454	112,309
<b>Total</b>	<b>24,389,654</b>	<b>23,267,901</b>	<b>24,389,654</b>	<b>23,267,901</b>
<b>Administered income</b>				
Return of grant monies	196,047	136,244	196,047	136,244
<b>Total</b>	<b>196,047</b>	<b>136,244</b>	<b>196,047</b>	<b>136,244</b>
<b>Administered assets</b>				
Cash and cash equivalents	993,613	240,068	993,613	240,068
Trade receivables	863,967	992,300	863,967	992,300
<b>Total</b>	<b>1,857,580</b>	<b>1,232,368</b>	<b>1,857,580</b>	<b>1,232,368</b>
<b>Administered liabilities</b>				
Trade creditors	283,595	108,167	283,595	108,167
Grants	4,874,811	6,772,515	4,874,811	6,772,515
<b>Total</b>	<b>5,158,406</b>	<b>6,880,682</b>	<b>5,158,406</b>	<b>6,880,682</b>

Outcome 1 is described in Note 1.1.

**Note 26: Comprehensive Income attributable to Cancer Australia**

	2011	2010
	\$	\$
<b>Total Comprehensive Income (loss) attributable to Cancer Australia</b>		
Total comprehensive income (loss)*	82,850	157,294
Plus: non-appropriated expenses		
Depreciation and amortisation expenses	<u>(7,424)</u>	<u>-</u>
<b>Total Comprehensive Income (loss) attributable to Cancer Australia</b>	<u>75,426</u>	<u>157,294</u>

\* As per the Statement of Comprehensive Income.

Cancer Australia is showing a total comprehensive income attributable to the Australian Government of \$75,426 for 2010–11. This reflects the revised net cash funding arrangement introduced under Operation Sunlight, whereby asset replacement is now funded through departmental capital budget appropriation.

# Appendix B—Mandatory reporting information

## Advertising and market research

During 2010–11 Cancer Australia advertised Requests for Tender through Adcorp. A total of \$13,106.97 was spent from Administered Funds.

No advertising campaigns were undertaken during 2010–11.

## Asset management

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

During 2010–11 Cancer Australia continued its shared services arrangement with NHMRC. The shared services included co-location, and IT infrastructure and support.

Cancer Australia undertakes two regular stocktakes of fixed and intangible assets each financial year, and these were completed during 2010–11. The location and condition of assets were confirmed. All assets were assessed for impairment at 30 June 2011.

## Australian National Audit Office Access

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

## Competitive tendering and contracting

All competitive tendering and contracting contracts let by Cancer Australia during 2010–11 were listed through AusTender.

## Consultancies

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

During 2010–11 no new consultancy contracts were entered into. Six ongoing consultancy contracts were active during the 2010–11 financial year, involving total actual expenditure of \$74,729.58 from Departmental Funds and \$105,060.54 from Administered Funds.

Table B1 shows all consultancy contracts of \$10,000 or more which were active during 2010–11.

**TABLE B.1**

Consultancy services active during 2010–11 of \$10 000 or more

Consultant Name	Description	Contract Price	Selection Process	Justification
Cancer Council South Australia – David Roder	Data research	\$83,073	Direct Sourcing	B
Erwood Accelerated Purchasing	Procurement advice	\$37,576	Panel	A
IAB Services	Development of project and program performance and outcome measures	\$10,301	Open Tender	B
Robson Huntley & Associates	Audit Committee services	\$33,000	Direct Sourcing	C
Roex Management	Audit Committee services	\$110,000	Direct Sourcing	C
Walter Turnbull	Internal audit services	\$165,000	Open Tender	B
<b>TOTAL</b>		<b>\$438,950</b>		

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

#### **Open tender**

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

#### **Select tender**

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

#### **Direct sourcing**

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

#### **Panel**

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

2: *Justification for decision to use consultancy:*

A—skills currently unavailable within agency

B—need for specialised or professional skills

C—need for independent research or assessment.

## Disability reporting

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

The Commonwealth Disability Strategy has been overtaken by a new National Disability Strategy which sets out a ten year national policy framework for improving life for Australians with disability, their families and carers. A high level report to track progress for people with disability at a national level will be produced by the Standing Council on Community, Housing and Disability Services to the Council of Australian Governments and will be available at [www.fahcsia.gov.au](http://www.fahcsia.gov.au). The Social Inclusion Measurement and Reporting Strategy agreed by the Government in December 2009 will also include some reporting on disability matters in its regular *How Australia is Faring* report and, if appropriate, in strategic change indicators in agency Annual Reports. More detail on social inclusion matters can be found at [www.socialinclusion.gov.au](http://www.socialinclusion.gov.au).

## Ecologically sustainable development and environmental performance

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

In 2010-11 Cancer Australia maintained a range of measures that contributed to ecologically sustainable development, including:

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

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

## Exempt contracts

There were no exempt contracts let by Cancer Australia during 2010-11.

## External scrutiny

No judicial or administrative tribunal decisions relating to Cancer Australia were handed down during 2010-11. There were no reports by the Auditor-General on the operations of the agency,

other than the report on the financial statements at Appendix A. There were no reports on the operations of Cancer Australia conducted by a Parliamentary Committee or the Commonwealth Ombudsman in 2010–11.

## Freedom of information

From 1 July 2010 to 30 April 2011 inclusive, Section 8 of the *Freedom of Information Act 1982* required government agencies to publish information in an annual report about:

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

### Freedom of information statistics

During 2010–11, Cancer Australia:

- » received no requests for access to documents under the *Freedom of Information Act 1982*
- » received no requests for internal review under the *Freedom of Information Act 1982*
- » was not involved in any Administrative Appeals Tribunal matters in respect of the *Freedom of Information Act 1982*.

### Cancer Australia functions and powers

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

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

### Arrangements for public participation

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

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

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

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

More than 50 consumers from across Australia with a wide range of cancer experiences participate in Cancer Australia's national advisory groups, project reference groups, working groups, and in other representative capacities. In 2010–11 Cancer Australia achieved its aim of ensuring that at least two consumers are involved in every national advisory group and in the Strategic Forum.

### Categories of documents

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

**TABLE B.2**

#### Documents held by Cancer Australia

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



## Advisory Council

### *Organisation*

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

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

### *Powers and decisions*

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

### *Funding and secretariat services*

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

### *Documents*

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

### *Arrangement for outside participation*

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

## **Procedures and contact details for Cancer Australia and the Advisory Council**

Inquiries regarding making a formal request under the *Freedom of Information Act 1982* should be directed in writing to:

FOI Officer  
Cancer Australia  
Locked Bag 3  
Strawberry Hills NSW 2012

From 1 May 2011 agencies subject to the Freedom of Information Act 1982 are required to publish information to the public as part of the Information Publication Scheme (IPS). This requirement is in Part II of the *Freedom of Information Act 1982* and has replaced the former requirement to publish a section 8 statement in an annual report. An agency plan showing what information is published in accordance with the IPS requirements is accessible from agency websites.

## Grant programs

The following grant programs were administered by Cancer Australia in the period 1 July 2010 to 30 June 2011:

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

Information on grants awarded by Cancer Australia during the period 1 July 2010 to 30 June 2011 is available at [www.canceraustralia.gov.au](http://www.canceraustralia.gov.au).

## Occupational health and safety

In 2010–11 Cancer Australia implemented occupational health and safety management arrangements in accordance with amendments to the *Occupational Health and Safety Act 1991*. The arrangements provide comprehensive health and safety and consultative processes to ensure a safe workplace. There were no reportable occupational health and safety incidents during the year.

## Purchasing

In 2010–11 Cancer Australia sourced goods and services in accordance with the principles set out in the Commonwealth Procurement Guidelines.

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

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

## Resource Statement and Resources for Outcomes

**TABLE B.3**

Cancer Australia's Resource Statement 2010–11

	Actual available appropriation for 2010–11 \$'000	Payments made 2010–11 \$'000	Balance remaining 2010–11 \$'000
<b>Ordinary annual services</b>			
Departmental appropriation	5,186	4,409	777
<b>Administered Expenses</b>			
Outcome 1—Minimised impacts of cancer, including through national leadership in cancer control, with targeted research, cancer service development, education and consumer support	29,085	28,534	551
<b>Total net resourcing for Cancer Australia</b>	<b>34,271</b>	<b>32,943</b>	<b>1,328</b>

**TABLE B.4**

Cancer Australia's Summary Resource Table by Outcome 2010-11

	Budget * 2010–11 \$'000	Actual Expenses 2010–11 \$'000	Variation 2010–11 \$'000
<b>Program 1.1: Improved cancer control</b>			
<b>Administered expenses</b>			
Ordinary annual services (Appropriation Bill No.1)	25,222	24,390	832
<b>Departmental expenses</b>			
Ordinary annual services (Appropriation Bill No. 1)	3,820	3,737	83
<b>Total for Program 1.1</b>	<b>29,042</b>	<b>2,812</b>	<b>915</b>
<b>Total expenses for Outcome 1</b>	<b>29,042</b>	<b>2,812</b>	<b>915</b>
<b>Average staffing level (number)</b>	<b>22</b>	<b>22</b>	<b>0</b>

\* Full year budget, including any subsequent adjustment made to the 2010–11 Budget.

# Appendix C— Cancer Australia's National Advisory Groups

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

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

In 2010–11 the groups worked with Cancer Australia to focus on the Australian Government's priorities for cancer control, with many showing a particular interest in, and commitment to, the development of the strategic plan for the newly amalgamated Cancer Australia.

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

## Cancer Australia Inter-governmental Strategic Forum

The Cancer Australia Inter-governmental Strategic Forum brings together senior clinicians and senior health department cancer officials from the Australian Government and each state and territory government to support a collaborative framework for discussion of, and advice on, national cancer control activities. The forum's members also include two consumer representatives, and a representative from the New Zealand Cancer Control Council. In 2010–11 the Strategic Forum had 27 members, and met on two occasions.

Members have been appointed on the basis of the government position or organisational role they hold, with composition of the forum reviewed on each occasion that a member in a designated position leaves that area of responsibility. In 2010–11 the Forum has reviewed this system of appointment, and has also comprehensively examined its key role and structure.

The forum is chaired by Dr Liz Kenny from Queensland Health.

## National Cancer Data Strategy Advisory Group

The National Cancer Data Strategy Advisory Group has continued to provide Cancer Australia and other relevant parties with expert advice regarding the development and implementation of initiatives under the National Cancer Data Strategy. In 2010–11 the group had 23 members, and was chaired by Professor David Roder.

## National Centre for Gynaecological Cancers Advisory Group

The National Centre for Gynaecological Cancers Advisory Group comprises consumers, gynaecological, medical and radiation oncologists, health professionals, researchers, epidemiologists and policy-makers, and has 19 members. The period of appointment is three years.

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

## National Consumer Advisory Group

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

The group has 12 consumer members and three professional members, who serve terms of three years. Throughout 2010–11 Mr John Newsom has continued to act as Chair.

The group met twice during 2010–11 and provided advice on Cancer Australia's consumer networks program activities. This included advice into the evaluation of the Building Cancer Support Networks Initiative. Members were also extensively involved in providing advice and guidance for the development of a National Framework for Consumer Involvement in Cancer Control. Members participated in a Delphi Survey and attended Cancer Australia's Consumer Forum, and a national workshop for the National Framework held in April 2011.

## National Lung Cancer Advisory Group

The National Lung Cancer Advisory Group has met twice in 2010–11, and continues to provide expert advice and assistance to Cancer Australia and input to projects funded under the National Lung Cancer Program.

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

## National Research Advisory Group

The National Research Advisory Group, chaired by Dr Nik Zeps, provided expert advice in 2010–11 on current and emerging issues in cancer research and cancer clinical trials. Group members have specifically contributed to assessment panels for Cancer Australia research programs and provided other advice on an ongoing basis.

The group met on one occasion this year, and *inter alia* reviewed the PdCCRS and provided input into planning for the forthcoming National Audit of Cancer Research.

The group has 22 members who serve terms of three years.

# Appendix D— List of Requirements

## List of Requirements

Part of Report	Description	Requirement	Page
	Letter of transmittal	Mandatory	iii
	Table of contents	Mandatory	iv
	Index	Mandatory	112
	Glossary	Mandatory	108
	Contact officer(s)	Mandatory	verso
	Internet home page address and Internet address for report	Mandatory	verso
<b>Review by Secretary</b>		Mandatory	5-8
	Review by departmental secretary	Mandatory	5-8
	Summary of significant issues and developments	Suggested	5-8
	Overview of department's performance and financial results	Suggested	5, 34-38
	Outlook for following year	Suggested	8
	Significant issues and developments – portfolio	Portfolio departments – suggested	Not applicable
<b>Departmental Overview</b>		Mandatory	14
	Role and functions	Mandatory	14
	Organisational structure	Mandatory	15,16
	Outcome and program structure	Mandatory	15
	Where outcome and program structures differ from PB Statements/PAES or other portfolio statements accompanying any other additional appropriation bills (other portfolio statements), details of variation and reasons for change	Mandatory	Not applicable
	Portfolio structure	Mandatory for portfolio departments	Not applicable
<b>Report on Performance</b>		Mandatory	18
	Review of performance during the year in relation to programs and contribution to outcomes	Mandatory	18-27
	Actual performance in relation to deliverables and KPIs set out in PB Statements/PAES or other portfolio statements	Mandatory	27-31

Part of Report	Description	Requirement	Page
	Where performance targets differ from the PBS/ PAES, details of both former and new targets, and reasons for the change	Mandatory	Not applicable
	Narrative discussion and analysis of performance	Mandatory	18-27
	Trend information	Mandatory	27
	Performance of purchaser/ provider arrangements	If applicable, suggested	Not applicable
	Significant changes in nature of principal functions/ services	Suggested	Not applicable
	Factors, events or trends influencing departmental performance	Suggested	5-8
	Contribution of risk management in achieving objectives	Suggested	18
	Social inclusion outcomes	If applicable, mandatory	5-8, 18-27
	Performance against service charter customer service standards, complaints data, and the department's response to complaints	If applicable, mandatory	Not applicable
	Discussion and analysis of the department's financial performance	Mandatory	34-38
	Discussion of any significant changes from the prior year or from budget.	Suggested	Not applicable
	Agency resource statement and summary resource tables by outcomes	Mandatory	101
	Developments since the end of the financial year that have affected or may significantly affect the department's operations or financial results in future	If applicable, mandatory	Not applicable
<b>Management Accountability</b>			34
<b>Corporate Governance</b>			35,36
	Agency heads are required to certify that their agency comply with the Commonwealth Fraud Control Guidelines.	Mandatory	iii
	Statement of the main corporate governance practices in place	Mandatory	35,36
	Names of the senior executive and their responsibilities	Suggested	15
	Senior management committees and their roles	Suggested	15, 35
	Corporate and operational planning and associated performance reporting and review	Suggested	35
	Approach adopted to identifying areas of significant financial or operational risk	Suggested	35
	Policy and practices on the establishment and maintenance of appropriate ethical standards	Suggested	35
	How nature and amount of remuneration for SES officers is determined	Suggested	36

Part of Report	Description	Requirement	Page
<b>External Scrutiny</b>			96
	Significant developments in external scrutiny	Mandatory	96-97
	Judicial decisions and decisions of administrative tribunals	Mandatory	96
	Reports by the Auditor-General, a Parliamentary Committee or the Commonwealth Ombudsman	Mandatory	96-97
<b>Management of Human Resources</b>			36-38
	Assessment of effectiveness in managing and developing human resources to achieve departmental objectives	Mandatory	36
	Workforce planning, staff turnover and retention	Suggested	36, 38
	Impact and features of enterprise or collective agreements, individual flexibility arrangements (IFAs), determinations, common law contracts and AWAs	Suggested	38
	Training and development undertaken and its impact	Suggested	38
	Occupational health and safety performance	Suggested	100
	Productivity gains	Suggested	36
	Statistics on staffing	Mandatory	37,38
	Enterprise or collective agreements, IFAs, determinations, common law contracts and AWAs	Mandatory	38
	Performance pay	Mandatory	38
<b>Assets management</b>	Assessment of effectiveness of assets management	If applicable, mandatory	94
<b>Purchasing</b>	Assessment of purchasing against core policies and principles	Mandatory	100
<b>Consultants</b>	The annual report must include a summary statement detailing the number of new consultancy services contracts let during the year; the total actual expenditure on all new consultancy contracts let during the year (inclusive of GST); the number of ongoing consultancy contracts that were active in the reporting year; and the total actual expenditure in the reporting year on the ongoing consultancy contracts (inclusive of GST). The annual report must include a statement noting that information on contracts and consultancies is available through the AusTender website.  (Additional information as in Attachment D to be available on the Internet or published as an appendix to the report. Information must be presented in accordance with the pro forma as set out in Attachment D.)	Mandatory	36, 94-95
<b>Australian National Audit Office Access Clauses</b>	Absence of provisions in contracts allowing access by the Auditor-General	Mandatory	94
<b>Exempt contracts</b>	Contracts exempt from the AusTender	Mandatory	96



Part of Report	Description	Requirement	Page
<b>Financial Statements</b>	Financial Statements	Mandatory	42-93
<b>Other Mandatory Information</b>			94
	Occupational health and safety (section 74 of the <i>Occupational Health and Safety Act 1991</i> )	Mandatory	100
	Freedom of information for the period 1 July 2010 to 30 April 2011 inclusive (see terms of subsection 8(1) of the <i>Freedom of Information Act 1982</i> as it existed prior to 1 May 2011)	Mandatory	97-99
	Advertising and Market Research (Section 311A of the <i>Commonwealth Electoral Act 1918</i> ) and statement on advertising campaigns	Mandatory	94
	Ecologically sustainable development and environmental performance (Section 516A of the <i>Environment Protection and Biodiversity Conservation Act 1999</i> )	Mandatory	96
	Grant programs	Mandatory	100
	Disability reporting – explicit and transparent reference to agency-level information available through other reporting mechanisms	Mandatory	96
	Correction of material errors in previous annual report	If applicable, mandatory	Not applicable
	List of Requirements	Mandatory	104

# Glossary

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

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

Parliamentary processes	Processes that involve the exchange of information between Cancer Australia, DoHA and the Minister for Health and Ageing. This information may be in many forms, including minutes to the Minister, question time briefs, departmental briefs and senate estimates documents.
People affected by cancer	People who have had a personal experience of cancer, including patients, people living with cancer, cancer survivors, caregivers and family members.
Policy	A plan or course of action intended to influence and determine decisions, actions and other matters.
Prevalence	The number or proportion (of cases, instances, etc.) present in a population at a given time.
Prevention	Action to reduce or eliminate the onset, causes, complications or recurrence of disease or ill health.
Primary care	First level of health care, outside of hospitals. For example, a GP is a primary health care practitioner.
Prostate cancer	Cancer of the prostate, the male organ that sits next to the urinary bladder and contributes to semen (sperm fluid) production.
Psycho-oncology	Concerned with the psychological, social, behavioural and ethical aspects of cancer. This subspecialty addresses the two major psychological dimensions of cancer: the psychological responses of patients to cancer at all stages of the disease and that of their families and caretakers; and the psychological, behavioural and social factors that may influence the disease process.
Psychosocial	Treatment that is intended to address psychological, social and some spiritual needs.
Quality of life	An individual's overall appraisal of their situation and subjective sense of wellbeing. Quality of life encompasses symptoms of disease and side effects of treatment, functional capacity, social interactions and relationships, and occupational functioning. Key psychological aspects include subjective distress, satisfaction with treatment, existential issues, and the impact of illness and treatment on sexuality and body image.
Radiotherapy or radiation oncology	The use of radiation, usually x-rays or gamma rays, to kill tumour cells.
Screening	The presumptive identification of unrecognised disease or defects by means of tests, examinations or other procedures. In Australia organised screening programs must adhere to the Australian Health Ministers' Advisory Council's Population Based Screening Framework available at <a href="http://www.cancerscreening.gov.au">www.cancerscreening.gov.au</a> .
Staging	Conventionally refers to the allocation of categories (0, I, II, III, IV) to groupings of tumours defined by internationally agreed criteria. Frequently these are based on the tumour, the nodes and the metastases. Staging may be based on clinical or pathological features.
Support networks	People on whom an individual can rely for the provision of emotional caring and concern, and reinforcement of a sense of personal worth and value. Other components of support may include provision of practical or material aid, information, guidance, feedback and validation of the individual's stressful experiences and coping choices.
Torres Strait Islander	A person of Torres Strait Islander descent who identifies as a Torres Strait Islander and is accepted as such by the community in which he or she lives.
Tumour	An abnormal growth of tissue. It may be localised (benign) or invade adjacent tissues (malignant) or distant tissues (metastatic).

# Abbreviations

AIHW	Australian Institute of Health and Welfare
APS	Australian Public Service
AWA	Australian Workplace Agreement
AYA	adolescents and young adults
CALD	culturally and linguistic diverse
CanNET	Cancer Service Networks National Demonstration program
C(C)DSS	Cancer (Clinical) Data Set Specification
COSA	Clinical Oncological Society of Australia
CPE	continuing professional education
DoHA	Department of Health and Ageing
DSS	data set specifications
EdCaN	National Cancer Nursing Education project
EL	Executive Level
EPICC	Education Program in Cancer Care
eviQ®	Evidence-based Cancer Treatments Online for Primary Health Care – an online service of the Cancer Institute NSW
FOI	Freedom of Information
GP	General Practitioner
IPS	Information Publication Scheme
IT	information technology
MCN	managed clinical networks
MDC	multidisciplinary care
MDT	multidisciplinary teams
NBOCC	National Breast and Ovarian Cancer Centre
NHMRC	National Health and Medical Research Council
PdCCRS	Priority-driven Collaborative Cancer Research Scheme
QUT	Queensland University of Technology
RACGP	Royal Australian College of General Practitioners
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
SES	Senior Executive Service

# Index

## A

abbreviations, 111  
*Abnormal vaginal bleeding in pre-, peri- and post-menopausal women: A diagnostic guide for general practitioners and gynaecologists*, 24  
*Aboriginal and Torres Strait Islander Cancer Control Report*, 6  
Aboriginal and Torres Strait Islanders, 6, 22, 26  
accommodation, 15, 36  
accountability, 15–16  
achievements, 2  
administered expenses, 36  
advertising and market research, 94  
Advisory Council Chair's review, 10–11  
Advisory Council *see* Cancer Australia Advisory Council  
aims, 2010–11, 18  
amalgamation with National Breast and Ovarian Cancer Centre, 15, 36  
Anderiesz, Dr Cleola, 15  
asset management, 94  
Audit Committee, 16, 35  
audit, internal, 35  
Australian Cancer Trials Online website, 26–7  
Australian Institute of Health and Welfare, 18  
Australian National Audit Office, 94  
Australian Workplace Agreements, 36

## B

balance sheet, 46  
*beyondblue: the national depression initiative*, 19  
Boost Cancer Research, 100  
breast cancer, 8, 22  
broadcasts, 25  
Budget Statement 2010–11, 15  
Building Cancer Support Networks Initiative, 26, 29, 100  
business planning, 35

## B

Cancer (Clinical) Data Set Specification for Gynaecological Cancers, 20, 24  
*Cancer Australia Act 2006*, 5, 14  
Cancer Australia

advice to Minister for Health and Ageing, 39  
Advisory Council, 16  
amalgamation with National Breast and Ovarian Cancer Centre, 5  
establishment, 14  
financial statements, 42–93  
outcome and program structure, 15  
Performance Development Scheme, 38  
report on performance, 17–32  
role and functions, 14  
strategic plan, 8  
Cancer Australia Inter-governmental Strategic Forum, 102  
Cancer Australia Resource Statement 2010–11, 101  
Cancer Australia Summary Resource Table by Outcome 2010–11, 101  
Cancer Australia Advisory Council, 10–11, 99  
Cancer Clinical Networks, 30  
Cancer Clinical Trials Development Unit, 20  
Cancer Clinical Trials program, 5, 18, 19  
cancer control, 102–3  
Cancer Council Victoria, 20  
Cancer Learning, 6, 21  
Cancer Nurses Society of Australia, 21  
*Cancer Professional Development Framework*, 21  
Cancer Research and Clinical Trials, 100  
Cancer Services Networks National Program, 22  
Cancer Support Networks Initiative, 28  
cancer survival data, 20  
Cancer Voices Australia, 4, 25  
cancer workforce capacity building, 6  
cash flow statement, 48  
Chief Executive Officer's review, 5–8  
clinical practice guidelines, 24  
clinical trials, 5, 18, 19, 26–7  
code of conduct, APS, 35  
Collaborative Cancer Research Scheme, 19  
collective agreements, 38  
Commonwealth Fraud Control Guidelines, iii, 35  
Commonwealth Procurement Guidelines, 100  
consultancies, 36, 94–5

consumer engagement, 22–3, 26, 28–31  
consumer information, 24  
consumer involvement in cancer control, national framework, 5  
consumer networks, 25–7  
consumer representatives, work with, 4  
contact details, 99  
contracts, 94  
corporate governance, 35–6  
corporate plan, 35

## D

data collection, 6, 20, 23, 29  
deliverables, 27–9  
Department of Health and Ageing, 18, 39  
departmental expenses, 36  
*Developing Training Courses for Nurses and Health Professionals measure*, 21  
disability reporting, 96

## E

ecologically sustainable development, 96  
education, 18, 25, 29  
electronic data acquisition, 20  
employment, 15, 36, 38  
*Endometrial and Cervical Cancers in Australia*, 3  
endometrial cancer, 24  
*Endometrial cancer: Investigations and appropriate referral*, 3  
environmental performance, 96  
ethical standards, 35  
evidence-based care and treatment, 22, 24  
exempt contracts, 96  
external scrutiny, 96

## F

*Female cancers and psychosocial care*, 25  
Fielding, Ms Di, 16  
*Financial Management and Accountability Act 1997*, 11, 35  
financial overview, 36  
financial statements, 42–93  
flowcharts, diagnostic and referral, 3, 6  
fraud control, 35  
freedom of information, 97–8  
full-time staff, 37  
functions, 14  
funding, research, 5, 19

## G

gender of staff, 36  
Glasson, Dr Bill AO, 10–11  
glossary, 108–10

governance, 15, 35–6  
grants, 19, 24, 26, 28–9, 100  
guidelines and policies, internal, 35  
gynaecological cancer, 6, 18, 20, 23–5, 28, 29, 31  
*Gynaecological cancers: Psychosexual care*, 3

## H

Hanson, Ms Susan, 15  
*Health Minutes*, 25  
health professionals, support for, 18, 21, 22, 25, 29,  
highlights, 2  
human resources, 36–9

## I

information, provision of, 18, 21, 22, 25, 26–7, 29  
internal audit arrangements, 35

## J

Jeannie Ferris National Centre for Gynaecological Cancers Consumer Churchill Fellowship, 3, 24

## K

key performance indicators, 30–1  
key results 2010–11, 34  
King, Prof. Madeleine, 20

## L

Lee, Ms Linnet, 15  
Lewington, Mr Mark, 15  
list of requirements, 104–7  
*Lung Cancer in Australia: review of evidence, research and national consultation*, 3, 6  
Lung Cancer Program, 19, 22–3  
lung cancer, 6, 23, 28  
*Lung Cancer: Understanding, Managing, Living*, 23

## M

management and accountability, 33–40  
*Managing Gynaecological Malignancies in General Practice*, 25  
mandatory reporting information, 94–100  
Medical Oncology Group Australia, 7  
Mentoring for Regional Hospitals and Cancer Professionals Program, 6, 22  
Minister for Health and Ageing, 7, 14, 36, 39  
ministerial coordination, 39

## N

National Advisory Groups, 102–3  
National Breast and Ovarian Cancer Centre, 2  
National Cancer Control Initiative Minimum Data Set *see* Cancer (Clinical) Data Set Specification  
National Cancer Data Strategy Advisory Group, 102  
National Cancer Nursing Education initiative, 21  
National Centre for Gynaecological Cancers, 19, 23–5, 103

National Consumer Advisory Group, 25, 26, 103  
National Framework for Consumer Involvement in Cancer Control, 4, 5, 10, 25  
National Gynaecological Cancers Service Delivery and Resource Framework, 5, 25  
National Health and Medical Research Council, 7, 18  
National Lung Cancer Advisory Group, 103  
National Research Advisory Group, 103  
Nehill, Ms Caroline, 15  
networks, 21–2  
notes to and forming part of financial statements, 54–93

## **O**

occupational health and safety, 100  
offices, 15, 36  
online learning and resources, 3, 6, 21, 22, 25, 26–7  
operational planning, 35  
organisational structure, 15–16  
outcome, 15, 18  
outlook, 8, 11  
ovarian cancers, 8

## **P**

parliamentary coordination, 39  
part-time staff, 37  
partnerships, 4, 19, 25–6  
Performance Development Scheme, 38  
performance pay, 38  
performance report, 17–32  
performance review, 18–27  
Peter MacCallum Cancer Centre, 21  
primary health care clinicians, support for, 22  
priorities, 27–31  
professional development, 6, 21–2  
program, 15  
psychosexual support training module, 6, 25  
*Public Service Act 1999*, 35  
purchasing, 100

## **R**

Ramadge, Dr Joanne, 15, 16  
referral pathways, 22  
Regional Multi-site Clinical Trials Capacity Building Network, 2, 20  
remuneration, 36  
report on performance, 17–32  
research, 19–20, 23–4, 27, 30  
Resource Statement 2010–11, 101  
resources, 23, 25, 29

responsible minister, 14  
risk management, 18  
role and functions, 14  
Roper, Ms Glenys, 16  
Roxon, the Hon Nicola MP, 14  
Royal Australian and New Zealand College of Obstetricians and Gynaecologists, 3  
Royal Australian and New Zealand College of Radiologists, 7  
Royal Australian College of General Practitioners, 25  
Royal College of Nursing Australia, 7  
rural and regional services, 3, 25, 26, 27  
Rural Health Foundation, 25

## **S**

salary structures, 37  
schedule of administered items, 50–3  
schedule of commitments, 49  
senior management committees, 15, 35  
service development and reform, 22, 29, 31  
service directories, 22  
service level agreement, 15  
Sinclair, Ms Sue, 15  
staffing, 15, 36–7  
stakeholder consultations and engagement, 10, 20, 21, 26  
statement of changes in equity, 47  
statement of comprehensive income, 45  
statistical information, 6, 24  
study leave, 38  
Summary Resource Table by Outcome 2010–11, 101  
Support for Cancer Clinical Trials program, 19  
support services, 6, 18, 27

## **T**

tendering, 94  
training and development, 38

## **W**

websites, 4, 6, 21, 22, 25–7  
Western Australia Cancer and Palliative Care Network, 20  
Williams, Ms Merran, 24

## **Y**

Youth Cancer Networks Program, 20

## **Z**

Zorbas, Dr Helen, 5, 15



**[www.canceraustralia.gov.au](http://www.canceraustralia.gov.au)**

All information in this publication is correct as at October 2011