



**Australian Government**  

---

**Cancer Australia**

Annual Report  
**2011-2012**

**Cancer Australia**  
Annual Report  
**2011-2012**

## 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 28 June 2012.

The annual report is available in print from 36 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: 978-1-74127-192-8

Online ISBN: 978-1-74127-193-5

ISSN: 1839-6607

Online ISSN: 1839-6615

Copyright Statements:

### Paper-based publications

© Cancer Australia 2012

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 Cancer Australia to do so. Requests and inquiries concerning reproduction and rights are to be sent to the Publications and Copyright contact officer, Cancer Australia, Locked Bag 3, Strawberry Hills NSW 2012.

### Internet sites

© Cancer Australia 2012

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 Cancer Australia to do so. Requests and inquiries concerning reproduction and rights are to be sent to the Publications and Copyright contact officer, Cancer Australia, Locked Bag 3, Strawberry Hills NSW 2012.



## Letter of transmittal

Dear Minister,

I am pleased to present the annual report of Cancer Australia for the year ended 30 June 2012.

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(2) and 70(2) of the *Public Service Act 1999*.

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

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

In addition, and as required by the Commonwealth Fraud Control Guidelines, I certify that I am satisfied that Cancer Australia has in place appropriate fraud control mechanisms that meet Cancer Australia's specific needs and that comply with the guidelines applying in 2011–12.

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

24 September 2012

---

# Contents

Letter of transmittal	iii
<b>1 Overview</b>	<b>1</b>
Highlights and achievements	2
Chief Executive Officer's review	6
<b>2 Advisory Council Chair's review</b>	<b>11</b>
<b>3 About Cancer Australia</b>	<b>15</b>
Functions and role	16
Outcome and program structure	17
Organisational structure	18
<b>4 Report on performance</b>	<b>21</b>
Leadership in service delivery and health system reform	23
Priority research	24
Strengthened data capacity	26
Clinical best practice	27
Better informed community	29
Deliverables—Cancer Australia's priorities	32
<b>5 Management and accountability</b>	<b>35</b>
Corporate governance	37
Financial overview	38
Management of human resources	39
Ministerial and parliamentary coordination	41
<b>6 Appendices</b>	<b>43</b>
<b>Appendix A: Audited financial statements</b>	<b>44</b>
Independent Auditor's Report	44
Statement by CEO and Chief Finance Officer	46
Statement of Comprehensive Income	47
Balance Sheet	48
Statement of Changes in Equity	49
Cash Flow Statement	50

Schedule of Commitments	51
Administered Schedule of Comprehensive Income	52
Administered Schedule of Assets and Liabilities	53
Administered Reconciliation Schedule	54
Administered Cash Flow Statement	55
Administered Schedule of Commitments	56
Table of Contents—Notes	57
Notes to and forming part of the Financial Statements	58
<b>Appendix B: Mandatory reporting information</b>	<b>101</b>
Advertising and market research	101
Asset management	101
Australian National Audit Office Access	101
Competitive tendering and contracting	101
Consultancies	101
Disability reporting	102
Ecologically sustainable development and environmental performance	102
Exempt contracts	102
External scrutiny	103
Freedom of information	103
Grant programs	103
Purchasing	103
Resource Statement and Resources for Outcomes	104
Work health and safety	105
<b>Appendix C: Cancer Australia Advisory Groups</b>	<b>106</b>
Intercollegiate Advisory Group	106
Research and Data Advisory Group	106
Information and Communication Advisory Group	107
Breast Cancer Advisory Group	107
Gynaecological Cancer Advisory Group	107
Lung Cancer Advisory Group	107
<b>Appendix D: List of requirements</b>	<b>108</b>
<b>Glossary</b>	<b>112</b>
<b>Abbreviations</b>	<b>116</b>
<b>Index</b>	<b>118</b>



# 1 Overview





---

# Highlights and achievements

This section provides an overview of Cancer Australia's notable achievements in 2011–12.

## Leadership in health service delivery and health system reform

- Partnered with each state and territory to implement cancer clinical networks at the local level
- Contributed to the national and international evidence base to support a multidisciplinary approach to cancer care
- Conducted a forum with key stakeholders to discuss approaches to support the uptake of ovarian cancer chemotherapy guideline recommendations
- Explored innovative approaches to delivering continuing professional development activities for health professionals
- Evaluated the *Shared care demonstration project* to inform future delivery of a sustainable model of shared follow-up care
- Continued to implement the *Stay in Touch* program to support women from regional, rural and remote Australia undergoing breast cancer treatment
- Consolidated evidence-based breast cancer resources for medical and nursing undergraduate students
- Participated as a member of the Council of Australian Governments (COAG) National Cancer Expert Reference Group on development of a National Cancer Work Plan

## Priority research

### Cancer research

- Funded, with seven funding partners, 30 grants totalling \$9.35 million through the 2011 round of the Priority-driven Collaborative Cancer Research Scheme (PdCCRS)

### Cancer clinical trials

- Provided continued funding for Australia's 13 Multi-site Collaborative National Cancer Clinical Trials Groups
- Provided funding for national health- and pharmaco-economic, quality of life, secretariat, and trial development services to support Australia's 13 Multi-site Collaborative National Cancer Clinical Trials Groups

---

## Strengthened data capacity

- Provided advice and recommendations to the Australian Institute of Health and Welfare (AIHW) Cancer Monitoring Advisory Group
- Developed a lung cancer dataset specification, bio-specimen dataset specification and a dataset specification for adolescents and young adults with cancer
- Developed and published a statistical report *Lung cancer in Australia: an overview* in partnership with the AIHW
- Developed and published the companion *Report to the Nation—Lung Cancer 2011*
- Developed statistical reports on breast and gynaecological cancers in Australia in partnership with AIHW

## Clinical best practice

### Psychosocial care

- Commissioned two systematic reviews of the evidence to inform an update of guidelines for the psychosocial care of adults with cancer

### Breast cancer

- Developed three topic-specific breast cancer guidelines:
  - *Recommendations for use of hypofractionated radiotherapy for early (operable) breast cancer*
  - *Recommendations for use of bisphosphonates in early breast cancer*
  - *Recommendations for staging and managing the axilla in early (operable) breast cancer*
- Commenced four systematic reviews of the evidence to inform updates to the early and advanced breast cancer guidelines
- Supported the continuous quality improvement of BreastScreen Australia's services and provided secretariat support for meetings of the BreastScreen Australia National Quality Management Committee (NQMC)

### National Lung Cancer Initiative

- Developed a guide to support the investigation of lung cancer symptoms for general practitioners (GPs)
- Published a systematic review of the impact of stigma and nihilistic views on lung cancer outcomes in a peer-reviewed journal
- Completed a systematic review of current national and international research on risk factors for lung cancer

---

## Gynaecological cancers

- Launched web-based *Clinical practice guidelines for the treatment of women with apparent early stage low and high risk endometrial cancer* developed in collaboration with Cancer Council Australia
- Published web-based recommendations for the management of women at high risk of ovarian cancer
- Undertook education and training for over 550 health professionals on the psycho-sexual support of women with gynaecological cancers
- Commissioned a systematic review of the evidence about endometrial cancer and hereditary non-polyposis colon cancer or HNPCC (also known as Lynch Syndrome) to inform the development of clinical guidance material for health professionals
- Reviewed the research evidence about the use of first-line chemotherapy for women with epithelial ovarian cancer

## Aboriginal and Torres Strait Islander peoples

- Developed a breast cancer unit of competency for inclusion in the National Health Training Package as part of the Aboriginal and Torres Strait Islander Health Worker Certificate IV
- Conducted two 'Train the Trainer' workshops for Aboriginal Health Workers to increase capacity and skills in promoting breast awareness and early detection of breast cancer
- Consulted Aboriginal and Torres Strait Islander women with breast cancer to inform development of a patient navigational aid

## Better informed community

### Information and support for people affected by cancer

- Distributed 91,392 free hard copy consumer resources on cancer
- Developed a resource for woman with gynaecological cancer about issues of intimacy and sexuality
- Awarded, through the *Supporting people with cancer* Grant initiative, funding of \$1,052,973 to 13 recipients to extend the range and reach of evidence based information and support available to people affected by cancer, with a further \$1,047,154 secured in co-funding from funding partner organisations
- Attracted approximately 32,000 monthly visitors to the Cancer Australia websites and approximately 4,600 monthly visitors to Cancer Australia's Australian Cancer Trials website
- Published nine original scientific papers in peer-reviewed literature, with a further five articles accepted for publication

---

## Improved awareness of cancer

- Hosted the Sydney Pink Ribbon Breakfast on Pink Ribbon Day, 24 October 2011, with an audience of more than 550 guests
- Reached an audience in excess of 41 million through the 2011 Pink Ribbon media campaign
- Reached an audience in excess of 450,000 through radio, print and online media promoting the messages of Teal Ribbon Day, held as part of Ovarian Cancer Awareness Month
- Engaged consumers in all of Cancer Australia's advisory groups and project working groups to inform our national efforts in cancer control
- Contributed to improved consumer awareness and health literacy through increased media and communication profile so that people affected by cancer are effectively engaged
- Supported the international initiative World Cancer Day through the dissemination of a media release and the development of online content to promote key cancer prevention and healthy lifestyle messages
- Received 109 requests for expert comment or information and featured in 160 stories across all forms of media

---

## Chief Executive Officer's review



### **Dr Helen Zorbas**

I am pleased to present Cancer Australia's first annual report following the amalgamation of Cancer Australia and National Breast and Ovarian Cancer Centre (NBOCC) in June 2011 to establish a single national cancer control agency.

Cancer Australia has enjoyed a highly productive year that saw the agency achieve a number of important milestones to further strengthen the Australian Government's strategic approach to cancer control. Most significant among these was the development of the first Strategic Plan for the amalgamated agency.

The *Cancer Australia Strategic Plan 2011–14* was launched by the then Minister for Health and Ageing, the Hon Nicola Roxon MP, on 26 August 2011. The Plan articulates Cancer Australia's direction and priorities over the next three years, recognising the need for a coordinated national approach to address challenges such as the increasing cancer burden, variation in outcomes and the changing paradigm of cancer care.

The Strategic Plan was developed in consultation with a wide range of stakeholders who endorsed the distinctive role of Cancer Australia in providing effective national leadership. The valued input and perspectives of people affected by cancer were central to developing the role and vision of the amalgamated national cancer agency.

The Strategic Plan identifies the agency's key goals for 2011–14, including leading the national cancer control agenda; building a knowledge hub for cancer control; assisting the uptake of best practice cancer care; informing consumers and the community about cancer and building and strengthening organisational capability to support strategies. I have great pleasure in confirming in this annual report the progress that has already been made towards these goals.

Cancer Australia has strengthened its advisory group structure in 2011–12 to better inform and support the goals of the Strategic Plan. Three new strategic Advisory Groups have been established to provide expert and consumer advice on priorities for Cancer Australia: the Intercollegiate Advisory Group, the Research and Data Advisory Group, and the Information and Communication Advisory Group. Appendix C provides details of these groups.

In 2011–12, Cancer Australia directed its efforts in the following key areas:

- leadership in health service delivery and health system reform
- priority research
- strengthened data capacity
- clinical best practice
- better informed community.

---

The outcomes achieved in these areas have been delivered through the 80 projects included in the Cancer Australia Business Plan 2011–13. These outcomes are set out in Part 4 of this report, and information on Cancer Australia’s management and accountability, including financial results, is provided in Part 5.

Cancer Australia focuses on populations who experience poorer health outcomes, including Aboriginal and Torres Strait Islander peoples and people living in rural and remote Australia. Our initiatives in this area in 2011–12 built on previous work by the former NBOCC and Cancer Australia. The program of work included a suite of projects across service delivery, clinical best practice, data, research, and information and support for people affected by cancer.

Highlights of this work included workshops for Aboriginal Health Workers to strengthen their ability to promote the early detection of breast cancer through the delivery of culturally appropriate information to Aboriginal and Torres Strait Islander women, and the development of a new evidence-based breast cancer education module to meet the needs of rural health professionals. Resources and a grant program were also developed to increase the capacity of Aboriginal Health Workers to support Aboriginal and Torres Strait Islander women with breast cancer.

Together with seven funding partners, Cancer Australia’s 2011 round of the PdCCRS awarded 30 grants totalling \$9.35million. These partnerships maximise investment in cancer research at a national level and attract Funding Partners who may not have previously funded cancer research. Since 2007, 171 grants totalling \$61.2 million have been awarded. Of these, 101 grants (59%) were co-funded by Cancer Australia and Funding Partners, 47 grants (28%) were funded by Cancer Australia alone and 23 grants (13%) were funded by Funding Partners.

The commitment to a continued focus in breast cancer was reflected in the significant breast cancer related body of work in Cancer Australia’s Business Plan 2011–13. Highlights of Cancer Australia’s work in breast cancer included the development and publication of four breast cancer topic-specific guidelines to inform clinical practice—Use of bisphosphonates in early breast cancer, Use of bisphosphonates in advanced breast cancer, Hypofractionated radiotherapy in early breast cancer, and Staging and managing the axilla in early (operable) breast cancer—and publication of an analysis of BreastScreen data to determine differences in breast cancer screening and survival by Aboriginal and Torres Strait Islander status.

The *Shared care demonstration project* implemented and evaluated a model of follow-up care for early breast cancer, shared between GPs and specialists, that supports best practice care. Tailored information and tools were developed to support specialists and GPs to provide evidence-based follow-up care, and to support patients to participate in shared follow-up care. The results of the demonstration project, completed in 2011–12, are significant in informing the further roll out of shared care in breast cancer and potentially in other cancers.

Cancer Australia delivered 10 lung cancer projects in 2011–12 as part of a comprehensive program of work in lung cancer. Significant among these projects were the development of a guide for GPs in the investigation of symptoms of lung cancer, a review of the evidence to inform our understanding of the impact of stigma and nihilism on lung cancer outcomes, and the development of the first comprehensive report of national statistics on lung cancer in

---

Australia. The report, *Lung cancer in Australia: an overview*, developed with AIHW, was released in November 2011 during Lung Cancer Awareness Month together with a summarised version, *Report to the Nation—Lung Cancer 2011*.

In 2011–12, Cancer Australia’s program of work in gynaecological cancers incorporated NBOCC’s work in ovarian cancer to improve outcomes, service provision and survivorship support for women with all gynaecological cancers. This year, the program of work focused on the education and training of health professionals, the development of consumer and health professional resources and clinical practice guidelines, and a review of the latest research evidence in gynaecological cancers.

The year also saw the launch of the *National Framework for Consumer Involvement in Cancer Control*, developed by Cancer Australia in partnership with Cancer Voices Australia and with wide sector engagement. This benchmark publication, which has received national and international endorsement, aims to enhance meaningful consumer involvement at all levels of cancer control in order to improve outcomes and experiences for people affected by cancer. The Framework supports organisations and services to develop strategies that build sustained consumer involvement, which will in turn contribute to improving the lives of people affected by cancer.

Cancer Australia continued to provide evidence-based information to meet the demonstrated information needs of consumers, health professionals and the community. Over 90,000 hardcopy resources were disseminated and nine papers were published in peer reviewed publications, with a further five articles accepted for publication.

Achieving outcomes and making impacts in our cancer control efforts requires productive and collaborative relationships with many stakeholders in the cancer landscape. The reach and quality of Cancer Australia’s work continues to be enhanced by the passion, expertise and commitment of the many government and non-government organisations, researchers, clinicians and consumers who generously contributed to Cancer Australia’s cancer control efforts.

During 2011–12, 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 cancer agencies.

Our non-government Funding Partners in 2011–12 included: Australian Lung Foundation; Andrology Australia; Australian and New Zealand Clinical Trials Registry (ANZCTR); Australian Rotary Health; *beyondblue: the national depression and anxiety initiative*; Breast Cancer Network Australia (BCNA); Cancer Council Australia; Cancer Councils in each state and territory; Cancer Voices Australia; Cancer Voices South Australia; CanTeen; Cure Cancer Australia Foundation; Federation of Ethnic Communities’ Council of Australia (FECCA); Leukaemia Foundation; National Breast Cancer Foundation (NBCF); National Aboriginal Community Controlled Health Organisation (NACCHO); Ovarian Cancer Australia (OCA); and Prostate Cancer Foundation of Australia (PCFA).

---

I would also like to acknowledge the many organisations that provided valuable support to Cancer Australia's work in breast cancer during 2011–12. This includes Ralph Lauren for their funding of the Pink Pony campaign to address disparities in care for women with breast cancer and the highly valued supporters of the 2011 Pink Ribbon Breakfast, including Principal Supporter Macquarie Group Foundation, Jan Logan and Estée Lauder Companies.

I also acknowledge the considerable contribution of time and expertise of health care professionals and their professional organisations and colleges, which has supported our work enormously. These valued stakeholders include: the Australian College of Rural and Remote Medicine (ACRRM); the Australian Society of Gynaecologic Oncologists (ASGO); the Australia New Zealand Gynaecological Oncology Group (ANZGOG); the Clinical Oncological Society of Australia (COSA); the Medical Oncology Group Australia (MOGA), the Royal Australian and New Zealand College of Radiologists (RANZCR), the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG); the Royal College of Nursing Australia (RCNA); and the Royal College of Pathologists Australasia (RCPA).

The Chair and members of Cancer Australia's ministerially appointed Advisory Council continue to provide exceptional service and commitment to Cancer Australia. I thank them for their valued advice, based on their broad range of professional experience, skills and personal understanding of the effects of cancer. The Chair's review is provided in Part 2 of this report.

I particularly want to acknowledge the Hon Tanya Plibersek MP, Minister for Health and the then Minister for Health and Ageing, Attorney-General, the Hon Nicola Roxon MP, whose support of Cancer Australia as successive Ministers responsible for the portfolios of Health and Health and Ageing during 2011–12 is greatly appreciated.

In addition I would like to acknowledge the substantial support provided during the year by the executive and staff of DoHA, who have contributed significantly to the success of Cancer Australia's first year as the amalgamated national cancer agency.

Finally and importantly, I would like to thank the valued staff of Cancer Australia for the talents, professionalism and commitment they bring to our cancer control efforts. The exceptional outputs and quality of their work during the year have been fundamental to the outcomes we have achieved, the relationships we have fostered and the organisational accountability we have embedded in our strengthened agency.

I look forward to continuing this momentum, confident that the foundational work and effective partnerships that have been central to our recent efforts will ensure the successful delivery of our Strategic Plan, with the ultimate goal of reducing the impact of cancer and improving the wellbeing of all people affected by cancer across Australia.



---

## 2 Advisory Council Chair's review



---

## Advisory Council Chair's review



### Dr Bill Glasson AO

This was a landmark year for Cancer Australia, commencing with the amalgamation of Cancer Australia and National Breast and Ovarian Cancer Centre on 30 June 2011. The Advisory Council (the Council) was pleased to recognise the smooth and successful transition to the fully integrated and strengthened Cancer Australia, and the delivery of strong results against the agency's consolidated work program throughout the year.

In this past reporting year the Council continued to provide advice and input to the strengthened Cancer Australia on its strategic directions, alignment of work with government priorities, and stakeholder partnerships and relationships.

A highlight of the Council's activities this year was the contribution to and endorsement of the *Cancer Australia*

*Strategic Plan 2011–14*, which identifies the agency's goals, strategies and distinctive role in contributing to national cancer control and improving outcomes for those affected by cancer. The Strategic Plan was released in August 2011, following broad consultation about the directions and priorities for the lead national cancer control agency. The Council noted with pleasure the widespread commendation and positive feedback the Plan received from stakeholders. On behalf of the Council I thank the then Minister for Health and Ageing and current Attorney-General, the Hon Nicola Roxon MP, for her foreword to the Strategic Plan, and her strong support for Cancer Australia.

Marking this new era in cancer control the Council was pleased to endorse and provide input into the development of Cancer Australia's new advisory structure to support the Strategic Plan, with the establishment of the:

- Intercollegiate Advisory Group
- Research and Data Advisory Group
- Information and Communication Advisory Group.

In addition to their role on the Advisory Council, members of the Council are invited to each meeting of these Cancer Australia Advisory Groups. I note with gratitude this further contribution of time and expertise, which extends beyond the strategic work of the Council and builds on our capacity to better support the work of Cancer Australia.

The Council welcomes consumer representation on all groups, and notes Cancer Australia's ongoing commitment to increased consumer engagement as a pivotal focus of the agency's work program.

---

Council members also contribute their practical knowledge, experience and insights to specific areas of focus for Cancer Australia. In 2011–12 these included approaches to delivering on the goals of the Strategic Plan, the Cancer Australia Business Plan 2011–13, national lung cancer initiatives, and increasing community awareness and raising the profile of the agency.

I would like to acknowledge the informed contribution to the work of the Advisory Council of all Council members in this significant year. Professor Simon Chapman's appointment to the Council concluded on 27 November 2011, and I thank him for his considered input.

Dr Lizbeth Kenny was reappointed as a member of the Council on 5 December 2011 and Professor Ian Olver, Professor Sanchia Aranda, Professor Christobel Saunders, Dr Julie Thompson and Ms Lyn Swinburne were reappointed on 18 June 2012.

Four new members were appointed to the Council during 2011–12:

- Professor Don Iverson on 28 November 2011
- Professor Jim Bishop AO on 17 April 2012
- Associate Professor Jacinta Elston on 17 April 2012
- Mr Michael Milton OAM on 17 April 2012.

The expertise of new members in cancer control, health-related behavioural sciences, Indigenous health and consumer involvement are welcome additions to the skills and knowledge of the existing Council members, which cover oncology, general practice, community cancer care, consumer expertise, cancer research and academia. The invaluable contribution of members' professional knowledge and skills as well as their commitment is acknowledged.

The Council thanks the Minister for Health, the Hon Tanya Plibersek MP, for her support of and strong interest in the work and achievements of Cancer Australia. The Council also acknowledges the ongoing support of the Secretary, Chief Medical Officer and senior executives from the Department of Health and Ageing.

Throughout 2011–12 the Advisory Council has continued to work with the Chief Executive Officer, Dr Helen Zorbas, and her senior management team to develop and implement the priorities of the Australian Government's strengthened strategic focus on cancer.

The Council commends the high level of expertise in the staff of the expanded Cancer Australia, and believes that the agency is well positioned to build on the significant achievements of the past year. The Council looks forward to contributing further to the work of Cancer Australia, building on the achievements to date in improving cancer outcomes for all Australians.

---

# Cancer Australia Advisory Council

## 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 13 members, as appointed by the Minister for Health and Ageing.

## Membership

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

The current members of the Advisory Council are:

Dr Bill Glasson AO (Chair)

Professor Sanchia Aranda

Dr Anne Atkinson

Professor Jim Bishop AO

Ms Kathryn Crisell

Associate Professor Jacinta Elston

Professor Don Iverson

Dr Liz Kenny

Mr Michael Milton OAM

Professor Ian Olver AM

Professor Christobel Saunders

Ms Lyn Swinburne AM

Dr Julie Thompson

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

## 3 About Cancer Australia



---

# About Cancer Australia

Cancer Australia was established by the Australian Government in 2006 to benefit all Australians affected by cancer, and their families and carers.

Cancer is estimated to be the leading cause of burden of disease in Australia, accounting for 19 per cent of the total burden.<sup>1</sup> For the individuals affected, cancer can impact on every aspect of life, including long-term health and psychological wellbeing.

In 2011–12 the new Cancer Australia brought together the expertise, successes and functions of Cancer Australia and the former NBOCC to provide leadership across all cancers, with a focus on breast, gynaecological (including ovarian) and lung cancers.

Cancer Australia provides national leadership in cancer control to improve patient outcomes, enhance health service delivery and guide improvements across the continuum of cancer care. This is achieved through engagement with key stakeholders in cancer control and the development of effective partnerships for the delivery of improved cancer care. Cancer Australia also oversees a dedicated budget for cancer research, and provides policy advice and recommendations on cancer policy and priorities to the Minister for Health.

Cancer Australia maintains a strategic and inclusive approach to consumer engagement in order to ensure that its work is informed by and responsive to the needs of people affected by cancer and the broader community. The agency also focuses on populations who experience poorer health outcomes, including Aboriginal and Torres Strait Islander peoples and people living in rural and remote Australia.

## Functions and role

Cancer Australia is a statutory agency within the Health and Ageing portfolio. It was established under the *Cancer Australia Act 2006* and is a prescribed agency under the *Financial Management and Accountability Act 1997*. It is also subject to the *Auditor-General Act 1997*, and its staff are employees of the Australian Public Service under the *Public Service Act 1999*.

The role and functions of Cancer Australia are set out in the *Cancer Australia Act 2006*.

Its functions, as prescribed by the Act, are:

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

---

<sup>1</sup> Australian Institute of Health and Welfare & Australasian Association of Cancer Registries 2010. *Cancer in Australia: an overview, 2010*. Cancer series no. 60. Cat. no. CAN 56. Canberra: AIHW

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

Cancer Australia reports to the Minister for Health, the Hon Tanya Plibersek MP.

## Outcome and program structure

The Australian Government requires agencies to measure their performance in terms of outcomes. The outcome expected from Cancer Australia's work in 2011–12 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 minimise the impact of cancer in the community by working in partnership with consumers, health professionals, cancer organisations, funders of cancer research, researchers, other health portfolio agencies and governments to improve health outcomes for people affected by cancer.*

*Cancer Australia translates worldwide research into evidence-based information to guide the work of health professionals in Australia and develops innovative models of care to improve health service delivery. In addition, Cancer Australia will: strengthen national data capacity; fund research in priority areas; assist in the implementation of policies and programs in cancer control; inform people with cancer about their diagnosis and treatment; and raise community awareness about the disease.*

The full Agency Budget Statement for 2011–12 is available at:

[http://www.health.gov.au/internet/budget/publishing.nsf/Content/2011-12\\_Health\\_PBS\\_sup3/\\$File/2011-12\\_Health\\_PBS\\_28\\_CA.pdf](http://www.health.gov.au/internet/budget/publishing.nsf/Content/2011-12_Health_PBS_sup3/$File/2011-12_Health_PBS_28_CA.pdf)



## Organisational structure

Cancer Australia’s governance framework has its foundation in the *Cancer Australia Act 2006*, which defines Cancer Australia as the Chief Executive Officer (CEO) and Cancer Australia staff. Cancer Australia’s structure is outlined in figure 3.1. The organisation is led by the CEO, Dr Helen Zorbas. Dr Zorbas is supported by the Executive Director, Associate Professor Christine Giles; Chief Finance Officer, Ms Anne Hicking; General Manager Service Delivery and Clinical Practice, Ms Sue Sinclair; and General Manager Corporate Affairs, Mr Bill Northcote. Associate Professor Giles has responsibility for Policy, Strategy and Public Reporting, and general managers cover the following fields or programs:

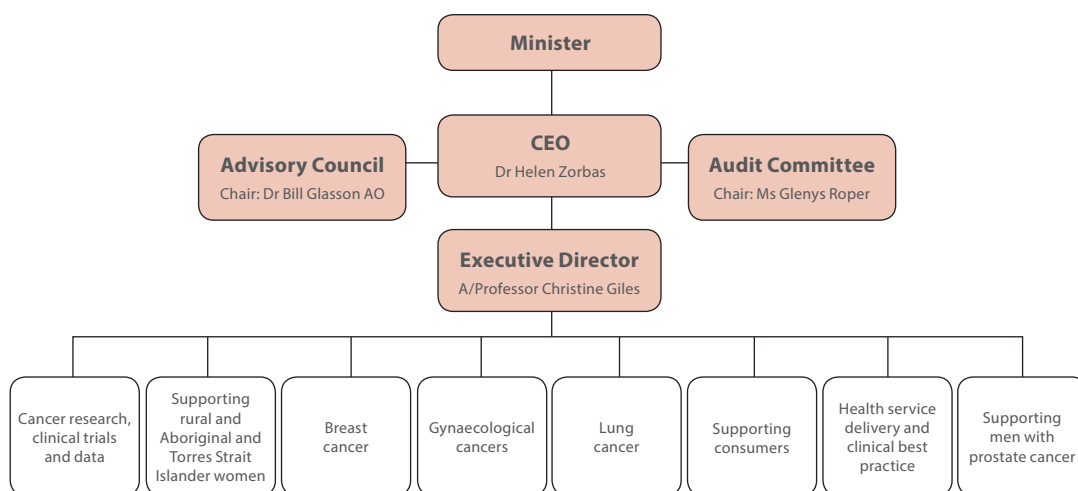
- Knowledge Management: Research, clinical trials, data—Dr Cleola Anderiesz
- Health Service Delivery and Clinical Best Practice—Ms Sue Sinclair
- Special Programs: Breast, gynaecological, lung cancers—A/Professor Christine Giles and Ms Sue Sinclair
- Health Promotion and Communication—Ms Jane Salisbury.

At 30 June 2012 Cancer Australia had 64 employees, of whom 48 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 2011–12 Cancer Australia’s head office was located in Sydney. Throughout the year the agency continued its shared accommodation and service level agreement with NHMRC for specified transactional corporate services in the Canberra and Melbourne offices.

**Figure 3.1 Cancer Australia’s structure at 30 June 2012**



---

## The Cancer Australia Advisory Council

Cancer Australia draws on the broad diversity of expertise, skills and experience Advisory Council members bring to our organisation. The Advisory Council comprises 13 members appointed by the Minister for Health. 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 2011–2012 were Ms Glenys Roper (Chair), Ms Di Fielding, and the Executive Director Associate Professor Christine Giles.

## Advisory Groups

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



## 4 Report on performance



---

# Report on performance

Cancer Australia's work in 2011–12 focused on the following outcome:

*Minimised impacts of cancer, including through national leadership in cancer control with targeted research, cancer service development, education and consumer support.<sup>2</sup>*

Through Cancer Australia the Australian Government aimed in 2011–12 to:

- undertake activities through programs that have been transferred from the former National Breast and Ovarian Cancer Centre (NBOCC)
- provide national leadership and coordination in areas of cancer control through engagement with key stakeholders
- improve cancer service delivery
- enhance cancer research and clinical trials
- strengthen data capacity to inform cancer control activities, and
- develop information to support clinical best practice and aid consumer decision making.

This section of the report discusses the main activities of Cancer Australia, and reports on performance against specific targets set out in the Cancer Australia Agency Budget Statement for 2011–12. 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. The agency's work has also benefited from ongoing collaboration with AIHW and NHMRC.

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.

In 2011–12 Cancer Australia's Risk Management Plan integrated 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 program areas and projects. The agency's Risk Management Framework, practices and processes ensure that all 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 2011–12.

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

---

<sup>2</sup> Agency Budget Statements—[www.health.gov.au](http://www.health.gov.au)

---

## Leadership in service delivery and health system reform

In 2011–12 Cancer Australia continued to provide leadership in enhancing cancer service delivery and coordination of care through the development, implementation and evaluation of cancer clinical networks across Australia through the Cancer Services Networks National Program (CanNET).

By facilitating national system-wide collaboration with local adaptation, Cancer Australia supported a nationally consistent approach to the implementation of cancer clinical networks underpinned by eight key elements: multidisciplinary care, active consumer engagement, primary care engagement, agreed referral pathways, quality assurance framework, clinical leadership, role redesign, and continuing professional development. In 2011–12 Cancer Australia collaborated with state and territory governments to sustain key elements of cancer clinical networks at the local level.

Cancer Australia contributed to the international evidence base on multidisciplinary care through a national study which examined the operation, function and role and identified the effective characteristics of multidisciplinary teams.

Through the *Shared care demonstration project* Cancer Australia continued to implement and evaluate a model of follow-up care for early breast cancer, shared between specialists and GPs, that supports best practice care. Four demonstration sites across Australia were selected to represent a range of health service contexts. To participate in this project the sites recruited 1,214 women who had completed treatment for early breast cancer.

Tailored information and tools, including templates, were developed to support specialists and GPs to provide evidence-based follow-up care, and patients to participate in shared follow-up care. Evaluation was undertaken in 2011–12 to examine the feasibility, acceptability, cost and delivery of best practice care in this shared care model.

In 2011–12 Cancer Australia commenced a two year project to describe an optimal model of lung cancer care through the scoping of existing national and international patterns of care and the identification of lung cancer services across Australia. This information will inform development of an optimal model of lung cancer care, as well as tools and resources, to support best practice treatment in Australia of people affected by lung cancer.

To promote adherence to clinical best-practice guidelines, a forum was held in June 2012 with key stakeholders, including gynaecological oncologists, medical oncologists, nurse practitioners, clinical nurse consultants, and consumer representatives to discuss approaches to support the uptake of recommendations about the use of chemotherapy for women with epithelial ovarian cancer.

To reduce the psycho-social impact of cancer treatment on women from regional, rural and remote Australia, Cancer Australia continued to implement the *Stay in Touch* program in all states and territories. Through this program Cancer Australia provides women who are required to travel away from home to receive radiotherapy treatment for breast cancer with access to face-to-face online video communication technology to enable them to maintain regular contact with their families.

---

## Professional development

Cancer Australia provides national leadership in the provision of evidence-based information and training to support best practice care for all health professionals working in cancer.

During 2011–12 Cancer Australia continued to actively promote initiatives to enhance cancer knowledge, skills and competencies of health professionals including:

- *Cancer Learning*: an online portal, which provides information, evidence-based learning activities and resources for health professionals. The website contains more than 1,400 resources and learning activities, and has over 2,500 registered users. The project is coordinated by the Workforce Education and Development Group in the Sydney Medical School at the University of Sydney.
- The *National Cancer Nursing Education Project* (EdCaN) is a national framework and training package for cancer nurses, designed to assist in developing the cancer nursing workforce in Australia. This project is managed by Queensland University of Technology.
- The *Psychosexual care of women affected by gynaecological cancers* online education resource provides learning activities and supporting materials to develop the skills of health professionals to provide effective psychosexual care to women affected by gynaecological cancer. This project is managed by Queensland University of Technology.
- *Evidence-Based Cancer Treatment Online for Primary Care* (eviQ®) is a point of care resource designed to increase primary care professionals' access to best practice cancer treatment protocols. This project is managed and maintained by Cancer Institute NSW as part of their eviQ® platform.

In 2011–12 Cancer Australia developed a new online, evidence-based breast cancer module to increase educational opportunities for rural health professionals. Developed in collaboration with the Australian College of Rural and Remote Medicine (ACCRM), it addresses the importance of adopting a systematic approach to the investigation of a new breast symptom. This educational activity extends and complements the existing suite of online breast cancer modules developed by the former NBOCC in 2010–11, with module topics selected to meet the needs of rural health professionals.

Cancer Australia has commenced development of content for two new educational resources: a breast cancer course for rural health professionals and a course for GPs about the assessment of symptoms of lung cancer and appropriate referral pathways. The courses will be implemented via Qstream, an emerging online educational method based on the 'spacing effect'. The 'spacing effect' consists of spacing and repeating educational opportunities over time to improve learning retention.

## Priority research

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

In 2011–12 through the PdCCRS Cancer Australia continued to partner with key non-government organisations to coordinate the funding of cancer research at a national level.

---

Cancer Australia partnered with NHMRC to assess research applications and, in the 2011 round of this scheme, Cancer Australia partnered with the following organisations to co-fund grants in shared priority areas:

- *beyondblue: the national depression and anxiety initiative*
- Cancer Council Australia
- Cancer Council New South Wales
- Cure Cancer Australia Foundation
- Leukaemia Foundation
- National Breast Cancer Foundation
- Prostate Cancer Foundation of Australia.

This national collaborative approach helps to coordinate and maximise investment in cancer research, and adds value to the research investment of both Cancer Australia and its funding partners.

In 2011–12, 30 grants totalling \$9.35 million were awarded by Cancer Australia and its Funding Partners through the PdCCRS. Twenty-six of these grants were funded or co-funded by Cancer Australia. Research funded by Cancer Australia addresses the agency's specified research priorities including the prevention of cancer; early detection of cancer; application of new treatments and technologies; and the coordination, integration and delivery of treatment and care using a multi-disciplinary approach. The grants also fund research in gynaecological cancer, lymphomas, and cancers of the lung, colon, rectum and pancreas. Research funded by the PdCCRS focusses on applied research projects.

## Cancer Clinical Trials

Cancer Australia's clinical trials initiatives increase the number of, and access to, cancer clinical trials. Important advances in cancer care are made through clinical trials, which generate evidence for best-practice care.

In 2011–12 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.

This year Cancer Australia continued to implement the National Evaluation Framework to guide the trial groups and monitor their outcomes against the *Supporting Cancer Clinical Trials in Australia Principles Document*. During the year the national cancer trials groups had approximately 120 cancer clinical trials open to patient recruitment across Australia.

Cancer Australia has also continued to support the national cancer clinical trials groups through funding national support services including:

- 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



- 
- health- and pharmaco-economic services, provided by the Centre for Health Economics Research and Evaluation at the University of Technology, Sydney, to assist the groups to include economic data in their trials, and
  - National Secretariat Services to assist the groups to effectively coordinate their administrative meeting requirements.

## Strengthened data capacity

Quality national data are necessary to monitor trends and to identify where further research and targeted strategies may be required to improve outcomes for Australians diagnosed with cancer.

In 2011–12, Cancer Australia collaborated with key stakeholders to develop specific cancer datasets. During the year Cancer Australia completed development of a bio-specimen dataset, progressed development of a prostate cancer dataset specification in collaboration with Andrology Australia, and pilot tested a lung cancer dataset specification and a clinical cancer dataset for adolescents and young adults. These datasets were pilot tested to determine the collectability of the proposed data items at the point of clinical care. Utilising feedback from the pilot process, development of these datasets has now been completed. Over time, use of these datasets will improve the availability of information on national trends and assist in identifying gaps in cancer care to inform better policy and practice.

In 2011–12 Cancer Australia also continued to work with AIHW to produce comprehensive statistical overviews on cancer. In November 2011 Cancer Australia and AIHW launched *Lung Cancer in Australia: an overview*, which is the first comprehensive report on national statistics on lung cancer in Australia. This was launched with a complementary summarised version, *Report to the Nation—Lung Cancer 2011*. AIHW and Cancer Australia also developed statistical overviews in gynaecological and breast cancer. These reports will be released in late 2012.

Through the Cancer Data to Improve Cancer Survival measure, Cancer Australia continued to fund the Western Australia Cancer and Palliative Care Network (WACPCN) and Cancer Council Victoria to develop and test methodologies that can be applied across all jurisdictions for the collection of data related to spread, treatment and recurrence of cancer. The WACPCN is employing a clinical management system for collecting data on stage, with an emphasis on metastases, recurrences and treatment at the point of clinical care in Western Australia, with data collected on approximately 1,000 cases. Cancer Council Victoria 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. This project will develop innovative software to extract cancer staging information from electronic medical imaging reports and looks to integrate this staging information with data currently collected by jurisdictional cancer registries.

In 2011–12 Cancer Australia also worked in collaboration with Breast Surgeons of Australia and New Zealand and the Royal Australasian College of Surgeons to utilise the National Breast Cancer Audit and AIHW's National Death Index to examine breast cancer management by socio-demographic, health system, clinical and provider characteristics. An analysis has been

---

completed which examines variations in the surgical management of breast cancer to inform practice and identify where further research is required.

## Clinical best practice

The translation of international research into timely and accessible evidence-based recommendations to guide health professionals is vital to improving cancer outcomes. Cancer Australia develops and disseminates guideline updates in key areas of new and emerging evidence to ensure that the latest evidence informs clinical care.

In 2011–12 Cancer Australia commenced a review and update of the clinical practice recommendations for the psychosocial care of adults with cancer to ensure they reflect the latest evidence in the detection and management of psychosocial issues. Two clinical practice guideline topic areas were selected for review by a multidisciplinary steering committee and other key stakeholders and systematic reviews of the evidence were commissioned to underpin the guideline work. Multidisciplinary working groups were established to oversee the development of each topic-specific guideline in the topic areas selected: cancer suffering and spiritual issues, and cancer wellness including exercise, nutrition and fear of recurrence.

### Breast cancer

In 2011–12, Cancer Australia commenced a review and update of the clinical practice guidelines for early and advanced breast cancer to ensure they are up-to-date and reflect the latest evidence. Four clinical practice guideline topic areas were prioritised for updating by a multidisciplinary steering committee and other key stakeholders, including medical professionals and consumers. Four multidisciplinary working groups were established to oversee the development of breast cancer guidelines in the topic-specific areas selected:

- Management of menopausal symptoms and fertility issues in younger women with breast cancer
- Management of central nervous system metastasis in secondary breast cancer
- Management of women with breast cancer with an identified gene fault or at high risk of a gene fault, and
- Management of lobular carcinoma in-situ.

Four systematic reviews of the evidence were commenced to inform the breast cancer guideline work. Topic-specific best-practice guidelines are made available through a customised online publishing system on Cancer Australia's website to facilitate ease of access for health professionals, and future updating based on the latest evidence.

A USB for medical, nursing and allied health students was also developed by Cancer Australia in 2011–12. The USB provides access to best practice information, evidence-based resources and links to online learning opportunities in the area of breast cancer.

---

Cancer Australia continues to provide ongoing support for the quality improvement program of BreastScreen Australia through the provision of secretariat support for the quarterly meetings of the BreastScreen Australia National Quality Management Committee (NQMC). Cancer Australia also undertook an analysis of the NQMC's database of accreditation data which was used to inform a review and to benchmark BreastScreen Australia's National Accreditation Standards.

## Lung cancer

Cancer Australia continued to engage with consumers, health professionals, health services and other relevant stakeholder groups to build the evidence in lung cancer. In 2011–12, resources were developed to support health professionals to deliver consistent best-practice care to improve outcomes for people affected by lung cancer.

Cancer Australia partnered with Cancer Council Australia to review and update the treatment section of the 2004 Clinical Practice Guidelines for the prevention, diagnosis and management of lung cancer. The revised Guidelines will be available to health professionals online using an innovative Wikipedia based IT platform to ensure material can be regularly updated.

Cancer Australia also developed *Investigating Symptoms of Lung Cancer: A Guide for General Practitioners* to support GPs to effectively investigate people who have developed symptoms which may indicate lung cancer. The guide also emphasises the importance of appropriate referral to specialists linked to multidisciplinary teams.

Cancer Australia continued to lead research related to the effects of stigma and nihilistic views on lung cancer outcomes. Cancer Council Queensland was commissioned to undertake a literature review on stigma and nihilistic views on lung cancer. This evidence will be further developed through focused research with health professionals and consumers to be conducted later in 2012.

A systematic review of current national and international evidence on risk factors for lung cancer was undertaken in 2011–12 to guide the development of key messages for health professionals to assist in the identification of risk factors for lung cancer.

## Gynaecological cancer

In 2011–12, Cancer Australia's Gynaecological Cancers Program continued to work to improve outcomes, service provision and survivorship support for women with all gynaecological cancers, as it integrated and consolidated with the former NBOCC's Ovarian Cancer Program.

To ensure the currency of ovarian cancer guidance materials, Cancer Australia, with input from expert working groups, undertook the review and development of a number of resources for health professionals in 2011–12:

- To reflect new research evidence, a web-based guide was published to assist health professionals in the management of care for women at high risk of developing ovarian cancer.

- 
- Cancer Australia also undertook a systematic review of the research evidence about the use of first-line chemotherapy for women with epithelial ovarian cancer as a topic specific update to the complete ovarian cancer guidelines.
  - Web-based *Clinical practice guidelines for the treatment of women with apparent early-stage low and high risk endometrial cancer*, commissioned by Cancer Australia and developed in collaboration with Cancer Council Australia, were released and promoted to key stakeholders.
  - A systematic review of the research evidence about endometrial cancer and hereditary nonpolyposis colorectal cancer (also known as Lynch Syndrome) was commissioned to inform the development of clinical guidance material for health professionals.

## Supporting Aboriginal and Torres Strait Islander health professionals

The unit of competency developed by Cancer Australia, *Providing information and support to women with breast cancer*, was accredited and included in the National Health Training Package as part of the Aboriginal and Torres Strait Islander Health Worker Certificate IV. To assist in the delivery of the unit, a learners handbook, learners guide and facilitators guide were also developed.

Two ‘train-the-trainer’ workshops were conducted with Aboriginal Health Workers to increase their capacity and build their skills and knowledge in promoting breast awareness and early detection of breast cancer.

Focus groups were held with Aboriginal and Torres Strait Islander women with breast cancer to inform the development of a navigational aid to increase understanding and support completion of treatment. The navigational aid will outline the clinical management of early breast cancer and the continuum of care (from diagnosis to treatment to follow-up care) to support Aboriginal and Torres Strait Islander women and their families and communities.

## Better informed community

### Information and support for people affected by cancer

In 2011–12, Cancer Australia continued to ensure the availability of evidence-based information in print and online formats to guide clinical best practice, inform consumer decision-making, and raise community awareness about cancer.

Following the amalgamation of Cancer Australia and the former NBOCC, both organisations’ websites remained active to ensure continued access to over 1,000 pages of evidence-based information across all cancers, including breast and ovarian cancer. In 2011–12, website traffic averaged approximately 32,000 visitors per month. A website redevelopment project has been undertaken to fully integrate Cancer Australia’s websites to provide a central knowledge hub about cancer. The redeveloped website will be launched in the 2012–13 financial year and will include new media and multimedia functionalities to enhance accessibility to key clinical and consumer resources.

---

As well as providing access to evidence-based information through its websites, Cancer Australia met the demonstrated information needs of consumers, health professionals and the community through the dissemination of over 91,000 hard copy resources free of charge in 2011–12. There continued to be strong demand for consumer resources, with over 74,900 consumer and general awareness resources distributed.

Cancer Australia also assisted Breast Cancer Network Australia (BCNA) to provide information and support to women with breast cancer through funding to produce, promote and disseminate the *My Journey Kit* for women with early breast cancer and the *Hope and Hurdles* pack for women with metastatic disease.

Cancer Australia developed two evidence-based resources to address the issues of sexuality for women following treatment for cancer. The gynaecological cancer resource provides information for women, including suggestions of where to go for information and support about issues of intimacy and sexuality and questions that may be asked in discussion with the treatment team. An additional resource was developed to support health professionals to better understand and provide information about issues of intimacy and sexuality for women with breast cancer. The information identifies common symptoms and suggestions for evidence-based management approaches.

In 2011–12, Cancer Australia evaluated and strengthened the *Supporting people with cancer* Grant initiative (formerly Building Cancer Support Networks) to encourage local community partnerships, facilitate consumer involvement, increase the funding allocation and invite organisations to contribute funding. A further 13 Grants were awarded this year under an open invitation and competitive merit based process. Cancer Australia awarded two-year funding of \$1,052,973 towards these 13 projects, with a further \$1,047,154 in co-funding provided by funding partner organisations. These significant funds will enhance the provision of evidence-based information and support available to people affected by cancer. A list of the 2011–12 *Supporting people with cancer* Grant recipients, and details of their projects, is available at [www.canceraustralia.gov.au](http://www.canceraustralia.gov.au).

Additionally 20 Grant projects were completed under the previous Grant round to develop consumer resources and enhance support for people affected by cancer.

Cancer Australia has continued to support and enhance consumer access to information about relevant cancer clinical trials via the Australian Cancer Trials website, [www.australiancancertrials.gov.au](http://www.australiancancertrials.gov.au). The website averaged approximately 4,600 visitors per month in 2011–12.

In 2011–12 Cancer Australia also provided funding to the Prostate Cancer Foundation of Australia (PCFA) to provide national evidence-based information and resources and psychosocial support for men affected by prostate cancer and their families. This work includes the establishment of support groups for men with prostate cancer, the development of education resources for men to better navigate the cancer patient journey and the implementation of internet-based social networking tools.

---

## Improved awareness of cancer

This year Cancer Australia continued to be recognised as a highly credible source of evidence-based information and comment on new and emerging issues in cancer.

In 2011–12, nine original scientific papers were published in national and international peer-reviewed publications, with a further five articles accepted for publication. These papers covered a wide range of topics including breast cancer, population screening and supportive care.

Cancer Australia received 109 requests for expert comment across a range of cancer issues and featured in 160 stories across all forms of media in 2011–12.

Cancer Australia's events and launches during Breast, Lung and Ovarian Cancer Awareness Months provided key opportunities to undertake strategically timed community awareness initiatives during peak periods of heightened community and media interest.

Cancer Australia hosted the Sydney Pink Ribbon Breakfast on Breast Cancer Awareness Day, 24 October 2011. The media campaign which supported the event focused on awareness of family history and the risk-reducing options for the small proportion of women at high risk of breast cancer. The media coverage had an audience reach<sup>3</sup> in excess of 41 million.

During Lung Cancer Awareness Month in November 2011, Cancer Australia launched the first comprehensive summary of national statistics on lung cancer in Australia, developed by Cancer Australia and AIHW. Overall, the coverage represented an audience reach<sup>3</sup> in excess of 20 million.

Cancer Australia promoted key messages about ovarian cancer during Ovarian Cancer Awareness Month in February 2012. The Senate Committee for Community Affairs hosted a Parliamentary Breakfast event for Teal Ribbon Day on 29 February, which Cancer Australia co-convened with Ovarian Cancer Australia. The Teal Ribbon Day media release achieved national coverage across radio, print and online media channels with an audience reach<sup>3</sup> in excess of 450,000.

Cancer Australia also supported the Union for International Cancer Control (UICC) World Cancer Day initiative on 4 February 2012. The aim of World Cancer Day is to unite the world to reduce the global cancer burden. Cancer Australia's activities included the development of online content to promote key cancer prevention and healthy lifestyle messages, with links provided to the World Cancer Day website and social media pages.

---

<sup>3</sup> Audience reach has been calculated using readership, listener and viewer data for media outlets.

---

## Deliverables—Cancer Australia’s priorities

The Australian Government’s priority areas for Cancer Australia in 2011–12—including deliverables, targets and results—are outlined below.

**Table 4.1 Program 1.1 Qualitative Deliverables**

### Strengthened data capacity

**Deliverable:** Develop an up-to-date statistical report on lung cancer in Australia including incidence, mortality and prevalence, to inform policy and practice

**Target:** Disseminate updated lung cancer statistical report to relevant medical colleges, cancer organisations and the community through the Cancer Australia website

*Target met*

### Clinical best practice

**Deliverable:** Develop further guidance for clinicians involved in the treatment of women with endometrial cancer

**Target:** Publication and promotion of endometrial cancer guidelines

*Target met*

### Better informed community

**Deliverable:** Involve those affected by cancer in determining priority areas for Cancer Australia’s work programs

**Target:** Provide opportunities for those affected by cancer to give advice and input

*Target met*

**Table 4.2 Program 1.1 Quantitative Deliverables**

<b>Leadership in health service delivery and health system reform</b>	
<b>Deliverable:</b> Number of consultations undertaken with key stakeholders aimed at improving health care delivery	
<b>Target:</b> 16	
	<i>Target met</i>
<b>Priority research</b>	
<b>Deliverable:</b> Minimum number of cancer research grants funded by Cancer Australia under the Priority-driven Collaborative Cancer Research Scheme	
<b>Target:</b> 6	
	<i>Target met</i>
<b>Deliverable:</b> Number of multi-site, collaborative, national cancer clinical trials groups funded by Cancer Australia	
<b>Target:</b> 12	
	<i>Target met</i>
<b>Strengthened data capacity</b>	
<b>Deliverable:</b> Number of data reports published to inform cancer control	
<b>Target:</b> 2	
	<i>Target met</i>
<b>Clinical best practice</b>	
<b>Deliverable:</b> Number of clinical resources published for health professionals	
<b>Target:</b> 3	
	<i>Target met</i>
<b>Better informed community</b>	
<b>Deliverable:</b> Number of resources produced for people affected by cancer to inform decision-making	
<b>Target:</b> 2	
	<i>Target met</i>
<b>Deliverable:</b> Total number of Cancer Australia resources to guide health professionals and consumers	
<b>Target:</b> 238	
	<i>Target met</i>



---

**Table 4.3 Program 1.1 Key Performance Indicators: Qualitative Indicators**

**Clinical best practice**

**Indicator:** Education and training for health professionals in the psycho-sexual support of women with gynaecological cancers

**Target:** Health professionals in each state and territory will undertake training in psycho-sexual care for women with gynaecological cancers

*Target met*

---

**Table 4.4 Program 1.1 Key Performance Indicators: Quantitative Indicators**

**Leadership in health service delivery and health system reform**

**Indicator:** Percentage of states and territories participating in service development projects

**Target:** 100%

*Target met*

---

**Priority research**

**Indicator:** Percentage of applied research funded through the Priority-driven Collaborative Cancer Research Scheme

**Target:** >70%

*Target met*

---

**Better informed community**

**Indicator:** Number of consumers recruited for involvement in Cancer Australia activities

**Target:** 50

*Target met*

---

## 5 Management and accountability



---

## Management and accountability

In 2011–12 Cancer Australia’s Corporate Affairs team was responsible for organising the human resources, procurement, information technology, web services and general administrative services needed to support the agency’s operations.

The Corporate Affairs team conducted procurement training sessions and fraud awareness workshops for staff. Fraud control and risk management plans were also updated by the team.

Cancer Australia’s financial resources were organised by the agency’s Finance team, which implemented improved financial management processes for the amalgamated agency in 2011–12.

Cancer Australia’s audited financial statements are at Appendix A. Other mandatory information reports for 2011–12 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)
- grant programs
- work health and safety
- purchasing
- resource statement and resource table by outcome.

---

## Corporate governance

### Strategic and business plans

In 2011–12, all Cancer Australia projects were underpinned by a business planning framework that incorporated the Portfolio Budget Statement 2011–12, the Cancer Australia Strategic Plan 2011–14 and the Cancer Australia Business Plan 2011–13.

The business planning process for 2011–12 supported the new directions of the amalgamated agency and the re-alignment of all projects to the major activity areas outlined in the Portfolio Budget Statement.

The Cancer Australia Strategic Plan 2011–14, launched on 26 August 2011, defines Cancer Australia's goals for 2011–14 and the agency's distinctive role in providing effective national leadership. The Plan also identifies the current and emerging trends and challenges in national cancer control.

The Cancer Australia Business Plan 2011–13 outlines the agreed projects that will be delivered over a two year period. The Business Plan contains 80 projects, which are aligned to the goals outlined in the Strategic Plan. It also documents the organisation's portfolio deliverables, and incorporates the key performance indicators outlined in the Portfolio Budget Statement.

In 2011–12, quarterly reporting of project progress was conducted through a deliverables register and monthly tracking of expenditure and risks was facilitated through a central project log. Weekly Senior Management Team meetings were held to discuss organisation-wide operational matters and discussion on progress against the Business Plan was held at monthly managers' meetings.

### Internal audit arrangements

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

In 2011–12 Cancer Australia's auditor conducted the internal audit function. These audits were conducted in compliance with the risk-based internal audit plan, which has been endorsed by the Audit Committee.

### Fraud control

Cancer Australia has prepared and regularly reviews its fraud risk assessments and fraud control plans. Cancer Australia has in place appropriate fraud prevention, detection, investigation, reporting and data collection procedures and processes that meet the specific needs of the agency. Cancer Australia has also taken all reasonable measures to minimise the incidence of fraud and to investigate and recover the proceeds of fraud.

---

## Ethical standards

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

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

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

## 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.

Two Senior Executive Service (SES) officers were employed under the *Public Service Act 1999* and have conditions set out under the Cancer Australia SES Handbook. Remuneration is determined by the Chief Executive Officer, in accordance with remuneration guidelines promulgated by 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). Additional information is at Appendix B of this report.

## Financial overview

The 2011–12 departmental expenses were \$13,849,326 (GST exclusive).

The 2011–12 administered expenses were \$15,270,835 (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

At 30 June 2012 Cancer Australia had 64 employees, of whom 48 were ongoing and 16 were non-ongoing.

Most staff were located in Sydney, with three based in Melbourne, one in Adelaide, and five in Canberra. The workforce was predominantly female (87 per cent).

The staffing profile reflects the required skills and capabilities of the amalgamated agency.

### 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 2011 is shown in Table 5.2. Please note that Table 5.2 refers to Cancer Australia staff only prior to the amalgamation with National Breast and Ovarian Cancer Centre (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 2012**

Classification	Female		Male		Total
	Full-time	Part-time	Full-time	Part-time	
Principal Executive Officer	1	0	0	0	1
Senior Executive Band 2	1	0	0	0	1
Senior Executive Band 1	1	0	0	0	1
Executive Level (EL) 2	2M 1C 2	0 0 1	2	0	8
EL 1	5	3	1 1C	0	10
APS 6	19 3C	3	2 1A 1M		29
APS 5	10 1M	0	0	0	11
APS 4	2	0	0	0	2
APS 1–3	0	0	0	0	0
Medical	0	1	0	0	1
Total	48	8	8	0	64

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

**TABLE 5.2: 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	
Principal 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	0	1A	7
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
<b>Total</b>	<b>16</b>	<b>5</b>	<b>1</b>	<b>1</b>	<b>23</b>

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

**TABLE 5.3: Salary structures at Cancer Australia (at 30 June 2012)**

Classification	Salary range
EL2	\$107,542–\$131,144
EL1	\$90,137–\$102,803
APS 6	\$73,349–\$82,750
APS 5	\$66,489–\$70,178
APS 4	\$61,131–\$64,591
APS 3	\$55,484–\$59,806
APS 2	\$46,690–\$50,951
APS 1	\$39,950–\$44,866
Medical Officer salary structure	Salary range
Medical Officer Class 4	\$138,947–\$152,940
Medical Officer Class 3	\$127,414–\$133,404
Medical Officer Class 2	\$113,951–\$120,065
Medical Officer Class 1	\$80,911–\$104,133

---

## Employment arrangements

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

## Performance pay

No member of Cancer Australia's staff was employed under performance-based remuneration conditions in 2011–12.

## 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 Program. In addition to individual training opportunities, during 2011–12 Indigenous cultural diversity training was provided to all staff as part of Cancer Australia's Reconciliation Action Plan.

## Ministerial and parliamentary coordination

During 2011–12 Cancer Australia provided high-quality, timely and relevant evidence-based advice to the Minister for Health and Ageing and Minister for Health on cancer-related issues. The agency collaborated closely with DoHA to support the Minister and implement Australian Government policies.

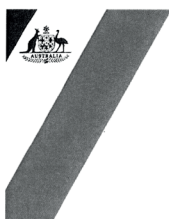




## 6 Appendices



# Appendix A: Audited financial statements



## INDEPENDENT AUDITOR'S REPORT

### To the Minister for Health

I have audited the accompanying financial statements of Cancer Australia for the year ended 30 June 2012, which comprise: a Statement by the Chief Executive and Chief Finance Officer; Statement of Comprehensive Income; Balance Sheet; Statement of Changes in Equity; Cash Flow Statement; Schedule of Commitments; Administered Schedule of Comprehensive Income; Administered Schedule of Assets and Liabilities; Administered Reconciliation Schedule; Administered Cash Flow Statement; Schedule of Administered Commitments and Notes to and forming part of the Financial Statements, including a Summary of Significant Accounting Policies. In addition, we have audited Cancer Australia's compliance with specific requirements of the *Charitable Fundraising Act 1991* (NSW) for the year ended 30 June 2012.

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

The Chief Executive of Cancer Australia is responsible 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 compliance with the *Charitable Fundraising Act 1991* (NSW). The Chief Executive is also responsible for such internal control as is necessary to enable compliance with requirements of the *Charitable Fundraising Act 1991* (NSW) and the preparation of the financial statements that give a true and fair view and are free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

My responsibility is to express an opinion on the financial statements and Cancer Australia's compliance with specific requirements of the *Charitable Fundraising Act 1991* (NSW) based on my audit. I have conducted my audit in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards. These auditing standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement and whether Cancer Australia has complied with specific requirements of the *Charitable Fundraising Act 1991* (NSW).

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements and Cancer Australia's compliance with specific requirements of the *Charitable Fundraising Act 1991* (NSW). The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statements and non-compliance with specific requirements of the *Charitable Fundraising Act 1991* (NSW), whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to Cancer Australia's preparation of the financial statements that give a true and fair view and compliance with the *Charitable Fundraising Act 1991* (NSW) in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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, 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**

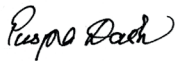
In conducting my audit, I have followed the independence requirements of the Australian National Audit Office, which incorporate the requirements of the Australian accounting profession.

**Opinion**

In my opinion,

- (a) the financial statements of Cancer Australia:
  - i. 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;
  - ii. 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 2012 and its financial performance and cash flows for the year then ended; and
  - iii. agree with the underlying financial records of Cancer Australia, that have been maintained, in all material respects, in accordance with the *Charitable Fundraising Act 1991* (NSW) and its regulations for the year ended 30 June 2012; and
  
- (b) monies received by Cancer Australia, as a result of fundraising appeals conducted during the year ended 30 June 2012, have been accounted for and applied, in all material respects, in accordance with the *Charitable Fundraising Act 1991* (NSW) and its regulations.

Australian National Audit Office



Puspa Dash  
Executive Director  
Delegate of the Auditor-General

Canberra

18 October 2012

**STATEMENT BY THE CHIEF EXECUTIVE AND CHIEF FINANCE OFFICER**

In our opinion, the attached financial statements for the year ended 30 June 2012 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.

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

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

Signed.....

Helen Zorbas  
Chief Executive Officer

18 October 2012

Signed.....

Anne Hicking  
Chief Finance Officer

18 October 2012

## Table of Contents

Statement of Comprehensive Income	47
Balance Sheet	48
Statement of Changes in Equity	49
Cash Flow Statement	50
Schedule of Commitments	51
Administered Schedule of Comprehensive Income	52
Administered Schedule of Assets and Liabilities	53
Administered Reconciliation Schedule	54
Administered Cash Flow Statement	55
Administered Schedule of Commitments	56
Table of Contents—Notes	57

# Statement of Comprehensive Income

for the year ended 30 June 2012

		<b>2012</b>	<b>2011</b>
	Notes	\$	\$
<b>EXPENSES</b>			
Employee benefits	3A	<b>5,906,327</b>	2,714,047
Supplier	3B	<b>7,441,953</b>	1,703,980
Depreciation and amortisation	3C	<b>394,963</b>	7,424
Write-down and impairment of assets	3D	<b>6,890</b>	62,056
Finance costs	3E	<b>2,965</b>	-
Loss from asset sales	3F	<b>96,228</b>	-
<b>Total expenses</b>		<b>13,849,326</b>	4,487,507
<b>LESS:</b>			
<b>OWN-SOURCE INCOME</b>			
<b>Own-source revenue</b>			
Sale of goods and rendering of services	4A	<b>989,345</b>	546,299
Other Revenue	4B	<b>240,666</b>	-
<b>Total own-source revenue</b>		<b>1,230,011</b>	546,299
<b>Gains</b>			
Sale of assets	4C	-	2,179
Other gains	4D	<b>81,692</b>	47,000
<b>Total gains</b>		<b>81,692</b>	49,179
<b>Total own-source income</b>		<b>1,311,703</b>	595,478
<b>Net cost of services</b>		<b>12,537,623</b>	3,892,029
Revenue from Government	4E	<b>12,722,000</b>	3,820,000
<b>Surplus / (Loss)</b>		<b>184,377</b>	(72,029)
<b>OTHER COMPREHENSIVE INCOME</b>			
Changes in asset revaluation reserves		-	-
<b>Total other comprehensive income</b>		-	-
<b>Total comprehensive income</b>		<b>184,377</b>	(72,029)

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

# Balance Sheet

as at 30 June 2012

		<b>2012</b>	<b>2011</b>
	Notes	\$	\$
<b>ASSETS</b>			
<b>Financial Assets</b>			
Cash and cash equivalents	5A	<b>921,794</b>	796,848
Trade and other receivables	5B	<b>3,041,944</b>	2,403,781
<b>Total financial assets</b>		<b>3,963,738</b>	3,200,629
<b>Non-Financial Assets</b>			
Property, plant and equipment	6A,B	<b>1,178,961</b>	198,937
Intangibles	6C,D	<b>249,666</b>	144,623
Other non-financial assets	6E	<b>10,666</b>	109,063
<b>Total non-financial assets</b>		<b>1,439,293</b>	452,623
<b>Total assets</b>		<b>5,403,031</b>	3,653,252
<b>LIABILITIES</b>			
<b>Payables</b>			
Suppliers	7A	<b>(911,630)</b>	(1,043,873)
Other	7B	<b>(1,443,859)</b>	(357,145)
<b>Total payables</b>		<b>(2,355,489)</b>	(1,401,018)
<b>Provisions</b>			
Employee provisions	8A	<b>(1,229,340)</b>	(1,150,780)
Other	8B	<b>(141,471)</b>	(54,100)
<b>Total provisions</b>		<b>(1,370,811)</b>	(1,204,880)
<b>Total liabilities</b>		<b>(3,726,300)</b>	(2,605,898)
<b>Net assets</b>		<b>1,676,731</b>	1,047,354
<b>EQUITY</b>			
Contributed equity		<b>984,160</b>	539,160
Retained surplus		<b>692,571</b>	508,194
<b>Total equity</b>		<b>1,676,731</b>	1,047,354

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

# Statement of Changes in Equity

for the period ended 30 June 2012

	Retained surplus		Contributed equity/capital		Total equity	
	2012	2011	2012	2011	2012	2011
	\$	\$	\$	\$	\$	\$
<b>Opening balance</b>						
Balance carried forward from previous period	508,194	580,223	539,160	-	1,047,354	580,223
<b>Adjusted opening balance</b>	508,194	580,223	539,160	-	1,047,354	580,223
<b>Comprehensive income</b>						
Surplus / (Loss) for the period	184,377	(72,029)			184,377	(72,029)
<b>Total comprehensive income</b>	184,377	(72,029)	-	-	184,377	(72,029)
<b>Transactions with owners</b>						
<b>Contributions by owners</b>						
Departmental capital budget	-	-	445,000	80,000	445,000	80,000
Restructuring <sup>1</sup>	-	-	-	459,160	-	459,160
<b>Sub-total transactions with owners</b>	-	-	445,000	539,160	445,000	539,160
<b>Closing balance as at 30 June</b>	692,571	508,194	984,160	539,160	1,676,731	1,047,354

1 Contributed equity from the restructure in 2011 has been restated in the current year to include the gift fund valued at \$367,986 and operating fund of \$154,879 which were initially recognised as unearned revenue and revenue respectively.

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



# Cash Flow Statement

for the period ended 30 June 2012

		2012	2011
	Notes	\$	\$
<b>OPERATING ACTIVITIES</b>			
<b>Cash received</b>			
Appropriations		<b>12,833,518</b>	4,041,672
Net GST received		<b>399,480</b>	102,303
Sales of goods and rendering of services		<b>761,926</b>	280,240
<b>Total cash received</b>		<b>13,994,924</b>	4,424,215
<b>Cash used</b>			
Employees		<b>(5,728,393)</b>	(2,689,320)
Suppliers		<b>(6,751,692)</b>	(1,263,842)
Other		<b>(1,325,567)</b>	(219,965)
<b>Total cash used</b>		<b>(13,805,652)</b>	(4,173,127)
<b>Net cash from operating activities</b>	10	<b>189,272</b>	251,088
<b>INVESTING ACTIVITIES</b>			
<b>Cash received</b>			
Proceeds from sales of property, plant and equipment		-	2,179
<b>Total cash received</b>		-	2,179
<b>Cash used</b>			
Purchase of property, plant and equipment		<b>(324,118)</b>	-
Purchase of intangibles		<b>(185,208)</b>	(97,504)
<b>Total cash used</b>		<b>(509,326)</b>	(97,504)
<b>Net cash used by investing activities</b>		<b>(509,326)</b>	(95,325)
<b>FINANCING ACTIVITIES</b>			
<b>Cash received</b>			
Contributed equity		<b>445,000</b>	602,865
<b>Total cash received</b>		<b>445,000</b>	602,865
<b>Net cash from financing activities</b>		<b>445,000</b>	602,865
<b>Net increase in cash held</b>		<b>124,946</b>	758,628
Cash and cash equivalents at the beginning of the reporting period		<b>796,848</b>	38,220
<b>Cash and cash equivalents at the end of the reporting period</b>	5A	<b>921,794</b>	796,848

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

# Schedule of Commitments

as at 30 June 2012

	<b>2012</b>	<b>2011</b>
BY TYPE	\$	\$
<b>Commitments receivable</b>		
Net GST recoverable on commitments <sup>1</sup>	<b>299,149</b>	163,891
<b>Total commitments receivable</b>	<b>299,149</b>	163,891
<b>Commitments payable</b>		
<b>Other commitments</b>		
Operating leases <sup>2</sup>	<b>(2,205,205)</b>	(276,136)
Other <sup>3</sup>	<b>(1,105,432)</b>	(1,442,233)
<b>Total other commitments payable</b>	<b>(3,310,637)</b>	(1,718,369)
<b>Net commitments by type</b>	<b>(3,011,488)</b>	(1,554,478)
<b>BY MATURITY</b>		
<b>Commitments receivable</b>		
<b>GST recoverable on commitments</b>		
<b>Operating lease income</b>		
One year or less	<b>72,977</b>	27,614
From one to five years	<b>127,496</b>	-
<b>Total operating lease income</b>	<b>200,473</b>	27,614
<b>Other commitments</b>		
One year or less	<b>93,383</b>	104,259
From one to five years	<b>5,293</b>	32,018
<b>Total other commitments</b>	<b>98,676</b>	136,277
<b>Total commitments receivable</b>	<b>299,149</b>	163,891
<b>Commitments payable</b>		
<b>Operating lease commitments</b>		
One year or less	<b>(802,747)</b>	(276,136)
From one to five years	<b>(1,402,458)</b>	-
<b>Total operating lease commitments</b>	<b>(2,205,205)</b>	(276,136)
<b>Other commitments</b>		
One year or less	<b>(1,047,210)</b>	(1,122,050)
From one to five years	<b>(58,222)</b>	(320,183)
<b>Total other commitments payable</b>	<b>(1,105,432)</b>	(1,442,233)
<b>Net commitments by maturity</b>	<b>(3,011,488)</b>	(1,554,478)

1 Commitments are GST inclusive where relevant.

2 The entity has entered into a 41 month commercial lease on the premises with the option to renew. There are no restrictions placed upon the lessee by entering into these leases.

3 Other commitments refer to agreements or contracts related to goods and services of which the supplier is yet to perform.

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

# Administered Schedule of Comprehensive Income

for the period ended 30 June 2012

		<b>2012</b>	<b>2011</b>
	Notes	\$	\$
<b>EXPENSES</b>			
Suppliers	16A	<b>824,073</b>	914,414
Grants and service delivery contracts	16B	<b>14,446,762</b>	23,475,240
<b>Total expenses administered on behalf of Government</b>		<b>15,270,835</b>	24,389,654
<b>LESS:</b>			
<b>Non-taxation revenue</b>			
Return of grant monies	17	<b>384,735</b>	196,047
<b>Total own-source revenue administered on behalf of Government</b>		<b>384,735</b>	196,047
<b>Net cost of services</b>		<b>14,886,100</b>	24,193,607
Surplus attributable to the Australian Government		<b>14,886,100</b>	24,193,607
<b>Total comprehensive income</b>		<b>14,886,100</b>	24,193,607

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

# Administered Schedule of Assets and Liabilities

as at 30 June 2012

		2012	2011
	Notes	\$	\$
<b>ASSETS</b>			
<b>Financial Assets</b>			
Cash and cash equivalents	18A	<b>779,138</b>	993,613
Trade and other receivables	18B	<b>252,088</b>	863,967
<b>Total financial assets</b>		<b>1,031,226</b>	1,857,580
<b>Total assets administered on behalf of Government</b>		<b>1,031,226</b>	1,857,580
<b>LIABILITIES</b>			
<b>Payables</b>			
Suppliers	19A	<b>442,446</b>	283,595
Grants	19B	<b>628,124</b>	4,874,811
Other payables	19C	<b>23,063</b>	-
<b>Total payables</b>		<b>1,093,633</b>	5,158,406
<b>Total liabilities administered on behalf of Government</b>		<b>1,093,633</b>	5,158,406
<b>Net Assets / (Liabilities)</b>		<b>(62,407)</b>	(3,300,827)

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

## Administered Reconciliation Schedule

	<b>2012</b>	<b>2011</b>
	\$	\$
Opening administered assets less administered liabilities as at 1 July	<b>(3,300,827)</b>	(5,648,314)
Plus: Administered income	<b>384,735</b>	196,047
Less: Administered expenses (non CAC)	<b>(15,270,835)</b>	(24,389,654)
Administered transfers to/from Australian Government:		
Appropriation transfers from OPA:		
Annual appropriations for administered expenses (non CAC)	<b>18,509,255</b>	26,737,141
Transfers to OPA	<b>(384,735)</b>	(196,047)
<b>Closing administered assets less administered liabilities as at 30 June</b>	<b><u>(62,407)</u></b>	<b><u>(3,300,827)</u></b>

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

# Administered Cash Flow Statement

for the period ended 30 June 2012

		<b>2012</b>	<b>2011</b>
	Notes	\$	\$
<b>OPERATING ACTIVITIES</b>			
<b>Cash received</b>			
Net GST received		<b>1,911,112</b>	2,550,710
Other		<b>384,735</b>	206,955
<b>Total cash received</b>		<b><u>2,295,847</u></b>	<u>2,757,665</u>
<b>Cash used</b>			
Grants		<b>12,785,960</b>	27,360,862
Suppliers		<b>7,848,882</b>	1,173,442
<b>Total cash used</b>		<b><u>20,634,842</u></b>	<u>28,534,304</u>
<b>Net cash used by operating activities</b>	20	<b><u>(18,338,995)</u></b>	<u>(25,776,639)</u>
Cash and cash equivalents at the beginning of the reporting period		<b>993,613</b>	240,068
Cash from Official Public Account for:			
– Appropriations		<b>18,509,255</b>	26,737,140
Cash to Official Public Account for:			
– Appropriations		<b>(384,735)</b>	(206,956)
<b>Cash and cash equivalents at the end of the reporting period</b>	18A	<b><u>779,138</u></b>	<u>993,613</u>

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

# Administered Schedule of Commitments

as at 30 June 2012

	<b>2012</b>	<b>2011</b>
<b>BY TYPE</b>	\$	\$
<b>Commitments receivable</b>		
Net GST recoverable on commitments	<b>930,704</b>	2,494,059
<b>Total commitments receivable</b>	<b>930,704</b>	2,494,059
<b>Commitments payable</b>		
Other commitments		
Other <sup>1</sup>	<b>(10,351,757)</b>	(17,756,892)
<b>Total other commitments</b>	<b>(10,351,757)</b>	(17,756,892)
<b>Total commitments payable</b>	<b>(10,351,757)</b>	(17,756,892)
<b>Net commitments by type</b>	<b>(9,421,053)</b>	(15,262,833)
<b>BY MATURITY</b>		
<b>Commitments receivable</b>		
Net GST receivable		
One year or less	<b>866,834</b>	1,957,577
From one to five years	<b>63,870</b>	536,482
Over five years	-	-
<b>Total other commitments receivable</b>	<b>930,704</b>	2,494,059
<b>Total commitments receivable</b>	<b>930,704</b>	2,494,059
<b>Commitments payable</b>		
Other Commitments		
One year or less	<b>(9,649,183)</b>	(10,715,482)
From one to five years	<b>(702,574)</b>	(7,041,410)
Over five years	-	-
<b>Total other commitments</b>	<b>(10,351,757)</b>	(17,756,892)
<b>Total commitments payable</b>	<b>(10,351,757)</b>	(17,756,892)
<b>Net commitments by maturity</b>	<b>(9,421,053)</b>	(15,262,833)

NB: Commitments are GST inclusive where relevant.

<sup>1</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.

## Table of Contents—Notes

Note 1: Summary of Significant Accounting Policies	58
Note 2: Events After the Reporting Period	65
Note 3: Expenses	65
Note 4: Income	67
Note 5: Financial Assets	68
Note 6: Non-Financial Assets	69
Note 7: Payables	73
Note 8: Provisions	74
Note 9: Departmental Restructuring	75
Note 10: Cash Flow Reconciliation	76
Note 11: Contingent Assets and Liabilities	77
Note 12: Senior Executive Remuneration	77
Note 13: Remuneration of Auditors	80
Note 14: Financial Instruments	80
Note 15: Financial Assets Reconciliation	82
Note 16: Administered—Expenses	83
Note 17: Administered—Income	84
Note 18: Administered—Financial Assets	84
Note 19: Administered—Payables	85
Note 20: Administered Cash Flow Reconciliation	86
Note 21: Administered Contingent Assets and Liabilities	86
Note 22: Administered Financial Instruments	87
Note 23: Administered Financial Assets Reconciliation	89
Note 24: Appropriations	90
Note 25: Special Accounts	96
Note 26: Compensation and Debt Relief	96
Note 27: Reporting of Outcomes	97
Note 28: Net Cash Appropriation Arrangements	100
Note 29: Information furnished under the <i>Charitable Fundraising Act 1991</i> (NSW)	100



# 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. It is a not-for-profit entity. The objectives of Cancer Australia as specified in the *Cancer Australia Act 2006*, are to: provide national leadership in cancer control; guide scientific improvements to cancer prevention, treatment and care; coordinate and liaise between the wide range of groups and health care providers with an interest in cancer care; and provide advice and make recommendations to the Australian Government on cancer policy and priorities.

Cancer Australia is structured to meet one outcome:

**Outcome 1:** 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.

### 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 2011; 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 executor contracts are not recognised unless required by an accounting standard. Liabilities and assets that are unrecognised are reported in the schedule of commitments.

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

### 1.3 Significant Accounting Judgements and Estimates

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

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

## 1.4 New Australian Accounting Standards

### ***Adoption of New Australian Accounting Standard Requirements***

No accounting standard has been adopted earlier than the application date as stated in the standard. There have been no new standards, amendments to standards or interpretations that 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 the sale of goods is recognised when:

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

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

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

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

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

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

### ***Revenue from Government***

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

### ***Donations***

Donations are recognised as revenue when the entity obtains control over them.

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

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

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

### ***Leave***

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

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

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

### ***Separation and Redundancy***

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

### ***Superannuation***

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

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

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

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.

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

## **1.10 Borrowing Costs**

All borrowing costs are expensed as incurred.

## **1.11 Cash**

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

- (a) cash on hand; and
- (b) cash held by outsiders.

## **1.12 Financial Assets**

Cancer Australia classifies its financial assets in the following categories:

- (a) 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.

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

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

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

### 1.14 Contingent Liabilities and Contingent Assets

Contingent liabilities and contingent assets are not recognised in the 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's accounts immediately prior to the restructuring.

### 1.16 Property, Plant and Equipment

#### *Asset Recognition Threshold*

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

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

#### *Revaluations*

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

<i>Asset Class</i>	<i>Fair value measured at</i>
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:

	2012	2011
Leasehold improvements	Lease term	Lease term
Plant and Equipment	3 years	3 years
Furniture and Fittings	10 years	-

### **Impairment**

All assets were assessed for impairment at 30 June 2012. Where indications of impairment exist, the asset's recoverable amount is estimated and an impairment adjustment made if the asset's recoverable amount is less than its carrying amount.

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

### **Derecognition**

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

## **1.17 Intangibles**

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

Intangibles are recognised initially at cost in the 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 (2010–11: 3 years).

All software assets were assessed for indications of impairment as at 30 June 2012.

## **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:

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

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

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

#### ***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.

## Note 2: Events After the Reporting Period

Cancer Australia is not aware of any events occurring after 30 June 2012 that have the potential to significantly affect the on-going structure or activities of either Cancer Australia's administered or departmental functions.

## Note 3: Expenses

	2012	2011
	\$	\$
<b>Note 3A: Employee Benefits</b>		
Wages and salaries	(4,368,966)	(1,954,021)
Superannuation:		
Defined contribution plans	(40,425)	(204,423)
Defined benefit plans	(691,573)	(108,708)
Leave and other entitlements	(805,363)	(446,895)
<b>Total employee benefits</b>	<b>(5,906,327)</b>	<b>(2,714,047)</b>
<b>Note 3B: Suppliers</b>		
<b>Goods and services</b>		
Consultants	(2,386,182)	(157,421)
Contractors	(2,440,830)	(281,532)
Sponsorships	(32,860)	(102,374)
Printing	(353,293)	(87,155)
Licences	(80,636)	(4,553)
Other	(1,359,556)	(704,505)
<b>Total goods and services</b>	<b>(6,653,357)</b>	<b>(1,337,540)</b>
<b>Goods and services are made up of:</b>		
Provision of goods—external parties	(611,346)	(196,411)
Rendering of services—related entities	(162,078)	(142,151)
Rendering of services—external parties	(5,879,933)	(998,978)
<b>Total goods and services</b>	<b>(6,653,357)</b>	<b>(1,337,540)</b>
Service Level Agreement—related entities <sup>1</sup>	(312,139)	(348,730)
Operating lease rentals—external parties <sup>2</sup> :		
Minimum lease payments	(432,401)	-
Workers compensation expenses	(44,056)	(17,710)
<b>Total other supplier expenses</b>	<b>(788,596)</b>	<b>(366,440)</b>
<b>Total supplier expenses</b>	<b>(7,441,953)</b>	<b>(1,703,980)</b>

1 During the 2011–12 financial year, Cancer Australia continued with a shared services arrangement with the National Health and Medical Research Council (NHMRC). The shared services included co-location, property and security services, and IT infrastructure and support for the Canberra and Melbourne offices.

2 During the 2011–12 financial year, Cancer Australia's head office moved to 300 Elizabeth St, Sydney. The premises were leased through an operating lease which accounts for the increase in the 2011–12 financial year.



### Note 3: Expenses

	2012	2011
	\$	\$
<b>Note 3C: Depreciation and Amortisation</b>		
Depreciation:		
Property, plant and equipment	(314,798)	(846)
<b>Total depreciation</b>	<b>(314,798)</b>	<b>(846)</b>
Amortisation:		
Intangibles:		
Computer Software—Purchased	(80,165)	(6,578)
<b>Total amortisation</b>	<b>(80,165)</b>	<b>(6,578)</b>
<b>Total depreciation and amortisation</b>	<b>(394,963)</b>	<b>(7,424)</b>
<b>Note 3D: Write-Down and Impairment of Assets</b>		
Asset write-downs and impairments from:		
Write down of assets	(6,890)	(60,415)
Impairment of property, plant and equipment	-	(1,641)
<b>Total write-down and impairment of assets</b>	<b>(6,890)</b>	<b>(62,056)</b>
<b>Note 3E: Finance Costs</b>		
Unwinding of discount	(2,965)	-
<b>Total finance costs</b>	<b>(2,965)</b>	<b>-</b>
<b>Note 3F: Loss on disposal</b>		
Loss on disposal represented by:		
Proceeds from sale	-	-
Carrying value of assets sold	(96,228)	-
<b>Total loss on disposal</b>	<b>(96,228)</b>	<b>-</b>

## Note 4: Income

		2012	2011
OWN SOURCE REVENUE	Notes	\$	\$
<b>Note 4A: Sale of Goods and Rendering of Services</b>			
Rendering of services—related entities <sup>1</sup>		888,699	397,896
Rendering of services—external parties		100,646	148,403
<b>Total sale of goods and rendering of services</b>		<b>989,345</b>	<b>546,299</b>
<b>Note 4B: Other Revenue</b>			
Fundraising	29	240,666	-
<b>Total Other Revenue</b>		<b>240,666</b>	<b>-</b>
<b>GAINS</b>			
<b>Note 4C: Sale of Assets</b>			
Property, plant and equipment:			
Proceeds from sale		-	2,179
Carrying value of assets sold		-	-
<b>Net gain from sale of assets</b>		<b>-</b>	<b>2,179</b>
<b>Note 4D: Other Gains</b>			
Resources received free of charge		57,010	47,000
Other		24,682	-
<b>Total other gains</b>		<b>81,692</b>	<b>47,000</b>
<b>REVENUE FROM GOVERNMENT</b>			
<b>Note 4E: Revenue from Government</b>			
Appropriations:			
Departmental appropriations		12,722,000	3,820,000
<b>Total revenue from Government</b>		<b>12,722,000</b>	<b>3,820,000</b>

1 Revenue for 2011 has been restated to exclude \$154,879 relating to the NBOCC operating fund which has now been recognised as equity as a result of the restructure (Refer Note 9).

## Note 5: Financial Assets

	2012	2011
	\$	\$
<b>Note 5A: Cash and Cash Equivalents</b>		
Cash on hand or on deposit	921,794	796,848
<b>Total cash and cash equivalents</b>	<b>921,794</b>	<b>796,848</b>
<b>Note 5B: Trade and Other Receivables</b>		
<b>Good and Services:</b>		
Goods and services—related entities	102,312	662,288
Goods and services—external parties	140,168	79,983
<b>Total receivables for goods and services</b>	<b>242,480</b>	<b>742,271</b>
<b>Appropriations receivable:</b>		
For existing programs	2,660,653	1,593,515
<b>Total appropriations receivable</b>	<b>2,660,653</b>	<b>1,593,515</b>
<b>Other receivables:</b>		
GST receivable from the Australian Taxation Office	138,811	67,995
<b>Total other receivables</b>	<b>138,811</b>	<b>67,995</b>
<b>Total trade and other receivables (gross)</b>	<b>3,041,944</b>	<b>2,403,781</b>
<b>Total trade and other receivables (net)</b>	<b>3,041,944</b>	<b>2,403,781</b>
Receivables are expected to be recovered in:		
No more than 12 months	3,041,944	2,403,781
<b>Total trade and other receivables (net)</b>	<b>3,041,944</b>	<b>2,403,781</b>
Receivables are aged as follows:		
Not overdue	3,041,578	2,403,781
Overdue by:		
0 to 30 days	51	-
31 to 60 days	-	-
61 to 90 days	-	-
More than 90 days	315	-
<b>Total receivables (gross)</b>	<b>3,041,944</b>	<b>2,403,781</b>

No allowance for impairment was required at reporting date.

## Note 6: Non-Financial Assets

	2012	2011
	\$	\$
<b>Note 6A: Property, Plant and Equipment</b>		
Property, plant and equipment:		
Fair value	1,486,886	198,937
Accumulated depreciation	(307,925)	-
<b>Total property, plant and equipment</b>	<b>1,178,961</b>	<b>198,937</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.

### *Revaluations of non-financial assets*

All revaluations were conducted in accordance with the revaluation policy stated at Note 1. On October 1, 2011 an independent valuer conducted revaluations of all office equipment.

Revaluation decrements for plant and equipment was \$6,890 (\$2011: nil)

Decrements were expensed.

## Note 6: Non-Financial Assets

### Note 6B: Reconciliation of the Opening and Closing Balances of Property, Plant and Equipment (2011-12)

	Property, plant & equipment	Total
	\$	\$
<b>As at 1 July 2011</b>		
Gross book value	198,937	198,937
Accumulated depreciation and impairment	-	-
<b>Net book value 1 July 2011</b>	<b>198,937</b>	<b>198,937</b>
Additions		
By operating lease incentive	1,046,607	1,046,607
By purchase	324,118	324,118
Assets capitalised for the first time	27,215	27,215
Revaluations recognised in the operating result	(6,890)	(6,890)
Depreciation expense	(314,798)	(314,798)
Disposals:		
Other disposals	(96,228)	(96,228)
<b>Net book value 30 June 2012</b>	<b>1,178,961</b>	<b>1,178,961</b>
<b>Net book value as of 30 June 2012 represented by:</b>		
Gross book value	1,486,886	1,486,886
Accumulated depreciation	(307,925)	(307,925)
	<b>1,178,961</b>	<b>1,178,961</b>

### 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	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
	<b>198,937</b>	<b>198,937</b>

## Note 6: Non-Financial Assets

	2012	2011
	\$	\$
<b>Note 6C: Intangibles</b>		
<b>Computer software:</b>		
Purchased	<b>394,413</b>	209,206
<b>Total computer software (gross)</b>	<b>394,413</b>	209,206
Accumulated amortisation	<b>(86,743)</b>	(6,579)
Accumulated impairment losses	<b>(58,004)</b>	(58,004)
<b>Total computer software (net)</b>	<b>249,666</b>	144,623
<b>Total intangibles</b>	<b>249,666</b>	144,623

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 (2011-12)

	Computer software internally developed	Computer software purchased	Total
	\$	\$	\$
<b>As at 1 July 2011</b>			
Gross book value	-	209,206	209,206
Accumulated amortisation and impairment	-	(64,583)	(64,583)
<b>Net book value 1 July 2011</b>	-	144,623	144,623
Additions:			
By purchase	-	185,208	185,208
Amortisation	-	(80,165)	(80,165)
<b>Net book value 30 June 2012</b>	-	249,666	249,666
<b>Net book value as of 30 June 2012 represented by:</b>			
Gross book value	-	394,413	394,413
Accumulated amortisation	-	(86,743)	(86,743)
Accumulated impairment losses	-	(58,004)	(58,004)
	-	249,666	249,666

## 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	-	47,775	47,775
Impairment recognised in the operating result			
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	144,623
<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

## Note 6: Non-Financial Assets

	2012	2011
	\$	\$
<b>Note 6E: Other Non-Financial Assets</b>		
Prepayments	10,666	109,063
<b>Total other non-financial assets</b>	<b>10,666</b>	<b>109,063</b>
<b>Total other non-financial assets—are expected to be recovered in:</b>		
No more than 12 months	10,666	109,063
<b>Total other non-financial assets</b>	<b>10,666</b>	<b>109,063</b>

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

## Note 7: Payables

	2012	2011
	\$	\$
<b>Note 7A: Suppliers</b>		
Trade creditors and accruals	(911,630)	(1,043,873)
<b>Total supplier payables</b>	<b>(911,630)</b>	<b>(1,043,873)</b>
<b>Supplier payables expected to be settled within 12 months:</b>		
Related entities	(256,564)	(423,254)
External parties	(655,066)	(620,619)
<b>Total</b>	<b>(911,630)</b>	<b>(1,043,873)</b>
<b>Total supplier payables</b>	<b>(911,630)</b>	<b>(1,043,873)</b>

Settlement is usually made within 30 days.

## Note 7B: Other Payables

Wages and salaries	(148,104)	(70,561)
Superannuation	(22,546)	(7,137)
Unearned revenue <sup>1</sup>	(155,454)	(277,084)
Lease incentive <sup>2</sup>	(1,115,393)	-
Other	(2,362)	(2,363)
<b>Total other payables</b>	<b>(1,443,859)</b>	<b>(357,145)</b>
<b>Total unearned revenue and other payables are expected to be settled in:</b>		
No more than 12 months	(725,261)	(357,145)
More than 12 months	(718,598)	-
<b>Total other payables</b>	<b>(1,443,859)</b>	<b>(357,145)</b>

1 Prior year unearned revenue has been restated to exclude donations to the value of \$367,986 brought over from NBOCC which were initially recognised as unearned revenue but have now been recognised as revenue.

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



## Note 8: Provisions

	2012	2011
	\$	\$
<b>Note 8A: Employee Provisions</b>		
Leave	<u>1,229,340</u>	1,150,780
<b>Total employee provisions</b>	<u>1,229,340</u>	<u>1,150,780</u>
Employee provisions are expected to be settled in:		
No more than 12 months	<u>516,430</u>	712,119
More than 12 months	<u>712,910</u>	438,661
<b>Total employee provisions</b>	<u>1,229,340</u>	<u>1,150,780</u>
<b>Note 8B: Other Provisions</b>		
Provision for make good	<u>141,471</u>	54,100
<b>Total other provisions</b>	<u>141,471</u>	<u>54,100</u>
Other provisions are expected to be settled in:		
More than 12 months	<u>141,471</u>	54,100
<b>Total other provisions</b>	<u>141,471</u>	<u>54,100</u>
	<b>Provision for make good</b>	<b>Total</b>
<b>Carrying amount 1 July 2011</b>	<b>54,100</b>	54,100
Provision used	<b>(54,100)</b>	(54,100)
Additional provisions made as a result of operating lease	<b>138,506</b>	138,506
Unwinding of discount or change in discount rate	<u>2,965</u>	2,965
<b>Closing balance 30 June 2012</b>	<u>141,471</u>	141,471

Cancer Australia has one lease agreement (2011: one agreement) for the leasing of premises which has a provision requiring Cancer Australia to restore the premises to their original condition at the conclusion of the lease. Cancer Australia has made a provision to reflect the present value of the obligation.

## Note 9: Departmental Restructuring

### Note 9: Departmental Restructuring

There was no restructure in 2011–12, however during the year it was identified that a number of assets had not been capitalised at the time of the restructure. These assets amounted to \$27,215 and were capitalised in the 2011–12 financial year.

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:

	2012	2011
	\$	\$
<b>National Breast and Ovarian Cancer Centre</b>		
<b>Assets recognised</b>		
Gift Fund <sup>1</sup>	-	367,986
Cash <sup>2</sup>	-	154,879
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>-</u>	<u>1,078,236</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>-</u>	<u>(619,076)</u>
<b>Net assets assumed</b>	<u>-</u>	<u>459,160</u>
<b>Net assets assumed from all entities</b>	<u>-</u>	<u>459,160</u>

The entity did not relinquish any responsibility as a result of a restructuring of administrative arrangements.

1 This has been restated in the current year as it was initially recognised as unearned revenue

2 This has been restated in the current year as it was initially recognised as revenue.

## Note 10: Cash Flow Reconciliation

	2012	2011
	\$	\$
<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	921,794	796,848
Balance sheet	921,794	796,848
<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	(12,537,623)	(3,892,029)
Add revenue from Government	12,722,000	3,820,000
<b>Adjustments for non-cash items</b>		
Depreciation / amortisation	394,963	7,424
Net write down of non-financial assets	6,890	62,056
(Gain) / Loss on disposal of assets	14,913	(2,179)
Unwinding of discount	2,965	-
Loss on transfer of operational assets and liabilities	-	(370,829)
<b>Changes in assets / liabilities</b>		
(Increase) / decrease in net receivables	(167,867)	(811,427)
(Increase) / decrease in prepayments	98,398	(106,227)
Increase / (decrease) in employee provisions	78,560	560,404
Increase / (decrease) in supplier payables	(604,913)	339,068
Increase / (decrease) in other provisions	141,471	54,100
Increase / (decrease) in other payables	39,515	590,727
<b>Net cash from operating activities</b>	<u>189,272</u>	<u>251,088</u>

## Note 11: Contingent Assets and Liabilities

Cancer Australia has not identified any quantifiable, unquantifiable or significant remote contingent assets or liabilities as at 30 June 2012 (2010–11: Nil).

## Note 12: Senior Executive Remuneration

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

	2012	2011
	\$	\$
<b>Short-term employee benefits:</b>		
Salary	672,744	343,280
Annual leave accrued	61,697	26,528
Other	58,804	-
<b>Total short-term employee benefits</b>	<b>793,245</b>	<b>369,808</b>
<b>Post-employment benefits:</b>		
Superannuation	115,815	48,101
<b>Total post-employment benefits</b>	<b>115,815</b>	<b>48,101</b>
<b>Other long-term benefits:</b>		
Long-service leave	27,763	11,937
<b>Total other long-term benefits</b>	<b>27,763</b>	<b>11,937</b>
<b>Total</b>	<b>936,823</b>	<b>429,846</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.

## Note 12: Senior Executive Remuneration

### Note 12B: Average Annual Reportable Remuneration Paid to Substantive Senior Executives During the Reporting Period

		<b>2012</b>			
Average annual reportable remuneration <sup>1</sup>	Senior Executives	Reportable Salary	Contributed Superannuation	Reportable Allowances	Total
	No.	\$	\$	\$	\$
<b>Total remuneration (including part-time arrangements)</b>					
\$210,000 to \$239,999	1	177,993	27,714	21,908	227,615
\$240,000 to \$269,999	1	189,878	44,896	31,224	265,998
\$330,000 to \$359,999	1	304,873	43,204	5,672	353,749
<b>Total</b>	<b>3</b>				
		<b>2011</b>			
Average annual reportable remuneration <sup>1</sup>	Senior Executives	Reportable Salary	Contributed Superannuation	Reportable Allowances	Total
	No.	\$	\$	\$	\$
<b>Total remuneration (including part-time arrangements)</b>					
\$180,000 to \$209,999	1	186,142	16,753	-	202,895
\$210,000 to \$239,999	1	199,358	17,942	-	217,300
\$240,000 to \$269,999	1	206,658	33,685	-	240,343
\$330,000 to \$359,999	1	321,015	33,997	-	355,012
<b>Total</b>	<b>4</b>				

#### Notes:

- This table reports staff substantive senior executives who received remuneration during the reporting period. Each row is an averaged figure based on headcount for individuals in the band.
- 'Reportable salary' includes the following:
  - gross payments (less any bonuses paid, which are separated out and disclosed in the 'bonus paid' column);
  - reportable fringe benefits (at the net amount prior to 'grossing up' to account for tax benefits); and
  - exempt foreign employment income.
- The 'contributed superannuation' amount is the average actual superannuation contributions paid to senior executives in that reportable remuneration band during the reporting period, including any salary sacrificed amount as per the individuals' payslips.
- 'Reportable allowances' are the average actual allowances paid as per the 'total allowances' line on individuals' payment summaries.
- 'Bonus paid' represents average actual bonuses paid during the reporting period in that reportable remuneration band. The 'bonus paid' within a particular band may vary between financial years due to various factors such as individuals commencing with or leaving Cancer Australia during the financial year.
- Salary sacrifice arrangements available to senior executives were limited to superannuation contributions. Salary sacrificed superannuation is reported in the 'contributed superannuation' column.

## Note 12: Senior Executive Remuneration

### Note 12C: Other Highly Paid Staff

		<b>2012</b>			
Average annual reportable remuneration	Staff	Reportable Salary	Contributed Superannuation	Reportable Allowances	Total
	No.	\$	\$	\$	\$
Total remuneration (including part-time arrangements)					
\$150,000 to \$179,999	2	138,087	19,825	584	158,496
\$180,000 to \$209,999	1	141,810	49,934	88	191,832
<b>Total</b>	<b>3</b>				

		<b>2011</b>			
Average annual reportable remuneration	Staff	Reportable Salary	Contributed Superannuation	Reportable Allowances	Total
	No.	\$	\$	\$	\$
Total remuneration (including part-time arrangements)					
\$150,000 to \$179,999	2	132,141	19,359	-	151,500
<b>Total</b>	<b>2</b>				

#### Notes:

- This table reports staff:
  - who were employed by Cancer Australia during the reporting period;
  - whose reportable remuneration was \$150,000 or more for the financial period; and
  - were not required to be disclosed in Table A
 Each row is an averaged figure based on headcount for individuals in the band.
- 'Reportable salary' includes the following:
  - gross payments (less any bonuses paid, which are separated out and disclosed in the 'bonus paid' column);
  - reportable fringe benefits (at the net amount prior to 'grossing up' to account for tax benefits); and
  - exempt foreign employment income.
- The 'contributed superannuation' amount is the average actual superannuation contributions paid to staff in that reportable remuneration band during the reporting period, including any salary sacrificed amounts, as per the individual's payslip.
- 'Reportable allowances' are the average actual allowances paid as per the 'total allowances' line on individuals' payment summaries.
- 'Bonus paid' represents average actual bonuses paid during the reporting period in that reportable remuneration band. The 'bonus paid' within a particular band may vary between financial years due to various factors such as individuals commencing with or leaving Cancer Australia during the financial year.
- Salary sacrifice arrangements available to highly paid staff were limited to superannuation contributions. Salary sacrificed superannuation is reported in the 'contributed superannuation' column.

### Note 13: Remuneration of Auditors

	2012	2011
	\$	\$

Financial statement audit services were provided free of charge to Cancer Australia by the Australian National Audit Office (ANAO)

#### Fair value of the services provided

Financial statement audit	50,000	47,000
<b>Total</b>	<b>50,000</b>	<b>47,000</b>

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

### Note 14: Financial Instruments

	2012	2011
	\$	\$

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

##### Financial Assets

##### Loans and receivables:

Cash and cash equivalents	921,794	796,848
Trade receivables	242,480	742,271
<b>Total</b>	<b>1,164,274</b>	<b>1,539,119</b>
<b>Carrying amount of financial assets</b>	<b>1,164,274</b>	<b>1,539,119</b>

##### Financial Liabilities

##### At amortised cost:

Trade creditors—suppliers	(911,630)	(1,043,873)
<b>Total</b>	<b>(911,630)</b>	<b>(1,043,873)</b>
<b>Carrying amount of financial liabilities</b>	<b>(911,630)</b>	<b>(1,043,873)</b>

#### 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 (2012: \$242,480 and 2011: \$742,271). Cancer Australia has assessed the risk of the default on payment and has allocated \$0 in 2012 (2011: \$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.

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

	<b>Not past due nor impaired</b>	Not past due nor impaired	<b>Past due or impaired</b>	Past due or impaired
	<b>2012</b>	2011	<b>2012</b>	2011
	<b>\$</b>	\$	<b>\$</b>	\$
Cash and cash equivalents	<b>921,794</b>	796,848	-	-
Trade receivables	<b>242,114</b>	742,271	<b>366</b>	-
<b>Total</b>	<b>1,163,908</b>	1,539,119	<b>366</b>	-

#### Ageing of financial assets that were past due but not impaired for 2012

	<b>0 to 30 days</b>	<b>31 to 60 days</b>	<b>61 to 90 days</b>	<b>90+ days</b>	<b>Total</b>
	<b>\$</b>	\$	\$	\$	\$
Trade receivables	<b>51</b>	-	-	<b>315</b>	<b>366</b>
<b>Total</b>	<b>51</b>	-	-	<b>315</b>	<b>366</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
	\$	\$	\$	\$	\$
Trade receivables	-	-	-	-	-
<b>Total</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 2012

	On demand	within 1 year	1 to 2 years	2 to 5 years	> 5 years	Total
	\$	\$	\$	\$	\$	\$
Trade creditors	-	(911,630)	-	-	-	(911,630)
<b>Total</b>	-	<b>(911,630)</b>	-	-	-	<b>(911,630)</b>

#### 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>	-	<b>(1,043,873)</b>	-	-	-	<b>(1,043,873)</b>

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.

## Note 15: Financial Assets Reconciliation

	Notes	2012	2011
		\$	\$
<b>Financial assets</b>			
<b>Total financial assets as per balance sheet</b>		<b>3,963,738</b>	3,200,629
Less: non-financial instrument components:			
Appropriations receivable	5B	<b>(2,660,653)</b>	(1,593,515)
Other receivables	5B	<b>(138,811)</b>	(67,995)
Total non-financial instrument components		<b>1,164,274</b>	1,539,119
<b>Total financial assets as per financial instruments note</b>		<b>1,164,274</b>	1,539,119

## Note 16: Administered—Expenses

	2012	2011
	\$	\$
<b>Note 16A: Suppliers</b>		
<b>Goods and services</b>		
Consultants	418,900	209,465
Contractors	1,228	15,480
Sitting and Advisory Fees	243,592	276,853
Travel	71,661	193,162
Printing	37,765	99,697
Other	50,927	119,757
<b>Total goods and services</b>	<b>824,073</b>	<b>914,414</b>
<b>Goods and services are made up of:</b>		
Provision of goods—related entities	-	484
Provision of goods—external parties	65,397	71,953
Rendering of services—related entities	5,188	21,446
Rendering of services—external parties	753,488	820,531
<b>Total goods and services</b>	<b>824,073</b>	<b>914,414</b>
<b>Total suppliers expenses</b>	<b>824,073</b>	<b>914,414</b>
<b>Note 16B: Grants and service delivery contracts</b>		
<b>Public sector:</b>		
Australian Government entities (related entities)	9,295	587,643
State and Territory Governments	128,000	1,968,942
Local Governments	-	150,000
<b>Private sector:</b>		
Non-profit & profit organisations	14,309,467	20,768,655
<b>Total grants and service delivery contracts</b>	<b>14,446,762</b>	<b>23,475,240</b>

### Note 17: Administered—Income

	2012	2011
	\$	\$
<b>OWN SOURCE REVENUE</b>		
<b>Non-Taxation Revenue</b>		
Return of grant monies	384,735	196,047
<b>Total other revenue</b>	<u>384,735</u>	<u>196,047</u>

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

### Note 18: Administered—Financial Assets

	2012	2011
	\$	\$
<b>Note 18A: Cash and Cash Equivalents</b>		
Cash and cash equivalents	779,138	993,613
<b>Total cash and cash equivalents</b>	<u>779,138</u>	<u>993,613</u>

#### Note 18B: Trade and Other Receivables

##### Goods and services:

Goods and services receivable—external parties	95,660	950
<b>Total receivables for goods and services</b>	<u>95,660</u>	<u>950</u>

##### Other receivables:

GST receivable from Australian Taxation Office	156,428	863,017
<b>Total other receivables</b>	<u>156,428</u>	<u>863,017</u>
<b>Total trade and other receivables (gross)</b>	<u>252,088</u>	<u>863,967</u>

Receivables are expected to be recovered in:

No more than 12 months	252,088	863,967
<b>Total trade and other receivables (net)</b>	<u>252,088</u>	<u>863,967</u>

##### Receivables were aged as follows:

Not overdue	252,088	863,177
Overdue by:		
31 to 60 days	-	790
<b>Total receivables (gross)</b>	<u>252,088</u>	<u>863,967</u>

Goods and services receivables are with entities external to the Australian Government. Credit terms were net 30 days (2011: 30 days).

No allowance for impairment was required at reporting date.

## Note 19: Administered–Payables

	2012	2011
	\$	\$
<b>Note 19A: Suppliers</b>		
Trade creditors and accruals	442,446	283,595
<b>Total suppliers</b>	<b>442,446</b>	<b>283,595</b>
<b>Supplier payables expected to be settled within 12 months:</b>		
Related entities	288,934	2,962
External parties	153,512	280,633
<b>Total</b>	<b>442,446</b>	<b>283,595</b>
<b>Total suppliers</b>	<b>442,446</b>	<b>283,595</b>
Settlement was usually made within 30 days.		
<b>Note 19B: Grants</b>		
<b>Public sector:</b>		
Australian Government entities (related entities)	43,224	159,639
State and Territory Governments	-	1,029,000
Local Governments	-	100,000
<b>Private sector:</b>		
Non-profit & profit organisations	584,900	3,586,172
<b>Total grants</b>	<b>628,124</b>	<b>4,874,811</b>
<b>Total grants—are expected to be settled in:</b>		
No more than 12 months	628,124	4,874,811
<b>Total grants</b>	<b>628,124</b>	<b>4,874,811</b>
Settlement is usually made according to the terms and conditions of each grant. This is usually within 30 days of performance or eligibility (2011: 30 days).		
<b>Note 19C: Other Payables</b>		
GST payable	9,697	-
Other	13,366	-
<b>Total other payables</b>	<b>23,063</b>	<b>-</b>
<b>Total other payables are expected to be settled in:</b>		
No more than 12 months	23,063	-
<b>Total other payables</b>	<b>23,063</b>	<b>-</b>

## Note 20: Administered Cash Flow Reconciliation

	2012	2011
	\$	\$
<b>Reconciliation of cash and cash equivalents as per Administered Schedule of Assets and Liabilities to Administered Cash Flow Statement</b>		
<b>Cash and cash equivalents per:</b>		
Schedule of administered cash flows	<b>779,138</b>	993,613
Schedule of administered assets and liabilities	<b>779,138</b>	993,613
<b>Difference</b>	<b>-</b>	<b>-</b>
<b>Reconciliation of net cost of services to net cash from operating activities</b>		
Net cost of services	<b>(14,886,100)</b>	(24,193,605)
<b>Changes in assets/liabilities</b>		
(Increase)/decrease in net receivables	<b>602,210</b>	128,334
(Increase)/decrease in prepayments	-	-
(Increase)/decrease in employee provisions	-	-
Increase/(decrease) in supplier payables	<b>(4,020,806)</b>	(1,404,163)
Increase/(decrease) in other payable	<b>(34,299)</b>	(307,205)
Increase/(decrease) in other provisions	-	-
<b>Net cash from (used by) operating activities</b>	<b>(18,338,995)</b>	(25,776,639)

## Note 21: Administered Contingent Assets and Liabilities

Cancer Australia has not identified any quantifiable, unquantifiable or significant remote contingencies as at 30 June 2012 (2011: Nil).

## Note 22: Administered Financial Instruments

	2012	2011
	\$	\$
<b>Note 22A: Categories of Financial Instruments</b>		
<b>Financial Assets</b>		
Loans and receivables:		
Cash and cash equivalents	779,138	993,613
Trade and other receivables	252,088	950
<b>Total</b>	<b>1,031,226</b>	994,563
<b>Carrying amount of financial assets</b>	<b>1,031,226</b>	994,563
<b>Financial Liabilities</b>		
At amortised cost:		
Trade creditors	442,446	283,595
Other creditors	23,063	-
Grants payable	628,124	4,874,811
<b>Total</b>	<b>1,093,633</b>	5,158,406
<b>Carrying amount of financial liabilities</b>	<b>1,093,633</b>	5,158,406

## Note 22B: Fair Value of Financial Instruments

	Carrying amount 2012 \$	Fair value 2012 \$	Carrying amount 2011 \$	Fair value 2011 \$
<b>Financial Assets</b>				
<b>Cash and cash equivalents</b>				
Cash and cash equivalents	779,138	779,138	993,613	993,613
<b>Loans and receivables</b>				
Trade receivables	95,660	95,660	950	950
<b>Total</b>	<b>874,798</b>	<b>874,798</b>	994,563	994,563
<b>Financial Liabilities</b>				
<b>Suppliers</b>				
Trade creditors	442,446	442,446	283,595	283,595
Other creditors	23,063	23,063	-	-
Grants payable	628,124	628,124	4,874,811	4,874,811
<b>Total</b>	<b>1,093,633</b>	<b>1,093,633</b>	5,158,406	5,158,406

## Note 22: Administered Financial Instruments

### Note 22C: Credit Risk

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

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

	<b>2012</b>	<b>2011</b>
	\$	\$
<b>Financial assets</b>		
<b>Cash and cash equivalents</b>		
Cash and cash equivalents	<b>779,138</b>	993,613
<b>Loans and receivables</b>		
Trade receivables	<b>95,660</b>	950
<b>Total</b>	<b>874,798</b>	994,563
<b>Financial liabilities</b>		
Trade creditors	<b>442,446</b>	283,595
Other creditors	<b>23,063</b>	-
Grants payable	<b>628,124</b>	4,874,811
<b>Total</b>	<b>1,093,633</b>	5,158,406

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

Goods and services receivables	<b>\$0 in 2012</b>	(2011: \$790)
Advances and loans	<b>\$0 in 2012</b>	(2011: \$0)

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

	<b>Not Past Due Nor Impaired 2012</b>	Not Past Due Nor Impaired 2011	<b>Past due or impaired 2012</b>	Past due or impaired 2011
	\$	\$	\$	\$
Loans and receivables				
Trade receivables	<b>95,660</b>	160	-	790
<b>Total</b>	<b>95,660</b>	160	-	790

## Note 22: Administered Financial Instruments

### Note 22D: Liquidity Risk

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

The following tables illustrates the maturities for financial liabilities.

Maturities for non-derivative financial liabilities 2012						
	On demand	within 1 year	1 to 2 years	2 to 5 years	> 5 years	Total
	\$	\$	\$	\$	\$	\$
Trade creditors	-	442,446	-	-	-	442,446
Other creditors	-	23,063	-	-	-	23,063
Grants payable	-	628,124	-	-	-	628,124
<b>Total</b>	-	<b>1,093,633</b>	-	-	-	<b>1,093,633</b>

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>

### Note 22E: Market Risk

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

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

## Note 23: Administered Financial Assets Reconciliation

	2012	2011
	\$	\$
<b>Financial Assets</b>		
<b>Total financial assets as per schedule of administered assets and liabilities</b>	<b>1,031,226</b>	1,857,580
Less: non-financial instrument components	<b>156,428</b>	863,017
<b>Total non-financial instrument components</b>	<b>-</b>	<b>-</b>
<b>Total financial assets as per financial instruments note</b>	<b>874,798</b>	994,563



## Note 24: Appropriations

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

	Appropriation Act Annual Appropriations Appropriation	2012 Appropriations				Total appropriation	Appropriation applied in 2012 (current and prior years)	Variance
		FMA Act			Section 32			
		Section 30	Section 31	Section 32				
<b>DEPARTMENTAL</b>								
Ordinary annual services	12,722,000	-	2,086,755	-	-	14,808,755	14,264,482	544,273
Total departmental	12,722,000	-	2,086,755	-	-	14,808,755	14,264,482	544,273
<b>ADMINISTERED</b>								
Ordinary annual services	15,534,000	263,165				15,270,835	15,270,835	-
Administered items								
Total administered	15,534,000	263,165				15,270,835	15,270,835	-

Notes:

- Appropriations reduced under Appropriation Acts (No.1,3,5) 2011-12: sections 10, 11, 12 and 15 and under Appropriation Acts (No.2,4,6) 2011-12: 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. As with departmental appropriations, the responsible Minister may decide that part or all of an administered appropriation is not required and request that the Finance Minister reduce that appropriation. For administered appropriations reduced under section 11 of Appropriation Acts (Nos. 1,3&5) 2011-12 and section 12 of Appropriation Acts (Nos. 2,4&6) 2011-12, the appropriation is taken to be reduced to the required amount specified in Table D of this note once the annual report is tabled in Parliament. All administered appropriations may be adjusted by a Finance Minister's determination, which is disallowable by Parliament.
- In 2011-12, 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.
- Departmental variance relates to additional section 31 revenue received.

## Note 24: Appropriations

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

	2011 Appropriations						Appropriation applied in 2011 (current and prior years) \$	Variance \$
	Appropriation Act		FMA Act			Total appropriation \$		
	Annual Appropriations reduced <sup>1</sup>	Section 30	Section 31	Section 32	Section 33			
\$	\$	\$	\$	\$	\$	\$	\$	
<b>DEPARTMENTAL</b>								
Ordinary annual services	3,900,000	-	754,539	-	-	4,654,539	3,884,744	769,795
Total departmental	3,900,000	-	754,539	-	-	4,654,539	3,884,744	769,795
<b>ADMINISTERED</b>								
Ordinary annual services								
Administered items	25,222,000	-				25,222,000	26,448,205	(1,226,205)
<b>Total administered</b>	25,222,000	-				25,222,000	26,448,205	(1,226,205)

**Notes:**

- Appropriations reduced under Appropriation Acts (No.1,3) 2010–11: sections 10, 11 and 12 and under Appropriation Acts (No.2,4) 2010–11: 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.  
As with departmental appropriations, the responsible Minister may decide that part or all of an administered appropriation is not required and request that the Finance Minister reduce that appropriation. For administered appropriations reduced under section 11 of Appropriation Acts (Nos. 1,3&5) 2010–11 and section 12 of Appropriation Acts (Nos. 2,4&6) 2010–11, the appropriation is taken to be reduced to the required amount specified in Table D of this note once the annual report is tabled in Parliament. All administered appropriations may be adjusted by a Finance Minister's determination, which is disallowable by Parliament.
- In 2010–11, 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.
- Administered appropriation applied in 2011 includes spend from prior year undrawn, unexpired appropriations.

## Note 24: Appropriations

**Table B: Departmental and Administered Capital Budgets ('Recoverable GST exclusive')**

	2012 Capital Budget Appropriations		Capital Budget Appropriations applied in 2012				
	<i>Appropriation Act</i>		Total Capital Budget Appropriations	Payments for non-financial assets <sup>3</sup>	Payments for other purposes	Total payments	Variance
	Annual Capital Budget	Appropriations reduced <sup>2</sup>					
<b>DEPARTMENTAL</b>							
Ordinary annual services— Departmental Capital Budget <sup>1</sup>	445,000	-	445,000	445,000	-	445,000	-
<b>ADMINISTERED</b>							
Ordinary annual services— Administered Capital Budget <sup>1</sup>	-	-	-	-	-	-	-

**Notes:**

1. Departmental and Administered Capital Budgets are appropriated through Appropriation Acts (No.1,3,5). They form part of ordinary annual services, and are not separately identified in the Appropriation Acts. For more information on ordinary annual services appropriations, please see Table A: Annual appropriations.
2. Appropriations reduced under Appropriation Acts (No.1,3,5) 2011–12: sections 10, 11, 12 and 15 or via a determination by the Finance Minister.
3. Payments made on non-financial assets include purchases of assets, expenditure on assets which has been capitalised, costs incurred to make good an asset to its original condition, and the capital repayment component of finance leases.

## Note 24: Appropriations

**Table B (cont.): Departmental and Administered Capital Budgets ('Recoverable GST exclusive')**

	2011 Capital Budget Appropriations		Capital Budget Appropriations applied in 2011				
	<i>Appropriation Act</i>		Total Capital Budget Appropriations	Payments for non-financial assets <sup>3</sup>	Payments for other purposes	Total payments	Variance
	Annual Capital Budget	Appropriations reduced <sup>2</sup>					
<b>DEPARTMENTAL</b>							
Ordinary annual services— Departmental Capital Budget <sup>1</sup>	80,000	-	80,000	62,722	-	62,722	17,278
<b>ADMINISTERED</b>							
Ordinary annual services— Administered Capital Budget <sup>1</sup>	-	-	-	-	-	-	-

*Notes:*

1. Departmental and Administered Capital Budgets are appropriated through Appropriation Acts (No.1.3.5). They form part of ordinary annual services, and are not separately identified in the Appropriation Acts. For more information on ordinary annual services appropriations, please see Table A: Annual appropriations.
2. Appropriations reduced under Appropriation Acts (No.1.3.5) 2010–11: sections 10, 11, 12 and 15 or via a determination by the Finance Minister.
3. Payments made on non-financial assets include purchases of assets, expenditure on assets which has been capitalised, costs incurred to make good an asset to its original condition, and the capital repayment component of finance leases.

## Note 24: Appropriations

Table C: Unspent Departmental Annual Appropriations ('Recoverable GST exclusive')

Authority	2012 \$	2011 \$
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>	213,112
Appropriation Act (No.1) 2010–11	<b>28,494</b>	1,042,257
Appropriation Act (No.1) 2011–12	<b>2,205,847</b>	-
<b>Total</b>	<b>3,582,447</b>	2,390,363

## Note 24: Appropriations

**Table D: Reduction in Administered Items ('Recoverable GST exclusive')**

2011-12	Amount required <sup>3</sup> —by Appropriation Act	Amount required—as represented by:		Total amount required <sup>3</sup>	Total amount appropriated <sup>4</sup>	Total reduction <sup>5</sup>
	Act (No.1)	Spent	Retention			
<b>Ordinary Annual Services</b>	<b>15,534,000.00</b>	<b>15,270,835.39</b>	-	<b>15,270,835.39</b>	<b>15,534,000.00</b>	<b>263,164.61</b>
Outcome 1						

**Notes:**

- Numbers in this section of the table must be disclosed to the cent.
- Administered items for 2012 were reduced to these amounts when these financial statements were tabled in Parliament as part of the entity's 2012 annual report. This reduction was effective in 2013, but the amounts were reflected in Table A in the 2012 financial statements in the column 'Appropriations reduced' as they were adjustments to 2012 appropriations.
- Amount required as per Appropriation Act (Act 1 s. 11)
- Total amount appropriated in 2012.
- Total reduction effective in 2013.

2010-11	Amount required <sup>3</sup> —by Appropriation Act	Amount required—as represented by:		Total amount required <sup>3</sup>	Total amount appropriated <sup>4</sup>	Total reduction <sup>5</sup>
	Act (No.1)	Spent	Retention			
<b>Ordinary Annual Services</b>						
Outcome 1	25,222,000.00	20,807,363.08	4,414,636.92	25,222,000.00	25,222,000.00	-

**Notes:**

- Numbers in this section of the table must be disclosed to the cent.
- Administered items for 2011 were reduced to these amounts when these financial statements were tabled in Parliament as part of the entity's 2011 annual report. This reduction was effective in 2012, but the amounts were reflected in Table A in the 2011 financial statements in the column 'Appropriations reduced' as they were adjustments to 2011 appropriations.
- Amount required as per Appropriation Act (Act 1 s. 11)
- Total amount appropriated in 2011.
- Total reduction effective in 2012.

## Note 25: Special Accounts

Cancer Australia does not operate any Special Accounts.

## Note 26: Compensation and Debt Relief

### Departmental

No 'Act of Grace payments' were expensed during the reporting period (2011: nil).

No waivers of amounts owing to the Australian Government was made pursuant to subsection 34(1) of the *Financial Management and Accountability Act 1997* (2011: one)

No payments were provided under the Compensation for Detriment caused by Defective Administration (CDDA) Scheme during the reporting period (2011:nil).

No ex-gratia payments were provided for during the reporting period (2011: 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 (2011: nil).

### Administered

No 'Act of Grace payments' were expensed during the reporting period (2011: nil).

One waiver of an amount owing to the Australian Government was made pursuant to subsection 34(1) of the *Financial Management and Accountability Act 1997* (2011: nil)

No payments were provided under the Compensation for Detriment caused by Defective Administration (CDDA) Scheme during the reporting period (2011:nil).

No ex-gratia payments were provided for during the reporting period (2011: 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 (2011: nil).

## Note 27: Reporting of Outcomes

Cancer Australia allocates shared items to outcomes in proportion to the employee costs directly assigned to outcomes in the 2011–12 financial year.

### Note 27A: Net Cost of Outcome Delivery

	Outcome 1		Total	
	2012	2011	2012	2011
	\$	\$	\$	\$
<b>Departmental</b>				
Expenses	(13,849,326)	(4,487,507)	(13,849,326)	(4,487,507)
Own-source income	1,311,703	595,478	1,311,703	595,478
<b>Administered</b>				
Expenses	(15,270,835)	(24,389,654)	(15,270,835)	(24,389,654)
Prior year grant monies	384,735	196,047	384,735	196,047
<b>Net cost of outcome delivery</b>	<b>(27,423,723)</b>	<b>(28,085,636)</b>	<b>(27,423,723)</b>	<b>(28,085,636)</b>

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 27: Reporting of Outcomes

### Note 27B: Major Classes of Departmental Expense, Income, Assets and Liabilities by Outcomes

	Outcome 1		Total	
	2012	2011	2012	2011
	\$	\$	\$	\$
<b>Expenses</b>				
Employee	(5,906,327)	(2,714,047)	(5,906,327)	(2,714,047)
Suppliers	(7,441,953)	(1,703,980)	(7,441,953)	(1,703,980)
Depreciation and amortisation	(394,963)	(7,424)	(394,963)	(7,424)
Write-down and impairment of assets	(6,890)	(62,056)	(6,890)	(62,056)
Finance costs	(2,965)	-	(2,965)	-
Loss from asset sales	(96,228)	-	(96,228)	-
<b>Total</b>	<b>(13,849,326)</b>	<b>(4,487,507)</b>	<b>(13,849,326)</b>	<b>(4,487,507)</b>
<b>Income</b>				
Income from government	12,722,000	3,820,000	12,722,000	3,820,000
Provision of goods and rendering of services	989,345	701,178	989,345	701,178
Other revenue	240,666	-	240,666	-
Sale of Assets	-	2,179	-	2,179
Other gains	81,692	47,000	81,692	47,000
<b>Total</b>	<b>14,033,703</b>	<b>4,570,357</b>	<b>14,033,703</b>	<b>4,570,357</b>
<b>Assets</b>				
Cash and cash equivalents	921,794	796,848	921,794	796,848
Trade and other receivables	3,041,944	2,403,781	3,041,944	2,403,781
Infrastructure, Property Plant & Equipment	1,178,961	198,937	1,178,961	198,937
Intangible assets	249,666	144,623	249,666	144,623
Other non-financial assets	10,666	109,063	10,666	109,063
<b>Total</b>	<b>5,403,031</b>	<b>3,653,252</b>	<b>5,403,031</b>	<b>3,653,252</b>
<b>Liabilities</b>				
Trade creditors	(911,630)	(1,043,873)	(911,630)	(1,043,873)
Employee provisions	(1,229,340)	(1,150,780)	(1,229,340)	(1,150,780)
Personal benefits payable	(170,650)	(77,698)	(170,650)	(77,698)
Other provisions	(141,471)	(54,100)	(141,471)	(54,100)
Unearned revenue	(155,454)	(277,084)	(155,454)	(277,084)
Other payables	(1,117,755)	(2,363)	(1,117,755)	(2,363)
<b>Total</b>	<b>(3,726,300)</b>	<b>(2,605,898)</b>	<b>(3,726,300)</b>	<b>(2,605,898)</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 27: Reporting of Outcomes

### Note 27C: Major Classes of Administered Expenses, Income, Assets and Liabilities by Outcomes

	Outcome 1		Total	
	2012	2011	2012	2011
	\$	\$	\$	\$
<b>Expenses</b>				
Advisory fees	<b>(243,592)</b>	(276,853)	<b>(243,592)</b>	(276,853)
Suppliers	<b>(457,893)</b>	(224,945)	<b>(457,893)</b>	(224,945)
Grants	<b>(14,446,762)</b>	(23,475,240)	<b>(14,446,762)</b>	(23,475,240)
Travel	<b>(71,661)</b>	(193,162)	<b>(71,661)</b>	(193,162)
Other expenses	<b>(50,927)</b>	(219,454)	<b>(50,927)</b>	(219,454)
<b>Total</b>	<b>(15,270,835)</b>	(24,389,654)	<b>(15,270,835)</b>	(24,389,654)
<b>Income</b>				
Return of grant monies	<b>384,735</b>	196,047	<b>384,735</b>	196,047
<b>Total</b>	<b>384,735</b>	196,047	<b>384,735</b>	196,047
<b>Assets</b>				
Cash and cash equivalents	<b>779,138</b>	993,613	<b>779,138</b>	993,613
Trade receivables	<b>252,088</b>	863,967	<b>252,088</b>	863,967
<b>Total</b>	<b>1,031,226</b>	1,857,580	<b>1,031,227</b>	1,857,580
<b>Liabilities</b>				
Trade creditors	<b>(442,446)</b>	(283,595)	<b>(442,446)</b>	(283,595)
Other creditors	<b>(23,063)</b>	-	<b>(23,063)</b>	-
Grants	<b>(628,124)</b>	(4,874,811)	<b>(628,124)</b>	(4,874,811)
<b>Total</b>	<b>(1,093,633)</b>	(5,158,406)	<b>(1,093,633)</b>	(5,158,406)

Outcome 1 is described in Note 1.1.

## Note 28: Net Cash Appropriation Arrangements

	2012	2011
	\$	\$
Total comprehensive income less depreciation/amortisation expenses previously funded through revenue appropriations <sup>1</sup>	579,340	(64,605)
Plus: depreciation/amortisation expenses previously funded through revenue appropriation		
	<u>(394,963)</u>	<u>(7,424)</u>
<b>Total comprehensive income— as per the Statement of Comprehensive Income</b>	<u><b>184,377</b></u>	<u><b>(72,029)</b></u>

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

## Note 29: Information furnished under the *Charitable Fundraising Act 1991 (NSW)*

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

### Note 29A: Fundraising appeals conducted during the financial period

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

### Note 29B: Details of aggregated gross income and total expenses of fundraising appeals

	2012	2011
	\$	\$
<b>Pink Ribbon Breakfast</b>		
Gross proceeds of fundraising appeal	159,769	-
Total direct costs of fundraising appeal	<u>(84,575)</u>	<u>-</u>
<b>Net surplus from fundraising appeal</b>	<u><b>75,194</b></u>	<u><b>-</b></u>
<b>Donations</b>		
Gross proceeds of fundraising appeal	80,897	-
Total direct costs of fundraising appeal	<u>-</u>	<u>-</u>
<b>Net surplus from fundraising appeal</b>	<u><b>80,897</b></u>	<u><b>-</b></u>

### Note 29C: Statement demonstrating how funds received were applied to charitable purposes

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

### Note 29D: Comparison by monetary figures and percentages

	2012	2011
	\$	\$
Total cost of fundraising appeals <sup>1</sup>	84,575	-
Gross income from fundraising appeals	<u>240,666</u>	<u>-</u>
%	<u>35%</u>	<u>-</u>
Net surplus from fundraising appeals	156,091	-
Gross income from fundraising appeals	<u>240,666</u>	<u>-</u>
%	<u>65%</u>	<u>-</u>

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

1 All costs relate to the Pink Ribbon Breakfast

---

## Appendix B: Mandatory reporting information

### Advertising and market research

No advertising campaigns were undertaken during 2011–12.

### Asset management

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.

Cancer Australia undertakes a regular stocktake of fixed and intangible assets each financial year, and this was completed during 2011–12. The location and condition of assets were confirmed. All assets were assessed for impairment at 30 June 2012.

During 2011–12 Cancer Australia continued its shared services arrangement with NHMRC for its Canberra and Melbourne sites. The shared services included co-location, and IT infrastructure and support.

### 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 2011–12 were listed through AusTender.

### Consultancies

During 2011–12 eight new consultancy contracts were entered into involving total actual expenditure of \$447,097.52 from Departmental Funds and \$149,169.35 from Administered Funds. In addition, three ongoing consultancy contracts were active during 2011–12, involving total actual expenditure of \$50,867.49 from Departmental Funds.

Cancer Australia engages consultants where it requires specific specialist expertise or when independent research, review or assessment is required. Consultants are typically engaged to investigate or diagnose a defined issue or problem, carry out defined reviews or evaluations, or provide independent advice or information to assist in Cancer Australia's decision-making.

Before engaging consultants, Cancer Australia takes into account the skills and resources required for the task, the skills available internally, and the cost-effectiveness of engaging external expertise. The decision to engage a consultant is made in accordance with the *Financial Management and Accountability Act 1997* and related regulations, including the Commonwealth Procurement Guidelines, and with relevant internal policies.

---

## Disability reporting

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

The Commonwealth Disability Strategy has been overtaken by a new National Disability Strategy which sets out a 10-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 Australian Government in December 2009 also includes 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.

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

## Exempt contracts

There were no exempt contracts entered into by Cancer Australia during 2011–12.

---

## External scrutiny

No judicial or administrative tribunal decisions relating to Cancer Australia were handed down during 2011–12. 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 2011–12.

## Freedom of information

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

In accordance with the IPS requirements, Cancer Australia displays on its website a plan showing what information it publishes. This is available at [www.canceraustralia.gov.au/IPS](http://www.canceraustralia.gov.au/IPS).

## Grant programs

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

- Priority-driven Collaborative Cancer Research Scheme
- Support for Cancer Clinical Trials program
- Supporting people with cancer grant initiative.

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

## Purchasing

In 2011–12, Cancer Australia sourced goods and services in accordance with the principles set out in the Commonwealth Procurement Guidelines.

The agency 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 2011–12**

	Actual available appropriation for 2011-12 \$'000	Payments made 2011-12 \$'000	Balance remaining 2011-12 \$'000
<b>Ordinary annual services<sup>4</sup></b>			
Departmental appropriation <sup>5</sup>	16,448		
Adjustment for prior year reserves	(1,532)		
Adjustment for s.31 receipts	1,720		
	16,636	14,709	1,927
<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	15,534	15,271	
<b>Total ordinary annual services</b>	<b>32,170</b>	<b>29,980</b>	
<b>Total available annual appropriations and expenses</b>	<b>32,170</b>	<b>29,980</b>	
<b>Total net resourcing and payments</b>	<b>32,170</b>	<b>29,980</b>	

**TABLE B.4 : Cancer Australia's Summary Resource Table by Outcome 2011–12**

	Budget <sup>6</sup> 2011-12 \$'000	Actual Expenses 2011-12 \$'000	Variation 2011-12 \$'000
Outcome 1—Minimised impacts of cancer, including through national leadership in cancer control, with targeted research, cancer service development, education and consumer support			
<b>Program 1.1: Improved cancer control</b>			
<b>Administered expenses</b>			
Ordinary annual services (Appropriation Bill No.1)	15,534	15,271	263
<b>Departmental expenses</b>			
Department appropriation <sup>7</sup>	14,809	14,265	544
<b>Total for Program 1.1</b>	<b>30,343</b>	<b>29,536</b>	<b>807</b>
<b>Total expenses for Outcome 1</b>	<b>30,343</b>	<b>29,536</b>	<b>807</b>
<b>Average staffing level (number)</b>	<b>22</b>	<b>53</b>	

4 Appropriation Bill (No. 1) 2011–12. This also includes prior year departmental appropriations and s.31 receipts

5 Includes an amount of \$0.445m for the Departmental Capital Budget. For accounting purposes this amount has been designated as 'contributions by owners'

6 Full year budget, including any subsequent adjustments made to the 2011–12 Budget

7 Departmental appropriation combines "Ordinary annual services (Appropriation Bill No. 1)" and "Revenue from independent sources (s31)"

---

## Work health and safety

During 2011–12 initiatives taken in relation to work health and safety included:

- compulsory instruction for staff on correct workstation set-up
- training for relevant staff in handling toxic substances in the office
- encouragement to staff to avoid excessive working hours that could be detrimental to their health
- installation of block-out blinds to avoid sun glare and heat where appropriate.

There were no notifiable incidents of which Cancer Australia is aware that arose from the conduct of its undertakings, and there were no investigations conducted that related to undertakings by Cancer Australia.



---

## Appendix C: Cancer Australia Advisory Groups

Cancer Australia's Advisory Group structure is designed to support the agency's leadership role in national cancer control and the delivery of the goals outlined in the Cancer Australia Strategic Plan 2011–14.

The members represent a broad range of expertise and experiences from diverse communities and sectors, including medical, policy, research, health promotion and communication. Consumers are represented on all Cancer Australia advisory groups.

*Cancer Australia values the advice and support it received from the following strategic national advisory groups, which were established in 2011–12:*

### Intercollegiate Advisory Group

The Intercollegiate Advisory Group provides a multidisciplinary forum and has an advisory role across the spectrum of cancer control to identify gaps and barriers in the provision of best practice cancer care; provide advice on priorities in relation to national and international developments to inform Cancer Australia's program of work; provide advice on coordinated, cross-disciplinary and patient-centred approaches to cancer care; work collaboratively to promote Cancer Australia's initiatives in cancer control; and advise Cancer Australia in areas of individual expertise, as required.

The group is chaired by Professor Claire Jackson and meets twice a year.

### Research and Data Advisory Group

The Research and Data Advisory Group provides expert advice to Cancer Australia about the strategic and priority areas in cancer research and data in line with the Cancer Australia Strategic Plan 2011–14. In particular, members provide expert advice on areas of focus for Cancer Australia on emerging issues in national and international cancer research and research priorities; emerging issues and priorities in clinical trials; priorities in cancer data to inform cancer control with reference to data monitoring and reporting; the use of data to inform policy, clinical practice and service delivery; key national and international partnerships and collaborations which support Cancer Australia's leadership role in research and data; and areas of individual expertise, as required.

The group is chaired by Professor Robyn Ward and meets twice a year.

---

## Information and Communication Advisory Group

The Information and Communication Advisory Group provides expert advice on the development of evidence-based information, resources and health promotion activities. It also provides input about innovative communication tools, promotional strategies, channels of influence for cancer control messages and key partnerships to support Cancer Australia activities.

The group is chaired by Professor Jeff Dunn and meets twice a year.

*Cancer Australia also acknowledges with gratitude the contribution of the following Advisory Groups, which provide input, advice and direction in relation to specific program areas:*

## Breast Cancer Advisory Group

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

The group is chaired by Associate Professor Roger Allison and meets twice a year.

## Gynaecological Cancer Advisory Group

The role of the Gynaecological Cancer Advisory Group is to identify and advise on best practice initiatives, barriers, opportunities, strategies and actions relating to issues of national relevance within the area of gynaecological cancers. The group also identifies ways in which Cancer Australia can work effectively with all stakeholders including consumers, cancer organisations and professional groups to determine approaches in each of these areas to lessen the impact of gynaecological cancers in Australia.

The group is chaired by Professor Sanchia Aranda and meets twice a year.

## Lung Cancer Advisory Group

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

The group is chaired by Professor Kwun Fong and meets twice a year.

## Appendix D: List of requirements

Ref	Part of Report	Description	Requirement	Page
8(3) & A.4		Letter of transmittal	Mandatory	iii
A.5		Table of contents	Mandatory	iv
A.5		Index	Mandatory	TBA
A.5		Glossary	Mandatory	112
A.5		Contact officer(s)	Mandatory	verso
A.5		Internet home page address and Internet address for report	Mandatory	verso
<b>9</b>	<b>Review by Secretary</b>			
9(1)		Review by departmental secretary	Mandatory	6–9
9(2)		Summary of significant issues and developments	Suggested	6–9
9(2)		Overview of department's performance and financial results	Suggested	7, 35–41
9(2)		Outlook for following year	Suggested	9
9(3)		Significant issues and developments—portfolio	Portfolio departments—suggested	Not applicable
<b>10</b>	<b>Departmental Overview</b>			
10(1)		Role and functions	Mandatory	16
10(1)		Organisational structure	Mandatory	18
10(1)		Outcome and program structure	Mandatory	17
10(2)		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
10(3)		Portfolio structure	Portfolio departments—mandatory	Not applicable
<b>11</b>	<b>Report on Performance</b>			
11(1)		Review of performance during the year in relation to programs and contribution to outcomes	Mandatory	21–31
11(2)		Actual performance in relation to deliverables and KPIs set out in PB Statements/PAES or other portfolio statements	Mandatory	32–34
11(2)		Where performance targets differ from the PBS/ PAES, details of both former and new targets, and reasons for the change	Mandatory	Not applicable
11(2)		Narrative discussion and analysis of performance	Mandatory	21–31
11(2)		Trend information	Mandatory	32–34
11(3)		Significant changes in nature of principal functions/ services	Suggested	Not applicable

Ref	Part of Report	Description	Requirement	Page
11(3)		Performance of purchaser/provider arrangements	If applicable, suggested	Not applicable
11(3)		Factors, events or trends influencing departmental performance	Suggested	6-9
11(3)		Contribution of risk management in achieving objectives	Suggested	22
11(4)		Social inclusion outcomes	If applicable, mandatory	6-9, 21-31
11(5)		Performance against service charter customer service standards, complaints data, and the department's response to complaints	If applicable, mandatory	Not applicable
11(6)		Discussion and analysis of the department's financial performance	Mandatory	35-41
11(7)		Discussion of any significant changes from the prior year, from budget or anticipated to have a significant impact on future operations.	Mandatory	Not applicable
11(8)		Agency resource statement and summary resource tables by outcomes	Mandatory	104
<b>12</b>	<b>Management and Accountability</b>			
	<b>Corporate Governance</b>			
12(1)		Agency heads are required to certify that their agency comply with the Commonwealth Fraud Control Guidelines	Mandatory	iii
12(2)		Statement of the main corporate governance practices in place	Mandatory	37-38
12(3)		Names of the senior executive and their responsibilities	Suggested	18
12(3)		Senior management committees and their roles	Suggested	18
12(3)		Corporate and operational planning and associated performance reporting and review	Suggested	37
12(3)		Approach adopted to identifying areas of significant financial or operational risk	Suggested	37
12(3)		Policy and practices on the establishment and maintenance of appropriate ethical standards	Suggested	38
12(3)		How nature and amount of remuneration for SES officers is determined	Suggested	38
	<b>External Scrutiny</b>			
12(4)		Significant developments in external scrutiny	Mandatory	103
12(4)		Judicial decisions and decisions of administrative tribunals	Mandatory	103
12(4)		Reports by the Auditor-General, a Parliamentary Committee or the Commonwealth Ombudsman	Mandatory	103

Ref	Part of Report	Description	Requirement	Page
<b>Management of Human Resources</b>				
12(5)		Assessment of effectiveness in managing and developing human resources to achieve departmental objectives	Mandatory	39
12(6)		Workforce planning, staff turnover and retention	Suggested	39, 40
12(6)		Impact and features of enterprise or collective agreements, individual flexibility arrangements (IFAs), determinations, common law contracts and AWAs	Suggested	41
12(6)		Training and development undertaken and its impact	Suggested	41
12(6)		Work health and safety performance	Suggested	105
12(6)		Productivity gains	Suggested	39
12(7)		Statistics on staffing	Mandatory	39, 40
12(8)		Enterprise or collective agreements, IFAs, determinations, common law contracts and AWAs	Mandatory	41
12(9) & B		Performance pay	Mandatory	41
12(10)-(11)	Assets management	Assessment of effectiveness of assets management	If applicable, mandatory	101
12(12)	Purchasing	Assessment of purchasing against core policies and principles	Mandatory	103
12(13)-(24)	Consultants	The annual report must include a summary statement detailing the number of new consultancy services contracts let during the year; the total actual expenditure on all new consultancy contracts let during the year (inclusive of GST); the number of ongoing consultancy contracts that were active in the reporting year; and the total actual expenditure in the reporting year on the ongoing consultancy contracts (inclusive of GST). The annual report must include a statement noting that information on contracts and consultancies is available through the AusTender website.	Mandatory	38, 101
12(25)	Australian National Audit Office Access Clauses	Absence of provisions in contracts allowing access by the Auditor-General	Mandatory	101
12(26)	Exempt contracts	Contracts exempt from the AusTender	Mandatory	102
13	Financial Statements	Financial Statements	Mandatory	44-100

Ref	Part of Report	Description	Requirement	Page
<b>Other Mandatory Information</b>				
14(1) & C.1		Work health and safety (Schedule 2, Part 4 of the <i>Work Health and Safety Act 2011</i> )	Mandatory	105
14(1) & C.2		Advertising and Market Research (Section 311A of the <i>Commonwealth Electoral Act 1918</i> ) and statement on advertising campaigns	Mandatory	101
14(1) & C.3		Ecologically sustainable development and environmental performance (Section 516A of the <i>Environment Protection and Biodiversity Conservation Act 1999</i> )	Mandatory	102
14(1)		Compliance with the agency's obligations under the <i>Carer Recognition Act 2010</i>	If applicable, mandatory	Not applicable
14(2) & D.1		Grant programs	Mandatory	103
14(3) & D.2		Disability reporting—explicit and transparent reference to agency level information available through other reporting mechanisms	Mandatory	102
14(4) & D.3		Information Publication Scheme statement	Mandatory	103
14(5)		Correction of material errors in previous annual report	If applicable, mandatory	Not applicable
F		List of Requirements	Mandatory	108

---

# Glossary

---

Aboriginal	A person of Aboriginal descent who identifies as Aboriginal and is accepted as such by the community in which he or she lives.
Allied health workers	People trained in occupations that support and supplement the functions of health professionals.
Cancer	A term for diseases in which abnormal cells divide without control. Cancer cells can invade nearby tissues and can spread through the bloodstream and lymphatic system to other parts of the body. There are several main types of cancer. Carcinoma is cancer that begins in the skin or in tissues that line or cover internal organs. Sarcoma is cancer that begins in bone, cartilage, fat, muscle, blood vessels, or other connective or supportive tissue. Leukaemia is cancer that starts in blood-forming tissue such as the bone marrow, and causes large numbers of abnormal blood cells to be produced and enter the bloodstream. Lymphoma and multiple myeloma are cancers that begin in the cells of the immune system.
Consumer	A term that can refer to people affected by cancer; patients and potential patients; carers; organisations representing cancer consumer interests; members of the public who are targets of cancer promotion programs; and groups affected in a specific way as a result of cancer policy, treatments or services. See also People affected by cancer.
Cancer continuum	The full spectrum of cancer control services from prevention and early detection efforts, through diagnosis and treatment, to rehabilitation and support services for people living with cancer and/or palliative care.
Cancer control	All actions undertaken by all stakeholders that aim to reduce the burden of cancer on individuals and the community, such as: research; prevention; early detection and screening; treatment; survivorship issues; palliation; education and support for people with cancer and their families; and monitoring cancer outcomes.
Cancer control audit	Reviewing existing information about cancer control efforts in Australia.
Cancer journey	An individual's experience of cancer, from detection and screening, diagnosis and treatment, to relapse, recovery and/or palliative care.
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.
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.
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.
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.



---

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 are 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.
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

ACCRM	Australian College of Rural and Remote Medicine
AIHW	Australian Institute of Health and Welfare
ANZCTR	Australian and New Zealand Clinical Trials Registry
ANZGOG	Australia New Zealand Gynaecological Oncology Group
APS	Australian Public Service
ASGO	Australian Society of Gynaecologic Oncologists
AYA	adolescents and young adults
BCNA	Breast Cancer Network Australia
BMC	BioMed Central
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
DSS	data set specifications
DoHA	Department of Health and Ageing
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
FECCA	Federation of Ethnic Communities' Councils of Australia
FOI	Freedom of Information
GP	general practitioner
IPS	Information Publication Scheme
HNPCC	Hereditary Non-polyposis Colon Cancer
IT	information technology
MCN	managed clinical networks
MDC	multidisciplinary care
MDT	multidisciplinary teams
MOGA	Medical Oncology Group Australia
NACCHO	National Aboriginal Community Controlled Health Organisation

---

NBCF	National Breast Cancer Foundation
NBOCC	National Breast and Ovarian Cancer Centre
NHMRC	National Health and Medical Research Council
NQMC	BreastScreen Australia National Quality Management Committee
OCA	Ovarian Cancer Australia
PCFA	Prostate Cancer Foundation of Australia
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
RANZCR	Royal Australian and New Zealand College of Radiologists
RCPA	Royal College of Pathologists Australasia
SES	Senior Executive Service
UICC	Union for International Cancer Control
WACPCN	Western Australia Cancer and Palliative Care Network

# Index

## A

abbreviations and acronyms, 116–17  
Aboriginal and Torres Strait Islander Health Worker Certificate IV, 29  
Aboriginal and Torres Strait Islanders, 7, 29  
accommodation, 18  
accountability 18–19 *see also* management and accountability  
achievements, 2–5  
address and contact details, ii  
administered expenses, 38  
advertising and market research, 101  
advice to Minister for Health, 16  
Advisory Council *see* Cancer Australia Advisory Council  
Advisory Council Chair's review, 12–13  
advisory groups, 6, 19, 106–7  
aims, 2011–12, 22  
amalgamation with National Breast and Ovarian Cancer Centre, 6, 22, 39  
asset management, 101  
Audit Committee, 18, 19  
meetings, 37  
audit, internal, 37  
*Auditor-General Act 1997*, 16  
Auditor-General *see* Australian National Audit Office  
Australia New Zealand Gynaecological Oncology Group, 9  
Australian Cancer Trials website, 30  
Australian Society of Gynaecologic Oncologists, 9  
Australian College of Rural and Remote Medicine, 9, 24  
Australian Institute of Health and Welfare, 22, 26  
Australian National Audit Office, 44–5, 101  
Australian Public Service Values and Code of Conduct, 38  
awareness, community, 29–31

## B

*beyondblue*, 25  
bio-specimen dataset, 26  
bonuses *see* performance pay  
Breast Cancer Awareness Day, 31  
breast cancer, 7, 23, 24  
Aboriginal and Torres Strait Islanders, 29  
clinical practice guideline review, 27–8  
statistical overview, 26  
Breast Surgeons of Australia and New Zealand, 26  
BreastScreen Australia, 28  
Budget Statement 2011–12, 17  
Business Plan 2011–13, 37

## C

*Cancer Australia Act 2006*, 16, 18  
Cancer Australia Advisory Council 14, 18, 19  
Cancer Australia Chair in Quality-of-Life, 25  
Cancer Australia Enterprise Agreement 2011–2014, 41  
Cancer Australia Resource Statement 2011–12, 104

Cancer Australia Summary Resource Table by Outcome, 104  
Cancer Cervix Networks National Program (CanNET), 23  
cancer clinical networks, 23  
Cancer Council Australia, 25  
Cancer Council New South Wales, 25  
Cancer Council Victoria, 26  
Cancer Data to Improve Cancer Survival, 26  
Cancer Institute NSW, 24  
Cancer Learning portal, 24  
Centre for Health Economics Research and Evaluation, 26  
Chief Executive Officer, 18, 37, 38, 46  
review, 6–10  
Chief Finance Officer, 18, 46  
classifications of staff, 39–40  
clinical cancer dataset, 26  
Clinical Oncological Society of Australia, 9  
clinical practice guidelines  
breast cancer, 27  
endometrial cancer, 29  
lung cancer, 28  
psychosocial care of adults with cancer, 27  
clinical trials, 25–6, 30  
Code of Conduct, APS, 38  
Collaborative Cancer Research Scheme, 24–5  
colorectal cancer, 29  
Commonwealth Fraud Control Guidelines, iii  
Commonwealth Procurement Guidelines, 103  
community engagement and education, 29–31  
consultancies, 38, 101  
contact details *see* address and contact details  
contracting *see* procurement  
corporate governance, 37–8  
corporate plan, 37  
cultural diversity training, staff, 41  
Cure Cancer Australia Foundation, 25

## D

data collection, 26–7  
dataset development, 26  
deliverables, 32–3, 37  
Department of Health and Ageing, 22, 41  
disability reporting, 102

## E

ecologically sustainable development, 102  
education  
breast cancer unit of competency, 29  
community, 29–31  
health professionals, 24, 27  
online, 24  
employees *see* staff  
endometrial cancer, 29  
enterprise agreement, 41  
*Environment Protection and Biodiversity Conservation Act 1991*, 102  
environmental performance, 102  
establishment, 16  
ethical standards, 38  
events, 31  
Evidence-Based Cancer Treatment Online for Primary Care (eviQ), 24

eviQ *see* Evidence-Based Cancer Treatment Online for Primary Care  
Executive Director, 18  
exempt contracts, 102  
expenditure tracking, 37  
external scrutiny, 103

## F

*Financial Management and Accountability Act 1997*, 16  
financial overview, 38  
financial statements, 44–100  
forums, 23  
fraud awareness training, staff, 36  
fraud control, 36, 37  
freedom of information, 103  
full-time staff, 39, 40  
functions and role, 16–17  
funding, provision of, 7, 30

## G

gender of staff, 39  
General Managers, 18  
Glasson, Dr Bill AO, 12–13  
glossary, 112–15  
goals for 2011–14, 6  
governance committees, 19  
governance framework, 18  
grants, 7, 25, 103 *see also* funding; research  
guideline updates, 27  
gynaecological cancers, 8, 24  
    resources review, 28–9  
    statistical overview, 26  
Gynaecological Cancers Program, 28

## H

health professionals, 30  
    breast cancer information, 27–8  
    education for, 24  
    gynaecological cancer information, 28–9  
    lung cancer information, 7, 28  
Health Promotion and Communication, 18  
Health Service Delivery and Best Practice, 18  
healthy lifestyle, promotion of, 31  
highlights and achievements, 2–5  
*Hopes and Hurdles* pack, 30  
human resources management, 39

## I

information  
    for health professionals, 7, 23, 24, 27–9  
    for students, 29  
    community, 29–31  
    *see also* online information and resources  
internal audit, 37

## J

Jan Logan, 9

## K

key performance indicators, 34

## L

legislation governing, 16  
letter of transmittal, iii  
Leukaemia Foundation, 25  
list of requirements, 108–11  
location of offices, 18  
Lung Cancer Awareness Month, 31  
*Lung Cancer in Australia: an overview*, 7, 26  
lung cancer, 7, 23, 24  
    clinical practice guideline review, 28  
Lynch Syndrome, 29

## M

Macquarie Group Foundation, 9  
management and accountability, 36–41  
media engagement, 31  
Medical Oncology Group Australia, 9  
Minister for Health, 6, 16, 41  
ministerial coordination, 41  
Multi-site Collaborative National Cancer Clinical Trials  
    Groups, 25  
multidisciplinary care, 23  
*My Journey Kit*, 30

## N

National Accreditation Standards, BreastScreen Australia, 28  
National Breast and Ovarian Cancer Centre, amalgamation  
    with, 6, 22, 39  
National Breast Cancer Audit, 26  
National Breast Cancer Foundation, 25  
National Cancer Nursing Education Project (EdCaN), 24  
National Death Index, 26  
National Evaluation Framework for clinical trials, 25  
National Framework for Consumer Involvement in Cancer  
    Control, 8  
National Health and Medical Research Council, 22  
    service level agreement with, 18  
networks, 23  
non-government organisations, 24–5  
non-ongoing staff, 39  
notifiable incidents, 105  
nurses, education for, 24

## O

offices, 18  
oncologists, engagement with, 23  
ongoing staff, 39  
online information and resources, 24  
    breast cancer, 24, 27–8  
    for health professionals, 27–9  
    for the public, 29–31  
    gynaecological cancer, 28–9  
    lung cancer, 28  
    prostate cancer, 30

operational planning, 37  
organisational structure, 18  
outcome, 17  
Ovarian Cancer Awareness Month, 31  
Ovarian Cancer Program of NBOCC, 28  
ovarian cancer, 23, 28, 29  
overview, agency, 1–10

**P**  
parliamentary coordination, 41  
Parliamentary Breakfast Event, 31  
part-time staff, 39, 40  
partnerships, 7, 8, 24–5  
pay *see* remuneration  
performance against deliverables, 32–3  
Performance Development Programs, staff, 41  
performance report, 22–34  
performance pay, 41  
pilot programs, 26  
Pink Ribbon Breakfast, 31  
Plibersek, the Hon Tanya MP, 9  
portfolio overview, 16  
priorities, 6, 24–5  
procurement, 36, 38, 101, 103  
professional development, health, 24  
programs, 17  
project progress reporting, 37  
prostate cancer, 30  
    dataset, 26  
Prostate Cancer Foundation of Australia, 25, 30  
Providing information and support to women with breast cancer, 29  
*Psychosexual care of women affected by gynaecological cancers*, 24  
psychosocial support, 27  
*Public Service Act 1999*, 16, 38  
publications, 8, 30 *see also* information; online information and resources  
published papers, 31  
purchasing, 103

**Q**  
Qstream, 24  
Queensland University of Technology, 24

**R**  
Ralph Lauren Pink Pony campaign, 9  
Reconciliation Action Plan, 41  
remuneration, 40  
    Senior Executive Service officers, 38  
report on performance, 22–34  
*Report to the Nation—Lung Cancer 2011*, 8, 26  
research, 24–5  
research grants, 24–5  
resource statement, 104  
resource table by outcome, 104  
resources *see* health professionals; information; publications; online information and resources

risk management, 22, 36  
risk tracking, 37  
role *see* functions and role  
Roxon, the Hon Nicola MP, 6  
Royal Australasian College of Surgeons, 26  
Royal Australian and New Zealand College of Obstetricians and Gynaecologists, 9  
Royal Australian and New Zealand College of Radiologists, 9  
Royal College of Nursing Australia, 9  
Royal College of Pathologists Australasia, 9  
rural, regional and remote areas, services, 23, 24

**S**  
salaries *see* remuneration  
schedule of administered commitments, 56  
scientific papers, 31  
secretariat services, provision of, 26  
Senate Committee for Community Affairs, 31  
senior management committees, 18–19, 37  
senior management team, meetings, 37  
service level agreements, 18  
sexuality issues, 30  
Shared care demonstration project, 7, 23  
social inclusion, 102  
social networking, 30  
spacing effect, 24  
Special Programs, 18  
staff, 39–41  
    classifications, 39–40  
    full-time, 39, 40  
    gender, 39  
    location, 39  
    number, 18, 39  
    part-time, 39, 40  
    training, 36  
    work health and safety, 105  
staging information, collection of, 26  
stakeholders, working with, 23, 26  
statement by Chief Executive Officer and Chief Financial Officer, 46  
states and territories, working with, 23  
statistical overviews, 26  
statistics summary, lung cancer, 31  
Stay in Touch program, 23  
Strategic Plan 2011–14, 6, 37  
structure *see* organisational structure  
Support for Cancer Clinical Trials program, 25  
*Supporting Cancer Clinical Trials in Australia Principles Document*, 25  
*Supporting people with cancer* Grant funding, 30  
Sydney Medical School, 24

**T**  
Teal Ribbon Day, 31  
templates and other tools for health professionals, 23  
tendering *see* procurement  
train-the-trainer workshops, 29  
training and development, staff, 36, 41  
training, for health professionals, 24

---

## U

USB for breast cancer information, 27

## V

Values and Code of Conduct, APS, 38

video communication technology, use of, 23

## W

website, iii

    redevelopment, 29

    visits, 29

*see also* online information and resources

Western Australia Cancer and Palliative Care Network, 26

work health and safety, 105

workforce *see* staff

workshops, 29

World Cancer Day, 31

## Y

youth, datasets for, 26

## Z

Zorbas, Dr Helen, 6–10, 18







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

All information in this publication is correct as at October 2012

AR16