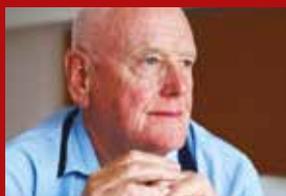




**Australian Government**  
**Cancer Australia**



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# Annual Report

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2012-2013



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# Annual Report

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2012-2013

## 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 24 June 2013.

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

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## Letter of transmittal

Dear Minister,

I am pleased to present the annual report of Cancer Australia for the year ended 30 June 2013.

This report has been prepared in accordance with the *Financial Management and Accountability Act 1997*, which requires that the report be tabled in Parliament. It reflects the Requirements for Annual Reports approved by the Joint Committee of Public Accounts and Audit under sections 63(2) and 70(2) of the *Public Service Act 1999*.

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

The report includes Cancer Australia's audited financial statements as required by section 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 2012–13.

Yours sincerely,

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

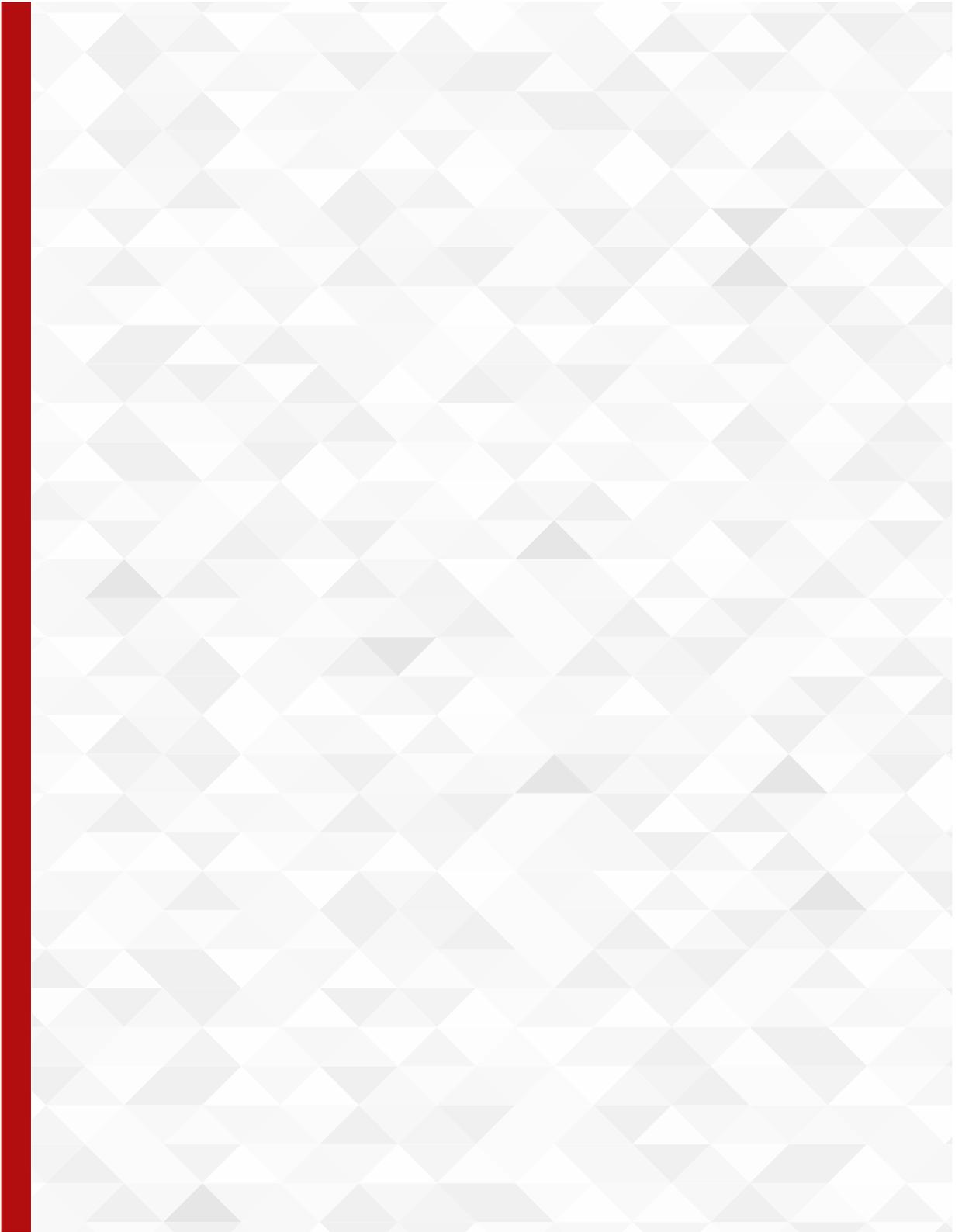
Professor Helen Zorbas AO  
Chief Executive Officer  
Cancer Australia

3 October 2013

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# 1 Overview

## Highlights and achievements

This section provides an overview of Cancer Australia's notable achievements in 2012–13.

### Health service delivery and clinical best practice

- ▶ Evaluated and extended the *Shared care demonstration project* to inform future delivery of a sustainable model of shared follow-up care for early breast cancer.
- ▶ Built and consolidated the evidence base to inform an optimal model of care and best practice approaches to the delivery of lung cancer care across Australia.
- ▶ Supported the uptake of best practice cancer care and delivery in Regional Cancer Centres by bringing together clinical leaders and senior administrators from across Australia.
- ▶ Continued to improve the psychosocial care of women diagnosed with breast cancer in regional and rural Australia through the *Stay in Touch* program.
- ▶ Undertook systematic reviews in four areas to inform the development of clinical practice guidelines for both early and advanced breast cancer.
- ▶ Developed an online resource to support health professionals initiate discussions on sexual wellbeing with breast cancer patients and their partners.
- ▶ Undertook a systematic review of the evidence about the use of first-line chemotherapy for women with epithelial ovarian cancer to inform revisions to the current guidelines.
- ▶ Developed and released guidance to general practitioners on the appropriate investigation and referral of people with symptoms that may be lung cancer.
- ▶ Updated the 2004 clinical practice guidelines for the prevention, diagnosis and management of lung cancer to support the uptake of best practice treatment of the disease.
- ▶ Completed two systematic reviews to inform topic-specific guidelines updating the guidelines for the psychosocial care of adults with cancer.
- ▶ Developed two innovative online breast cancer modules for health professionals in collaboration with the Australian College of Rural and Remote Medicine.
- ▶ Developed two new Qstream courses for health professionals in collaboration with the Workforce Education and Development Group at the University of Sydney.
- ▶ Conducted 'train the trainer' workshops for 73 Aboriginal and Torres Strait Islander Health Workers to facilitate culturally appropriate promotion of breast awareness and early detection messages of breast cancer.
- ▶ Provided grants to support Registered Training Organisations to deliver a breast cancer unit of competency to Aboriginal and Torres Strait Islander Health Workers.

### Priority research and national data reporting

- ▶ Progressed two national audits on cancer research activity in Australia to provide a comprehensive overview of cancer research investment nationally.
- ▶ Together with six funding partners, awarded 39 cancer research grants totalling \$10.9 million through the 2012 Priority-driven Collaborative Cancer Research Scheme (PdCCRS).
- ▶ Provided continued funding to Australia's 13 Multi-site Collaborative National Cancer Clinical Trials Groups.

- ▶ Completed two pilot projects aimed at developing and testing methodologies for the collection of data related to spread, treatment and recurrence of cancer in Australia.
- ▶ Continued to promote a nationally consistent approach to data collection through the ongoing development of a specific dataset in prostate cancer, in collaboration with Andrology Australia.
- ▶ Developed and published the first statistical report on gynaecological cancers in Australia, in partnership with the Australian Institute of Health and Welfare (AIHW).
- ▶ Developed and published companion *Reports to the Nation* for gynaecological cancers, as well as individual Reports for cervical, ovarian, uterine, vaginal and vulval cancer.
- ▶ Developed and published the statistical report *Breast cancer in Australia: an overview* in collaboration with AIHW.
- ▶ Developed and published the complementary summarised version, *Report to the nation—breast cancer*.
- ▶ Commenced development of a statistical overview of cancers in Aboriginal and Torres Strait Islander peoples with AIHW.
- ▶ Published nine original scientific papers in peer-reviewed literature.
- ▶ Developed a comprehensive scientific report of the risk factors for lung cancer to inform ongoing work in providing evidence-based lung cancer information to health professionals and consumers.
- ▶ Undertook quantitative and qualitative research on the impact of stigma and nihilism associated with lung cancer to improve treatment and support for those affected by the disease.

## Community access to cancer information

- ▶ Strengthened consumer engagement in cancer control through the release of online best practice consumer learning resources to support involvement in research and clinical trials; and practical tools to help cancer organisations engage effectively with consumers.
- ▶ Engaged over 100 consumers across all aspects of Cancer Australia's work to inform national efforts in cancer control.
- ▶ Consulted with Aboriginal and Torres Strait Islander organisations and communities to inform the development of resources and community activity for awareness of symptoms of lung cancer and referral.
- ▶ Continued to fund community organisations to develop evidence-based information and support for people affected by cancer through the *Supporting people with cancer* Grant initiative.
- ▶ Involved and supported over 1,400 Australians through *Supporting people with cancer* Grant initiative project activities.
- ▶ Contributed to the provision of evidence-based information and support for people affected by cancer through the development of six resources and six training modules funded by the *Supporting people with cancer* Grant initiative.
- ▶ Attracted over 40,000 monthly visitors to Cancer Australia's websites.
- ▶ Distributed almost 113,000 free hardcopy cancer resources to health professionals, consumers and the community.
- ▶ Continued to provide funding to Breast Cancer Network Australia to deliver a program of work aimed at supporting women in rural areas with breast cancer.

- ▶ Conducted 19 Well Women Workshops with 496 attendees to promote and encourage breast awareness and early detection in Aboriginal and Torres Strait Islander women.
- ▶ Developed a culturally appropriate navigational aid to inform and support Aboriginal and Torres Strait Islander women diagnosed with early breast cancer.
- ▶ Awarded 11 grants through Ralph Lauren Pink Pony Campaign scholarships to assist nurses and community health workers in regional and rural areas of Australia to expand their skills in caring for local women with breast cancer.
- ▶ Developed a resource to support women and their partners in understanding and addressing issues of intimacy and sexuality following the diagnosis and treatment of gynaecological cancer.
- ▶ Received 101 requests for expert comment and featured in 166 stories across all forms of media.
- ▶ Achieved an audience reach\* in excess of 10.7 million through media coverage of the 2012 Pink Ribbon Breakfast key awareness messages.
- ▶ Released two community audio-visual resources to increase community and consumer awareness of lung cancer and improve diagnosis and appropriate referral of patients during Lung Cancer Awareness Month.
- ▶ Attracted over 6,600 views of an online interactive quiz released during Ovarian Cancer Awareness Month to provide Australian women with information about the myths, risk factors and symptoms of ovarian cancer.
- ▶ Supported the international World Cancer Day initiative through the launch of two world-first online multimedia resources designed to increase the involvement of people affected by cancer in control efforts.
- ▶ Awarded two recipients the first Jeannie Ferris Cancer Australia Recognition Award to recognise their outstanding contributions to improving outcomes for women with gynaecological cancers.

\* Audience reach has been calculated using readership, listener and viewer data for media outlets

7

**systematic reviews completed**

to guide health professionals in delivering best practice cancer care



9

**original scientific papers**

published in peer-reviewed literature



National media coverage of the 2012 Pink Ribbon Breakfast key awareness messages achieved an **audience reach\* in excess of**

**10.7m**

73

**Aboriginal and Torres Strait Islander Health Workers**

attended 'train the trainer' workshops to facilitate culturally appropriate promotion of breast awareness and early detection messages for breast cancer



**6,600+**

**views of our Cancer Australia's online interactive quiz**

during Ovarian Cancer Awareness Month, providing Australian women with information about the myths, risk factors and symptoms of ovarian cancer



**40,000+**  
**monthly users**

visited Cancer Australia's websites



19

**Well Women Workshops**

conducted with 496 attendees promoting and encouraging breast awareness and early detection in Aboriginal and Torres Strait Islander women



39

**cancer research grants**

awarded through the Priority-driven Collaborative Cancer Research Scheme



**100+**  
**consumers**

engaged across all aspects of Cancer Australia's work



**58,000+**  
**visits**

to the *Cancer Learning* website



**almost**

**113,000**

**free hardcopy cancer resources**

distributed free of charge to health professionals, consumers and the community



**166**  
**stories**  
**mentioning**  
**Cancer Australia**  
featured across all forms of media



\* Audience reach has been calculated using readership, listener and viewer data for all media outlets



## Chief Executive Officer's review Professor Helen Zorbas AO

I am pleased to present the Cancer Australia Annual Report 2012–13 and to reflect on the achievements of the agency over the past year in minimising the impacts of cancer on the community.

Cancer Australia, as the Australian Government's national cancer control agency, continues to provide leadership in cancer control through collaboration and engagement with the cancer control sector. With a focus firmly on improving outcomes for Australians diagnosed with cancer, their families and carers, Cancer Australia has worked to improve health service delivery and clinical best practice, fund priority research, promote national consistency in data reporting, and empower a better informed community through access to evidence-based cancer information.

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 **"Cancer Australia continues to provide leadership in cancer control through collaboration and engagement with the cancer control sector."**

The outcomes achieved in these areas are set out in Part 4 of this Annual Report and information on Cancer Australia's management and accountability, including financial results, is provided in Part 5.

In 2012–13 the following two key project areas reached important milestones:

Cancer Australia completed two pilot projects investigating methodologies for the collection of data on cancer stage at diagnosis, treatments applied and frequency of recurrence—an acknowledged gap in our national cancer data. The pilot projects have demonstrated that it is feasible to identify, extract and transmit the information that will enable the assessment of cancer survival rates by cancer stage.

Following a review of the evidence and a study of current lung cancer service delivery in Australia, Cancer Australia held a national workshop with health service providers, health professionals and consumers to agree the principles and elements of best practice lung cancer care. The findings of this workshop will inform an optimal model of care for people with lung cancer that is nationally relevant and can be adapted to suit local service environments.

The agency looks forward to building on these achievements in lung cancer and cancer data into the future, having been provided with ongoing funding for these two important areas of our work in the 2013–14 budget.

Cancer Australia has established itself as a leader in promoting consumer involvement in cancer control, both nationally and internationally. In 2012–13, Cancer Australia launched two world-first online resources for consumer involvement. *Consumer Learning* aims to support consumer participation in cancer research and clinical trials, while the *Consumer Involvement Toolkit* provides information and resources for health services, health professionals and researchers to involve consumers in their work.

In 2012–13, over 100 consumers have been directly engaged across all aspects of Cancer Australia's work from the strategic level through to program delivery, providing their unique experience to inform our work.

While Australians experience among the highest cancer survival rates in the world, there are some groups of people in our community whose outcomes are poorer following a cancer diagnosis, including Aboriginal and Torres Strait Islander peoples and people living in regional, rural and remote areas of Australia.

A key aspect of the agency's work to support Aboriginal and Torres Strait Islander people with cancer includes providing culturally appropriate education and evidence-based information. In 2012–13, 73 Aboriginal and Torres Strait Islander Health Workers were trained to enable them to deliver culturally-appropriate breast awareness and early detection workshops in their local communities. In addition, 32 Aboriginal and Torres Strait Islander Health Workers received training in Cancer Australia's breast cancer unit of competency. Cancer Australia also developed a culturally appropriate navigational aid to inform and support Aboriginal and Torres Strait Islander women diagnosed with breast cancer.

---



**“A key aspect of the agency's work to support Aboriginal and Torres Strait Islander people with cancer includes providing culturally appropriate education and evidence-based information.”**

In 2012–13, Cancer Australia received funding for the three-year *Supporting Aboriginal and Torres Strait Islander People with Lung Cancer* project. This project will build on the agency's successful engagement approach and model in breast cancer, to raise awareness of lung cancer in Indigenous communities and support Aboriginal and Torres Strait Islander Health Workers caring for patients with lung cancer.

Cancer Australia greatly values the expert advice on the development and implementation of these projects provided by our Aboriginal and Torres Strait Islander Advisory Network.

Cancer Australia has also undertaken a comprehensive body of work to support Australians from regional and rural areas diagnosed with cancer. The *Stay in Touch* program, which is available at 14 sites nationally, enables women from rural areas to be in regular online contact with their families when receiving cancer treatment away from home. Cancer Australia also released two online learning modules on breast cancer for rural health professionals.

In November 2012, Cancer Australia held a forum for key personnel from over 20 Regional Cancer Centres to foster and promote the delivery of evidence-based cancer care in regional areas and to share innovative approaches and experiences. In response to an identified need, Cancer Australia developed an online information hub to provide information and resources that support the implementation

of multidisciplinary care in regional and metropolitan cancer centres.

The Priority-driven Collaborative Cancer Research Scheme (PdCCRS) continues to be a flagship for Cancer Australia, partnering with non-government organisations to coordinate and maximise investment in cancer research at a national level. In the 2012 round of funding, Cancer Australia and our six funding partners awarded more than \$10 million to 39 research projects. The PdCCRS research grants target priority areas such as cancer types and population groups with poorer outcomes. Our partnership with the National Health and Medical Research Council (NHMRC) in the quality assessment of grants is invaluable to this scheme.

In 2012–13, Cancer Australia continued to fund the 13 National Cooperative Cancer Clinical Trials Groups, supporting clinical trial development in Australia. The agency was also pleased to receive additional funding from the then Department of Health and Ageing over three years to continue support for clinical trials in the primary care setting and to establish a national service to support the development of clinical trial concepts focused on mutations common to several tumour streams.

In 2012–13, Cancer Australia continued to work collaboratively with the Australian Institute of Health and Welfare (AIHW), releasing the first national statistical report for gynaecological cancers and an updated national statistical report on breast cancer. Cancer Australia also contributed to the directions and focus of AIHW as a member of its National Centre for Monitoring Cancer.

During 2012–13, Cancer Australia extended its reach to enable broader access to its evidence-based information across all sectors. Cancer Australia launched its redeveloped website in September 2012 to provide a central hub for the community, consumers, health professionals, researchers and policy makers for evidence-based cancer information.

The agency also continues to explore new approaches to keeping health professionals up-to-date on evidence-based cancer care. In 2012–13, this included the development and pilot testing of two innovative online education Qstream courses for health professionals, in lung and breast cancer, in collaboration with the University of Sydney.

In 2012–13, Cancer Australia released 18 new resources to guide clinical practice and aid consumer decision making, including:

- ▶ *Starting the conversation: supporting sexual wellbeing for women with breast cancer and Investigating symptoms of lung cancer: a guide for GPs* for health professionals, and
- ▶ *Intimacy and sexuality for women with gynaecological cancer—starting a conversation* and the ‘Ovarian cancer, what do you know?’ quiz for consumers.

Engaging with our key stakeholders across the health and cancer sectors is vitally important to our ability to achieve improved cancer outcomes. The agency greatly values the contribution of our many stakeholders and the expert input and guidance they provide.

Cancer Australia’s *Shared care demonstration project* engaged specialists and general practitioners (GPs) in a new model of shared follow-up care for women with early breast cancer. Engagement with three new sites in 2012–13, together with two existing sites, will support further roll-out of this model of care to improve access for women and address the issues of capacity within the specialist workforce.

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 **“Engaging with our key stakeholders across the health and cancer sectors is vitally important to our ability to achieve improved cancer outcomes.”**

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We continued to work closely and productively with our government partners during 2012–13, most notably with the then Department of Health and Ageing, the Australian Institute of Health and Welfare and the National Health and Medical Research Council.

Cancer Australia's ministerially appointed Advisory Council continues to provide strategic advice, supporting the agency in delivering on its outcomes and objectives. I thank them for their outstanding contribution and commitment throughout the year. I extend a special thank you to Dr Bill Glasson AO, who resigned from his position as Chair of the Advisory Council during the year. Dr Glasson was Cancer Australia's foundation Chair since 2006 and I would like to acknowledge his commitment to Cancer Australia and thank him for his collaborative leadership and stewardship during this period. The Minister's appointment of Professor Jim Bishop as the new Chair of the Advisory Council was a most welcome announcement.

Australia's strategic and program advisory groups provide invaluable guidance to Cancer Australia about future priorities for the agency and emerging issues in cancer control. I thank all members of the Intercollegiate Advisory Group, the Information and Communication Advisory Group, the Research and Data Advisory Group, the Breast Cancer Advisory Group, the Gynaecological Cancers Advisory Group and the Lung Cancer Advisory Group for their contribution throughout the year. The Chairs of two of these groups, Professor Claire Jackson (Intercollegiate Advisory Group) and Professor Sanchia Aranda (Gynaecological Cancers Advisory Group) stepped down from their positions during 2012–13. I extend my special thanks to them for their leadership and guidance.

I would like to acknowledge our 2012 PdCCRS funding partners: Australian Rotary Health, Cancer Council Australia, Cancer Council NSW, Cure Cancer Australia Foundation, National

Breast Cancer Foundation, and Prostate Cancer Foundation of Australia. I also welcome our two new funding partners for 2013: Bowel Cancer Australia and The Kids' Cancer Project.

I would also like to thank the organisations that provided valuable support to Cancer Australia's work in breast cancer during 2012–13: Ralph Lauren for their funding of the Pink Pony campaign; and the supporters of the 2012 Pink Ribbon Breakfast, including Principal Supporter Macquarie Group Foundation, Jan Logan and Estee Lauder Companies.

Cancer Australia's work in providing information for health professionals in 2012–13 has been supported by the expert input of many health professionals and professional colleges, including the Australian College of Rural and Remote Medicine; Breast Surgeons of Australia and New Zealand; the Royal Australian College of General Practitioners; the Royal Australasian College of Surgeons; the Royal Australian and New Zealand College of Radiologists; and the University of Sydney's Workforce Education and Development Group.

In delivering on our cancer control efforts, I wish to acknowledge the many government and non-government organisations with whom we partnered and collaborated in 2012–13. I would also like to express my thanks to the members of the agency's various project steering committees, working groups and assessment panels for their contribution to the quality and integrity of Cancer Australia's work.

I would like to acknowledge the former Minister for Health, the Hon Tanya Plibersek MP, for her much valued support of Cancer Australia during the year.

I also acknowledge the support provided by the executive and staff of the then Department of Health and Ageing, who contributed significantly to Cancer Australia's successes throughout the year.

Finally, I would like to acknowledge the dedication and extraordinary efforts of the Cancer Australia staff in delivering our expansive body of work in 2012–13. Their commitment to the agency's vision to reduce the impact of cancer and improve the wellbeing of those affected by the disease is unwavering. Their efforts have resulted in the successful delivery of 60 projects and the publication of nine papers in peer-reviewed journals in 2012–13.

The new financial year marks the final year of Cancer Australia's current Strategic Plan. It is now timely to adopt a longer term view of the direction and focus for the Australian Government's national cancer control agency. I look forward to engaging with stakeholders from across the cancer control spectrum to inform the development of the Cancer Australia Strategic Plan 2014–2019.

## 2 Advisory Council Chair's review



## Advisory Council Chair's review Professor Jim Bishop AO

In 2012–13, the Cancer Australia Advisory Council (the Council) welcomed the opportunity to provide strategic advice to support the agency as it extended its impact and reach. During this period, the Council continued to support Cancer Australia's leadership role in cancer control and was pleased to recognise the delivery of strong program results throughout the year.

I would like to acknowledge the informed contribution of all Council members in this past reporting year. The combination of members' commitment as well as their breadth of skills and experience—including oncology, general practice, Indigenous health, consumer expertise, cancer research and academia—is invaluable to the Council's work.

In this past reporting year the Council provided strategic advice around the direction and focus of Cancer Australia's program of work, including stakeholder engagements and maximising

 **"The Cancer Australia Advisory Council... was pleased to recognise the delivery of strong program results throughout the year."**

partnerships with other government and non-government organisations both in Australia and internationally.

Council members contributed their practical knowledge, experience and insights to specific areas of focus for Cancer Australia in 2012–13, including:

- ▶ endorsement of the research priorities for the 2013–15 rounds of the Priority-driven Collaborative Cancer Research Scheme (PdCCRS)
- ▶ advising and supporting Cancer Australia's ongoing work in addressing gaps in national cancer data on cancer stage, treatments and recurrence
- ▶ supporting the agency's foundational body of work in improving lung cancer outcomes and its continuation through the delivery of best practice care, lung cancer research and national reporting of lung cancer data, and
- ▶ endorsement of the two recipients of the inaugural Jeannie Ferris Cancer Australia Recognition Award.

In addition to their role on the Advisory Council, members are invited to contribute to the considerations of Cancer Australia's Strategic Advisory Groups. I note with gratitude this

further contribution of members' 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.

I would also like to express my thanks to members whose appointments have lapsed during 2012–13. The appointments of Dr Anne Atkinson and Ms Kathryn Crisell Probst concluded on 6 April 2013, and I thank them both for their commitment to the work of Cancer Australia and their considered input to the Council.

On behalf of all Council members, I would also like to express particular gratitude to the inaugural Chair, Dr Bill Glasson, who stepped down from the Council on 12 October 2012. Dr Glasson made an outstanding contribution to the Council and to the leadership role of Cancer Australia since its inception in 2006 and shepherded the successful amalgamation with National Breast and Ovarian Cancer Centre in 2011.

The Council also thanks the former Minister for Health, the Hon Tanya Plibersek MP, for her support for cancer initiatives and interest in the work and achievements of Cancer Australia during 2012–13. We also thank and acknowledge the support of the Secretary, Chief Medical Officer and senior executives from the then Department of Health and Ageing.

I would also like to acknowledge the highly professional expertise of the Cancer Australia Chief Executive Officer, Professor Helen Zorbas, and her staff, who have taken a strategic approach to program implementation. They have shown great skill in engaging with the cancer professional community, those affected by cancer, consumers and carers to inform stakeholders, obtain expert advice and develop and implement key programs to improve the outcomes for cancer patients.

The Council looks forward to contributing further to the leadership role of Cancer Australia in 2013–14.

## **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'. As at 30 June 2013, it comprises 10 members, as appointed by the Minister for Health.

### *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:

Professor Jim Bishop AO (Chair)

Professor Sanchia Aranda

Associate Professor Jacinta Elston

Professor Don Iverson

Dr Liz Kenny

Mr Michael Milton OAM

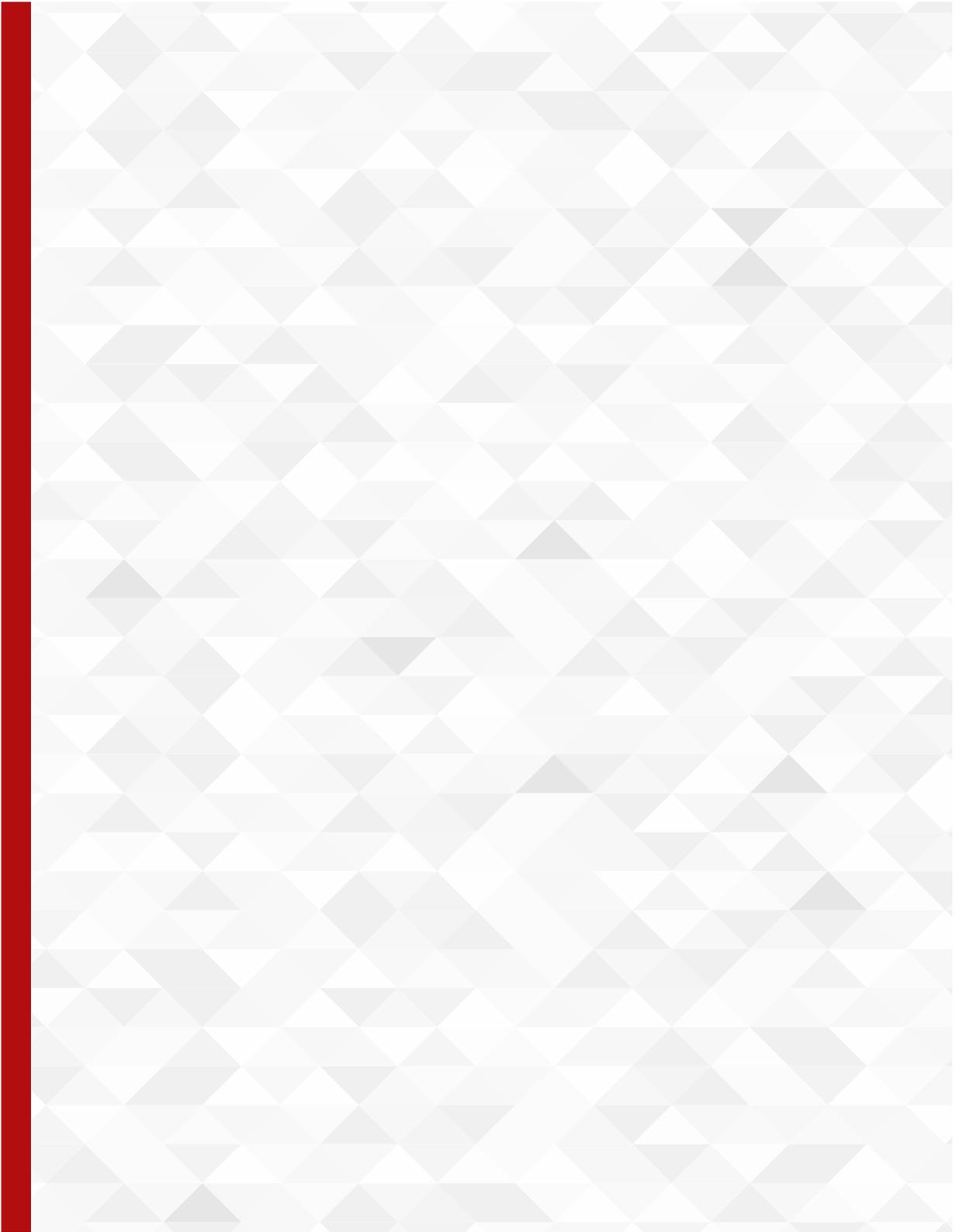
Professor Ian Olver AM

Professor Christobel Saunders

Ms Lyn Swinburne AM

Dr Julie Thompson

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



## 3 About Cancer Australia



## About Cancer Australia

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

While Australia has one of the highest survival rates in the world,<sup>1</sup> cancer is the largest contributor to the burden of disease and injury in Australia, accounting for 19 per cent of the total burden.<sup>2</sup> For the individuals affected, cancer can impact on every aspect of life, including long-term health and psychological wellbeing.

In 2012–13, Cancer Australia continued to provide leadership across all cancers, with a particular 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 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 that experience poorer health outcomes, including Aboriginal and Torres Strait Islander peoples and people living in more remote areas of Australia.

<sup>1</sup> Australian Institute of Health and Welfare & Australasian Association of Cancer Registries, 2010. *Cancer in Australia: an overview*. Cancer series no. 60. Cat. no. CAN56. AIHW, Canberra.

<sup>2</sup> Burden of disease is the years of healthy life lost through premature death or disability due to illness or injury. Eighty-three per cent of the cancer burden comes from the years of life lost due to premature death.

## 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
- ▶ 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.

## 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 2012–13 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 by working in partnership with consumers, health professionals and the professional colleges, researchers and research funding bodies, non-government cancer and health organisations, 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 2012–13 is available at: [www.health.gov.au/internet/budget/publishing.nsf/content/2012-13\\_Health\\_PBS\\_sup3/\\$File/4.07\\_CA.pdf](http://www.health.gov.au/internet/budget/publishing.nsf/content/2012-13_Health_PBS_sup3/$File/4.07_CA.pdf)

## Organisational structure

Cancer Australia's structure is outlined in figure 3.1. The organisation is led by the CEO, Professor Helen Zorbas. Professor 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; General Manager Programs, Mr Paul Cramer, 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:

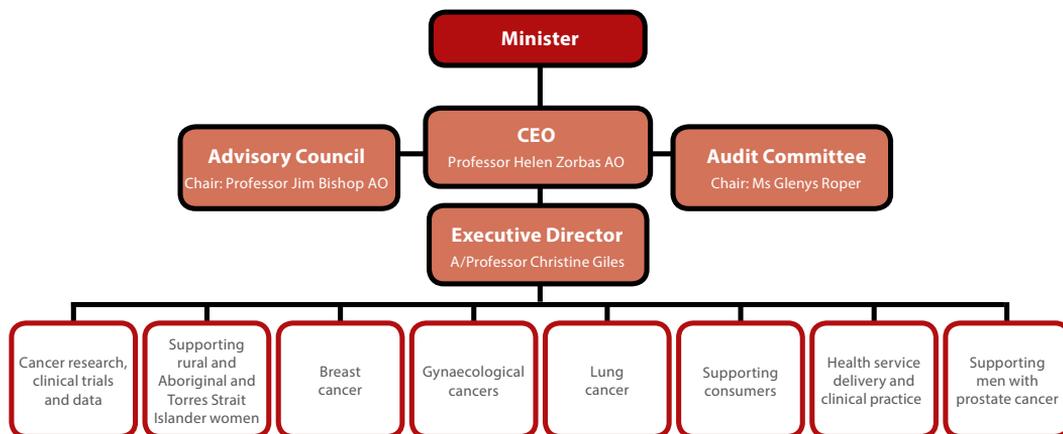
- ▶ Knowledge Management: Research, clinical trials, data, evidence review—Dr Cleola Anderiesz
- ▶ Health Service Delivery and Clinical Practice, Lung Cancer and Supporting Consumers—Ms Sue Sinclair
- ▶ Special Programs: Breast and gynaecological cancers, Indigenous and rural—Mr Paul Cramer
- ▶ Health Promotion and Communication—Ms Jane Salisbury
- ▶ Corporate Affairs—Mr Bill Northcote.

At 30 June 2013 Cancer Australia had 68 employees, of whom 56 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).

Cancer Australia's head office is located in Sydney. In 2012–13 the agency also continued its shared accommodation and service level agreement with the National Health and Medical Research Council (NHMRC) for specified transactional corporate services in the Canberra and Melbourne offices.

**Figure 3.1 Cancer Australia's structure at 30 June 2013**



### 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 10 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 are Ms Glenys Roper (Chair), Mr Sean Van Gorp, and Cancer

Australia's Executive Director, Associate Professor Christine Giles. The term of long standing member, Ms Di Fielding, ended in September 2012. Mr Van Gorp was appointed to the committee on 20 November 2012.

### Advisory Groups

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



Cancer Australia staff

## 4 Report on performance

## Report on performance

In 2012–13, Cancer Australia continued its work to minimise impacts of cancer, including through national leadership in cancer control with targeted research, cancer service development, education and consumer support.<sup>3</sup>

As the Australian Government's national cancer control agency, Cancer Australia works to improve outcomes for Australians diagnosed with cancer, their families and carers, by working across all cancers, with a particular focus on breast, gynaecological and lung cancers. Cancer Australia is also committed to improving the poorer cancer outcomes experienced by some population groups, including Aboriginal and Torres Strait Islander peoples and people living in more remote areas of Australia.

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 **Cancer Australia works to improve outcomes for Australians diagnosed with cancer, their families and carers, by working across all cancers, with a particular focus on breast, gynaecological and lung cancers.**

Through a diverse program of work in 2012–13, the Australian Government, through Cancer Australia, aimed to:

- ▶ provide leadership in health service delivery and clinical best practice
- ▶ fund priority research and promote national data reporting, and
- ▶ improve community access to cancer information.

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<sup>3</sup> Agency Budget Statements—[www.health.gov.au](http://www.health.gov.au)

This section outlines the main activities of Cancer Australia during 2012–13, and reports on performance against the deliverables and key performance indicators set out in the Cancer Australia Agency Budget Statement.

Central to the agency's success in reducing the impact of cancer in the community is continued engagement across the cancer control sector. In 2012–13, Cancer Australia worked closely with the Department of Health and Ageing, and collaborated with the Australian Institute of Health and Welfare (AIHW) and the National Health and Medical Research Council (NHMRC), on specific cancer control activities of joint interest and responsibility. Cancer Australia has also further strengthened strategic relationships with other important stakeholders, including people affected by cancer and consumer groups, health professionals and the relevant professional colleges, non-government cancer and health organisations, researchers and research funding bodies, and governments.

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

Tables 4.1, 4.2, 4.3 and 4.4 set out the agency's performance against quantitative and qualitative deliverables and key performance indicators for 2012–13.

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

## Health service delivery and clinical best practice

Cancer Australia is committed to promoting evidence-based diagnosis, treatment and supportive care for all Australians diagnosed with cancer. To achieve this, Cancer Australia utilises the best available evidence to investigate new models of care designed to meet the needs of Australia's healthcare system and translates national and international research into information and resources to guide health professionals in the delivery of best practice care.

### Innovative delivery of cancer care

In 2012–13, Cancer Australia continued to assess shared follow-up care between specialists and general practitioners for women with early breast cancer to improve access to follow-up care for women and to address issues of capacity within the specialist workforce. The *Shared care demonstration project* found shared follow-up care for early breast cancer to be feasible and acceptable to both patients and health professionals. To support the roll-out of the shared follow-up care model, Cancer Australia engaged three new sites and two existing sites in 2012–13 to further implement and evaluate shared follow-up care over a two-year period.

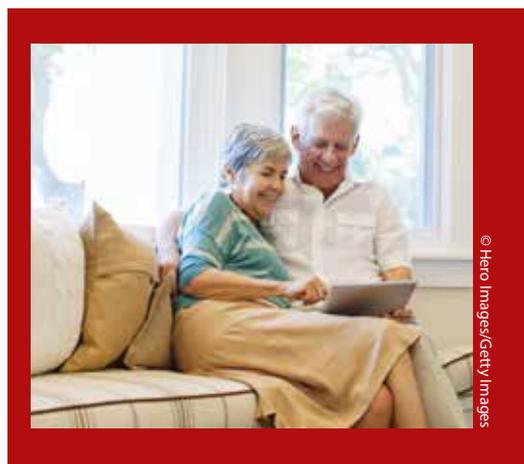
With Australians diagnosed with lung cancer experiencing significantly poorer survival compared with most other cancers, Cancer Australia progressed its work to develop an optimal model of care for the treatment of lung cancer to improve outcomes. In 2012–13, Cancer Australia convened a national workshop with clinical leaders, consumers, researchers and service delivery experts to define the principles and key elements of best practice lung cancer care relevant to Australia and applicable to local services. This workshop was informed by a systematic literature review and the mapping of current lung cancer service delivery in Australia, as well as comprehensive consultation with consumers, health professionals and healthcare services.

## Supporting evidence-based care for regional and rural Australians

To support the uptake of best practice care in regional areas, Cancer Australia brought together directors and clinical leaders from the Regional Cancer Centres funded through the Health and Hospitals Fund, consumers and jurisdictional representatives at a national Forum in November 2012. The Forum contributed to the strengthening of relationships between Regional Cancer Centre providers and identified a number of themes for the delivery of best practice care in regional and rural areas.

In addition, Cancer Australia commenced development of an online Multidisciplinary Care Information Hub. The Hub will provide a single point of access to tailored, evidence-based information and resources for health professionals in regional and metropolitan centres, to assist in the implementation of multidisciplinary care.

The *Stay in Touch* program, available in 14 sites nationally, continued to assist women from rural and regional areas to maintain contact with their families when travelling away from home for radiation therapy treatment. The program uses online Skype video communication technology and since July 2011, Cancer Australia has helped women and their families to connect through the provision of laptops and access to broadband internet.



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## Leadership in clinical best practice

In 2012–13, Cancer Australia continued to develop clinical practice guidance to assist health professional decision making, guide best practice and to ensure that the latest evidence informs clinical care. Cancer Australia's work in the development of clinical practice guidance resources and learning and educational support is informed through multidisciplinary input from health professionals and consumers.

### Breast cancer

In 2012–13, Cancer Australia completed systematic reviews to inform the development of clinical practice guidance in the following areas:

- ▶ management of central nervous system metastases in women with secondary breast cancer
- ▶ management of women with breast cancer with an identified BRCA1 or BRCA2 gene mutation or at high risk of having a gene mutation predisposing to breast cancer
- ▶ management of menopausal symptoms and fertility issues in younger women with breast cancer, and
- ▶ management of women with lobular carcinoma in situ.

Cancer Australia also released the resource *Starting the conversation: supporting sexual wellbeing for women with breast cancer* to support health professionals to initiate discussions on sexual wellbeing with breast cancer patients and their partners.

### Gynaecological cancers

Cancer Australia undertook systematic reviews in three areas in gynaecological cancers to inform the development of evidence-based guidance for health professionals:

- ▶ use of first-line chemotherapy for women with epithelial ovarian cancer
- ▶ use of sentinel node biopsy in early-stage cancer of the vulva, and
- ▶ management of women with stage IB2 cervical cancer.

### Lung cancer

To facilitate effective assessment and appropriate referral of lung cancer patients, Cancer Australia released *Investigating symptoms of lung cancer: a guide for GPs*. The guide is endorsed by the Royal Australian College of General Practitioners and aims to enhance awareness of risk factors, signs and symptoms of lung cancer and to provide GPs with up-to-date evidence. An associated report, *Evidence relevant to the guide for the investigation of symptoms of lung cancer*, was also released.

Commissioned and co-funded by Cancer Australia, the *Clinical Practice Guidelines for the Treatment of Lung Cancer* were updated by

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**▶ In 2012-13, Cancer Australia continued to develop clinical practice guidance to assist health professional decision making, guide best practice and to ensure that the latest evidence informs clinical care.**

Cancer Council Australia and include revisions of the treatment section of the 2004 *Clinical practice guidelines for the prevention, diagnosis and management of lung cancer*. The new guidelines have been published in an online 'wiki' format to allow editing and updating by expert committees as new evidence becomes available.

### Psychosocial care of adults with cancer

In 2012–13, Cancer Australia completed two systematic reviews of the evidence to inform the development of topic-specific updates to the clinical practice guidelines for the psychosocial care of adults with cancer. Informed by these reviews, clinical practice guidelines in the following areas are in development:

- ▶ suffering and spiritual issues in the cancer context and
- ▶ cancer wellness Issues.

### Online education resources to support best practice

Cancer Australia delivered two breast cancer online modules in collaboration with the Australian College of Rural and Remote Medicine (ACRRM) in 2012–13 to provide rural health professionals with access to up-to-date information on the treatment and care of patients with breast cancer. The first module, *Breast cancer in the family—what does it mean?*, addresses the importance of assessing a family history of breast cancer and identifies risk-reducing strategies for women who are found to be at increased risk. The second module, *The younger woman with breast cancer—what do I need to know?*, addresses the appropriate investigation and management of the younger woman presenting with a breast symptom, the physical and psychosocial issues relevant to a younger woman with early breast cancer, and appropriate treatment and follow-up care.

In 2012–13, Cancer Australia collaborated with the University of Sydney's Workforce Education and Development Group to evaluate an online education platform called Qstream. Qstream

is designed to allow learners and teachers to harness the educational benefits of the 'spaced education' method. Cancer Australia developed and pilot tested two Qstream courses during the year on breast cancer and lung cancer.

Cancer Australia's online learning hub for health professionals, *Cancer Learning*, continued to provide accessible evidence-based information, learning activities and resources to support the uptake of best practice care. At 30 June 2013, the *Cancer Learning* website had over 2,550 registered users and had received over 58,000 unique visits during 2012–13.

### Supporting Aboriginal and Torres Strait Islander people with cancer

Cancer Australia provided grants and support to organisations and health workers across the country to promote breast awareness and early detection of breast cancer among Aboriginal and Torres Strait Islander women through locally-run workshops. In 2012–13, 73 Aboriginal and Torres Strait Islander Health Workers attended 'train the trainer' sessions to enable them to deliver culturally appropriate Well Women Workshops in their local communities.

In addition, grants were provided to support Registered Training Organisations in Alice Springs, Broome and Bundaberg to deliver a breast cancer unit of competency to Aboriginal and Torres Strait Islander Health Workers undertaking the Aboriginal and Torres Strait Islander Primary Health Care qualification. Through this initiative, 32 Indigenous Health Workers received training to provide information and support to Aboriginal and Torres Strait Islander women with breast cancer. To facilitate the implementation of the unit, Cancer Australia released a suite of training resources for Aboriginal and Torres Strait Islander Health Workers, including a *Learner's Resource* handbook, a *Learner's Guide* with activities and assessments for consumers, a *Facilitator's Guide* and a *Training Resources* CD.

In 2012–13, Cancer Australia received funding from the Department of Health and Ageing over three years (to 2014–15) for the *Supporting Aboriginal and Torres Strait Islander people with lung cancer and their communities* project. The project aims to improve lung cancer outcomes experienced by Aboriginal and Torres Strait Islander peoples by:

- ▶ delivering lung cancer key messages and providing information about care and support in a culturally appropriate manner, and
- ▶ providing Aboriginal and Torres Strait Islander health workers with access to information about evidence-based lung cancer care.

## Priority research and national data reporting

Data and research play an integral role in ensuring cancer control activities are evidence-based, providing the scientific basis to advance prevention, early detection, treatment and supportive care, education and service delivery.

In 2012–13, Cancer Australia progressed two national audits on cancer research activity in Australia from 2006 to 2011, which will provide a comprehensive overview of cancer research investment nationally. The first audit covers direct funding to cancer research by different tumour types, the type of research conducted (from basic biology through to cancer survivorship), the geographical location of the



George Phemyan/Getty Images

## In 2012-13, Cancer Australia progressed two national audits on cancer research activity in Australia.

research, the extent of collaboration, and the funding sectors that support cancer research. The second audit reviews direct funding to cancer research support, specifically people support and infrastructure.

The national audits will inform Cancer Australia's research priorities in the Priority-driven Collaborative Cancer Research Scheme (PdCCRS) and provide the wider cancer control sector with vital information on the allocation of cancer research funding in Australia. Both audit reports are planned for release in 2013–14.

In 2012–13, Cancer Australia continued to provide secretariat support to quarterly meetings of the BreastScreen Australia National Quality Management Committee (NQMC). In addition, Cancer Australia analysed accreditation data submitted to the NQMC from 2003 to 2011 to inform a review of BreastScreen Australia's National Accreditation Standards. Further in-depth analyses were also undertaken in areas of service performance and delivered to NQMC.

## Priority-driven Collaborative Cancer Research Scheme

In 2012–13, Cancer Australia and its funding partners awarded 39 cancer research grants in priority areas through the PdCCRS. Twenty-four of these grants were funded or co-funded by Cancer Australia and 80 per cent of funding awarded by Cancer Australia supported applied cancer research.

The PdCCRS provides for a national collaborative approach to help coordinate funding of cancer research in priority areas to maximise investment.

For the 2012 round of the PdCCRS, Cancer Australia's research priorities included research projects in the following areas:

- ▶ prevention and early detection of cancer
- ▶ application of emerging treatments or technologies
- ▶ multidisciplinary approaches to treatment and care
- ▶ populations with poorer outcomes such as Aboriginal and Torres Strait Islander peoples
- ▶ translation or implementation of research, and
- ▶ cancers with high burdens of disease and mortality such as colon and rectum, lung, pancreas and stomach cancers, cancers of unknown primary, and lymphoma.

In 2012, Cancer Australia partnered with six non-government organisations to co-fund grants in shared priority areas: Australian Rotary Health, Cancer Council Australia, Cancer Council NSW, Cure Cancer Australia Foundation, National Breast Cancer Foundation, and Prostate Cancer Foundation of Australia.

Cancer Australia also partnered with NHMRC to assess the research applications.

## Cancer Clinical Trials Program

In 2012–13, Cancer Australia continued to administer the Support for Cancer Clinical Trials program, providing funding to Australia's 13 Multi-site Collaborative National Cancer Clinical Trials Groups, namely:

- ▶ Australasian Gastro-Intestinal Trials Group
- ▶ Australasian Leukaemia and Lymphoma Group
- ▶ Australasian Lung Cancer Trials Group
- ▶ Australia and New Zealand Melanoma Trials Group
- ▶ Australia New Zealand Gynaecological Oncology Group

- ▶ Australian and New Zealand Children's Haematology and Oncology Group
- ▶ Australian and New Zealand Urogenital and Prostate Cancer Trials Group
- ▶ Australian New Zealand Breast Cancer Trials Group
- ▶ Australasian Sarcoma Study Group
- ▶ Cooperative Trials Group for Neuro-Oncology
- ▶ Primary Care Collaborative Cancer Clinical Trials Group
- ▶ Psycho-Oncology Co-operative Research Group, and
- ▶ Trans-Tasman Radiation Oncology Group.

Cancer Australia also continued to support the national cancer clinical trials groups through funding for national technical services to assist groups to include economic measures in trials and with secretariat requirements. The Cancer Australia Chair in Quality of Life, Professor Madeleine King at the University of Sydney, assisted the groups to incorporate quality-of-life measures into their clinical trials.

## National data reporting

### Strengthening national cancer data

The absence of national data on cancer stage at diagnosis, treatments applied and frequency of recurrence is an identified gap in national cancer data.<sup>4</sup> Comparisons of national staging, treatment and outcomes data can be used to understand the variability in stage at diagnosis and treatments received, and subsequent impact on survival across Australia.

In 2012–13, Cancer Australia completed two pilot projects to develop and test methodologies for the collection of data related to spread, treatment and recurrence of cancer. The Western Australia Cancer and Palliative Care Network

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4 AIHW 2012. Australia's health 2012. Australia's Health no. 13. Cat. no. AUS 156. AIHW, Canberra.

employed a clinical management system for collecting data on stage, with an emphasis on metastases, recurrences and treatment in Western Australia.

Cancer Council Victoria completed a complementary project trialling the use of electronic data acquisition technology to collect data on stage from source records

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 **In September 2012, Cancer Australia and AIHW released the first national statistical report on gynaecological cancers in Australia.**

such as imaging studies, laboratory tests and endoscopic staging procedures.

These pilot projects provide the foundation to extend the collection of this data nationally, which would enable documentation of cancer stage by cancer registries, examination of survival and patterns of care by stage and comparison with international benchmarks.

In 2012–13, Cancer Australia continued its work to promote a nationally consistent approach to data collection with the ongoing development of a specific dataset in prostate cancer in collaboration with Andrology Australia. This dataset specification is currently being pilot tested in Western Australia, New South Wales and South Australia to determine the collectability of the proposed data items at the point of clinical care. Over time this dataset will help improve the availability of information on prostate cancer national trends, identify gaps in care, and ultimately inform better policy and practice.

## National statistical reports

Cancer Australia worked with the AIHW in 2012–13 to publish comprehensive statistical overviews on cancer.

In September 2012, Cancer Australia and AIHW released *Gynaecological cancers in Australia: an overview*, which is the first national statistical report on gynaecological cancers in Australia, covering cervical, ovarian, uterine, vaginal and vulval cancers. Accompanying online resources—*Report to the nation—gynaecological cancers*, and individual Reports for cervical, ovarian, uterine, vaginal and vulval cancer—were developed to provide an easy-to-use overview for a lay audience, including consumers and media.

During Breast Cancer Awareness Month in October 2012, Cancer Australia and AIHW launched *Breast cancer in Australia: an overview*. This was released with a complementary summarised version, *Report to the nation—breast cancer 2012*, to ensure the accessibility of key statistical information for the wider community.

Development of the first national statistical overview of cancers in Aboriginal and Torres Strait Islander peoples was commenced by Cancer Australia and AIHW in 2012–13. The final report is planned for release in 2013–14.

## Contributing to the national and international evidence base

Cancer Australia continued its work in collaboration with Breast Surgeons of Australia and New Zealand and the Royal Australasian College of Surgeons to explore the National Breast Cancer Audit data. The work in 2012–13 explored the epidemiological features of treatment by mastectomy as opposed to breast-conserving surgery; risk factors for poorer breast cancer outcomes in women living in regional and rural areas and women of lower socio-economic status; and factors predictive of immediate breast reconstruction.

Nine papers were published by Cancer Australia authors in peer-reviewed publications in 2012–13, with one additional article accepted for publication. These covered a wide range of topics and included an investigation of patient, cancer and treatment characteristics in females with breast cancer from regional and rural areas of Australia; a population-based study of patterns of chemotherapy treatment for women with invasive epithelial ovarian cancer; and an analysis of early invasive breast cancer data in Australia by surgeon case load, treatment centre location, and health insurance status.

In 2012–13, Cancer Australia completed a systematic review of national and international literature on risk factors for lung cancer to inform a comprehensive scientific report. The report—which includes risk factors in the areas of lifestyle and environmental risk, occupational risk and family history, as well as factors that do not increase risk—will inform evidence-based lung cancer information for health professionals and consumers.

There is growing evidence to suggest that stigma is contributing to psychological distress for patients following a diagnosis of lung cancer. A systematic review of evidence undertaken in collaboration with Cancer Council Queensland in 2011–12 found that lung cancer patients, more so than those with other cancers, may feel stigmatised by their disease, which may increase feelings of distress about the cancer and lead to delays in seeking treatment. The outcomes of this work, which explores the impact of stigma and nihilism on lung cancer, will be published in 2013–14.

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 **Cancer Australia is committed to harnessing the valuable expertise of consumers to inform its activities.**

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## Community access to cancer information

A key area of focus for Cancer Australia is the provision of evidence-based information to the community about risk, prevention and early detection, and to those affected by cancer about evidence-based treatment and care.

## Consumer and community engagement

Cancer Australia values the integral role of consumers in patient-centred cancer control and is committed to harnessing the valuable expertise of consumers to inform its activities. The agency has strengthened opportunities to bring consumers together with all other stakeholders, including policy makers, health professionals and researchers, to provide advice and input across all activities from policy and strategy through to program delivery.

In 2012–13, over 100 consumers were involved in Cancer Australia activities, including representation on the agency's Advisory Council; strategic advisory groups; program and project advisory, working and reference groups; steering committees; assessment panels; and grant review panels. Cancer Australia engaged people affected by cancer from across Australia, including involvement from Aboriginal and Torres Strait Islander communities, regional and rural Australians, and people from culturally and linguistically diverse backgrounds.

A highlight during the year was the Consumer Engagement Roundtable held in June 2013, bringing together consumers involved in Cancer Australia's work to consider ways the agency can continue to support consumer engagement and the integration of consumers in its activities.

## Information and support for people affected by cancer

### **Supporting people with cancer Grant initiative**

Through the *Supporting people with cancer* Grant initiative, Cancer Australia continued to fund community organisations to develop evidence-based information resources and support services for Australians diagnosed with cancer. The grants supported projects targeting Cancer Australia's priorities for the initiative, including Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse populations and population groups with poorer outcomes.

Thirteen grants were funded under the 2012 Grant initiative round, resulting in over 1,400 people being involved in and supported by the Grant initiative projects in the past year. Funded activities include workshops, forums, information days and focus group symposiums, many of which were conducted in regional and rural areas. Six resources were developed, including a DVD that was widely disseminated and converted to a YouTube video to promote awareness of lung cancer symptoms to Aboriginal and Torres Strait Islander peoples. Additionally, six training modules were developed and/or delivered, contributing

significantly to the provision of quality, sustainable resources and support for people affected by cancer.

### **Providing accessible, evidence-based information for the community**

In 2012–13, the agency launched a redeveloped website, combining the Cancer Australia websites and information previously hosted on the National Breast and Ovarian Cancer Centre website into one central knowledge hub. The site has been rebranded and acts as a portal providing continued access to over 2,000 pages of evidence-based information across all cancers for the community, health professionals, researchers, policy makers and people affected by cancer.

Key features of the new website include an enhanced publications library, improved navigation and compatibility with mobile and new media technology. The website has been developed in accordance with the Australian Government's Website Accessibility Guidelines, which set a course for a more accessible and usable web environment that will more fully engage with, and allow participation from, all people within our society. Since its launch in September 2012, website traffic averaged over 40,000 visits per month.

As well as providing access to evidence-based information through its websites, Cancer Australia continued to meet the demonstrated information needs of consumers, health professionals and the community for hardcopy cancer resources. In 2012–13, almost 113,000 hardcopy resources were disseminated free of charge, with over 94,000 of these being consumer and general awareness resources.

### **Support for women with breast cancer**

An online breast reconstruction resource has been developed in collaboration with a research team at the University of Sydney and Breast Cancer Network Australia (BCNA) to provide comprehensive information for



women considering breast reconstruction following a mastectomy. The resource, to be released in 2013–14 and accessible through the Cancer Australia website, will provide valuable information for health professionals providing care and support to women following a diagnosis of breast cancer and women at high risk of breast cancer.

Cancer Australia continued to provide funding to BCNA to deliver a program of work to support women in rural areas with breast cancer. This program addresses the needs of breast cancer survivors and their families through information forums, providing access to online peer support, training BCNA Community Liaison Officers and supporting BCNA member groups. Since the program's inception in July 2011, almost 2,500 people have attended regional information forums and over 8,300 members have accessed online peer support.

Cancer Australia also contributes funding to BCNA for the distribution of the *My Journey Kit*, for women diagnosed with early breast cancer, and the *Hope and Hurdles* pack, for women with secondary breast cancer. In addition, the agency provided evidence-based audio and print resources for inclusion in both packs.

To promote and encourage breast awareness and early detection of breast cancer in Aboriginal and Torres Strait Islander women, Cancer Australia funded 19 national Well Women Workshops during 2012–13. A total of 496 Aboriginal and Torres Strait Islander women attended the workshops, and 90 per cent of participants indicated that they would change their behaviour to reduce their risk of developing breast cancer.

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 **A total of 494 Aboriginal and Torres Strait Islander women attended national Well Women Workshops during 2012-13.**

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A culturally appropriate navigational aid was developed by Cancer Australia in 2012–13 to inform and support Aboriginal and Torres Strait Islander women with early breast cancer. The resource, *My breast cancer journey: a guide for Aboriginal and Torres Strait Islander women*, outlines the early breast cancer care pathway, including information on breast cancer treatment and where to find practical and supportive care. The resource will be released in early 2013–14.

The Ralph Lauren Pink Pony Campaign supports initiatives to improve access to quality information, support and services for women with breast cancer in regional and rural locations. Cancer Australia continued to administer Ralph Lauren Pink Pony Campaign scholarships, which are available to regional nurses and community health workers to expand their skills in caring for local women with breast cancer. In 2012–13, 11 grants were awarded and, to date, more than 210 nurses and community healthcare workers from regional and rural areas of Australia have received scholarship funding through the Campaign.

### **Support for women with gynaecological cancers**

In 2012–13, Cancer Australia released a new resource to support women and their partners in understanding and addressing issues of intimacy and sexuality following the diagnosis and

treatment of gynaecological cancer. *Intimacy and sexuality for women with gynaecological cancer—starting a conversation* aims to empower women to ask questions they may have relating to issues of intimacy and sexuality and provides reference to additional information and support.

Cancer Australia commenced a review and revision of consumer information about endometrial cancer, cervical cancer and uterine sarcoma, with input from a multidisciplinary working group that includes consumer representation. The information, which covers aspects from risk factors and diagnosis to treatment options, side effects and prognosis, will be made available on the Cancer Australia website and through online 'key fact' sheets.

The agency also commissioned a systematic review of the evidence about risk factors for endometrial cancer, the most common invasive gynaecological cancer in Australia, to support the development of key messages for women affected by endometrial cancer.

### **Support for men with prostate cancer**

The Australian Government, through Cancer Australia, is providing funding over three years (2011–14) to the Prostate Cancer Foundation of Australia (PCFA) for the *Supporting men with prostate cancer* project. The project provides evidence-based information, resources and psychosocial support for men affected by prostate cancer and their families.

Since the project's inception in 2011, 41 support groups have been established across Australia, including groups that address the needs of specific population groups such as young men, gay and bisexual men, partners and carers of men with prostate cancer and men with advanced prostate cancer. A national evidence-based training handbook and modules for support group leaders have also been developed. In May 2013, 202 delegates from across Australia attended a national workshop providing training to support group leaders. Since October 2012, over 80 events have been

delivered by trained people, many of whom have firsthand experience of prostate cancer, through the project's Ambassador Program.

### **Improved reach of cancer messages**

In 2012–13, Cancer Australia continued to position itself as a source of trusted, evidence-based information on cancer, including new and emerging issues. During the year, the agency received 101 requests for expert comment and featured in 166 stories across all forms of media.

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### **Cancer Australia continued to position itself as a source of trusted, evidence-based information on cancer.**

Initiatives to promote consumer and community awareness around key health messages were promoted during peak periods of heightened community and media interest in Breast Cancer Awareness Month (October), Lung Cancer Awareness Month (November), Ovarian Cancer Awareness Month (February) and World Cancer Day (4 February).

Cancer Australia's 2012 Pink Ribbon Breakfast continued to be a flagship event, bringing together over 550 guests including Their Excellencies Ms Quentin Bryce AC, CVO, Governor-General of the Commonwealth of Australia and Mr Michael Bryce AM AE; the Hon Tanya Plibersek MP, the then Minister for Health, representing the then Prime Minister; and Senator Fierravanti-Wells, the then Shadow Minister for Ageing and Shadow Minister for Mental Health, representing the then Leader of the Opposition. National media coverage of the event's key messages around the evidence on lifestyle factors that can reduce risk of breast cancer recurrence achieved an audience reach in excess of 10.7 million.<sup>5</sup>

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<sup>5</sup> Audience reach has been calculated using readership, listener and viewer data for media outlets.

During Lung Cancer Awareness Month in November, Cancer Australia released *Investigating symptoms of lung cancer: a guide for GPs* to support the early assessment of people with symptoms of lung cancer and the timely referral to specialist multidisciplinary care. Cancer Australia also released two audio-visual resources to increase community and consumer awareness of lung cancer symptoms and the issues of stigma and nihilism associated with the diagnosis of lung cancer. Media coverage during the month had an audience reach of almost 600,000.<sup>6</sup>

During Ovarian Cancer Awareness Month in February, Cancer Australia released an online interactive quiz to provide Australian women with vital information about the myths, risk factors and symptoms of ovarian cancer. The quiz, 'Ovarian cancer—what do you know?', provides key messages in an accessible and engaging format and can be easily shared among women, particularly through social media. It is available through Cancer Australia's dedicated YouTube channel and, at 30 June 2013, had received over 6,600 views. Media coverage of the quiz achieved an audience reach of over 600,000.<sup>7</sup>

Cancer Australia supported the Union for International Cancer Control (UICC) World Cancer Day initiative on 4 February 2013, which aims to reduce the worldwide burden of cancer. To mark the day, Cancer Australia launched two world-first online multimedia resources designed to increase the involvement of people affected by cancer in control efforts. The Consumer Learning website contains short online learning modules and video presentations to guide consumers who wish to participate in clinical trials and research. The Consumer Involvement Toolkit comprises multimedia resources tailored to specific audiences, including 90 practical tools and case studies, to assist health services, researchers

and policy makers to involve consumers in their cancer control activities.

In June 2013, the then Minister for Health announced two recipients of the first Jeannie Ferris Cancer Australia Recognition Award for outstanding contributions to improving outcomes for women with gynaecological cancers:

- ▶ Mr Simon Lee in the category of individuals with a personal experience of gynaecological cancers, and
- ▶ Professor Neville Hacker AM in the category of health professionals and researchers who work in the area of gynaecological cancers.

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

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 **In June 2013, the first Jeannie Ferris Cancer Australia Recognition Awards for outstanding contributions to improving outcomes for women with gynaecological cancers were announced.**

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<sup>6</sup> Ibid

<sup>7</sup> Ibid

## Deliverables and key performance indicators

The Australian Government's priority areas for Cancer Australia in 2012–13—including deliverables, indicators, targets and results—are outlined below.

**Table 4.1 Qualitative deliverables for Program 1.1**

### Provide leadership in health service delivery and clinical best practice

**Deliverable:** Increase the evidence base in cancer to inform policy and practice

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

**Target met**

**Target:** Report on risk factors for lung cancer to improve public awareness and inform clinical practice

**Target met**

**Table 4.2 Quantitative deliverables for Program 1.1**

### Fund priority research and promote national data reporting

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

**Target:** 6

**Target met**

### Improve community access to cancer information

**Indicator:** Total number of Cancer Australia resources to guide health professionals and consumers

**Target:** 256

**Target met**

**Table 4.3 Qualitative key performance indicators for Program 1.1**

### Provide leadership in health service delivery and clinical best practice

**Indicator:** Health professionals made aware of evidence-based information to support clinical best practice

**Target:** Participation by health professionals in cancer education initiatives

**Target met**

**Table 4.4 Quantitative key performance indicators for Program 1.1**

### Fund priority research and promote national data reporting

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

**Target:** ≥70%

**Target met**

### Improve community access to cancer information

**Indicator:** Number of consumers involved in Cancer Australia advisory and project activities

**Target:** 50

**Target met**

# 5 Management and accountability



## Management and accountability

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

In 2012–13, Cancer Australia's Corporate Affairs team was responsible for organising the procurement, grants, human resources, information technology, web services and general administrative services needed to support the agency's operations.

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

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

## Corporate governance

### Strategic and business plans

In 2012–13, all Cancer Australia projects were underpinned by a business planning framework that incorporated the Portfolio Budget Statement 2012–13, the Cancer Australia Strategic Plan 2011–14 and the Cancer Australia Business Plan 2011–13.

The business planning process for 2012–13 supported the strategic direction for the agency and aligned all projects to the major activity areas outlined in the Portfolio Budget Statement.

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

The Cancer Australia Business Plan 2012–13 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 2012–13, 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 2012–13 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.

Cancer Australia's risk management plan was updated during 2012–13.

## 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.

During 2012–13, Cancer Australia's fraud control plan was updated and fraud awareness workshops for staff were conducted.

## 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 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.

Three 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 Department of Health and Ageing (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 2012–13 departmental expenses were \$14,500,600 (GST exclusive).

The 2012–13 administered expenses were \$15,604,667 (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 2013 Cancer Australia had 68 employees, of whom 56 were ongoing and 12 were non-ongoing. Most staff were located in Sydney, with four based in Melbourne, one in Adelaide, and six in Canberra. The workforce was predominantly female (84 per cent).

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

## Cancer Australia staffing statistics

The distribution of staff by classification as at 30 June 2013 is shown in Table 5.1. The distribution of staff as at 30 June 2012 is shown in Table 5.2.

**Table 5.1 Cancer Australia staff numbers by classification and full-time or part-time status at 30 June 2013**

Classification	Female		Male		Total
	Full-time	Part-time	Full-time	Part-time	
Chief Executive Officer	1				1
Senior Executive Band 2	1				1
Senior Executive Band 1	1		1		2
Executive Level (EL) 2	1	2	2		8
	1C				
	2M				
EL 1	6	2	1		10
			1C		
APS 6	16	3	2	1C	28
	2C	1C		1A	
	1M		1M		
APS 5	13		1		14
APS 4	1	1			2
APS 1–3		1			1
Medical		1			1
Total	46	11	9	2	68

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 2012**

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

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

**Table 5.3 Salary structures at Cancer Australia (as at 30 June 2013)**

Classification	Salary range
EL2	\$110,769–\$131,144
EL1	\$92,841–\$105,887
APS Level 6	\$75,550–\$85,232
APS Level 5	\$68,484–\$72,284
APS Level 4	\$62,965–\$66,529
APS Level 3	\$55,575–\$61,600
APS Level 2	\$48,090–\$52,479
APS Level 1	\$41,148–\$46,212
Medical Officer salary structure	Salary range
Medical Officer Class 4	\$143,116–\$157,529
Medical Officer Class 3	\$131,236–\$137,406
Medical Officer Class 2	\$117,369–\$123,667
Medical Officer Class 1	\$83,338–\$107,257

## Employment arrangements

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

## Performance pay

No member of Cancer Australia's staff was employed under performance-based remuneration conditions in 2012–13.

## 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 2012–13 Aboriginal and Torres Strait Islander cultural diversity training was provided to all staff as part of Cancer Australia's Reconciliation Action Plan.

## Ministerial and parliamentary coordination

During 2012–13 Cancer Australia provided high-quality, timely and relevant evidence-based advice to the Minister for Health on cancer-related issues. The agency collaborated closely with DoHA to support the Minister and implement Australian Government policies.

# Appendices

# Appendix A: Audited financial statements



## INDEPENDENT AUDITOR'S REPORT

### To the Minister for Health and Medical Research

I have audited the accompanying financial statements of Cancer Australia for the year ended 30 June 2013, 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 and other explanatory information. In addition, we have audited Cancer Australia's compliance with specific requirements of the *Charitable Fundraising Act 1991*(NSW) for the year ended 30 June 2013.

### 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.

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 2013 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 2013; and
  
- (b) monies received by Cancer Australia, as a result of fundraising appeals conducted during the year ended 30 June 2013, 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

11 September 2013

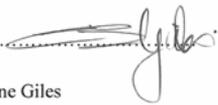


**STATEMENT BY THE CHIEF EXECUTIVE AND CHIEF FINANCE OFFICER**

In our opinion, the attached financial statements for the year ended 30 June 2013 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 to be 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 to be furnished under the Act gives a true and fair view of the state of affairs with respect to fundraising appeals conducted by Cancer Australia;
- (c) the provisions of the Act, the Regulations under the Act and the conditions attached to the Authority have been complied with by Cancer Australia; and
- (d) the internal controls exercised by Cancer Australia are appropriate and effective in accounting for all income received and applied by Cancer Australia from any of its fundraising appeals.

Signed   
 Christine Giles  
 Acting Chief Executive Officer

11 September 2013

Signed   
 Anne Hicking  
 Chief Finance Officer

11 September 2013

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# Statement of Comprehensive Income

for the period ended 30 June 2013

		2013	2012
	Notes	\$	\$
<b>EXPENSES</b>			
Employee benefits	3A	<b>7,486,812</b>	5,906,327
Supplier	3B	<b>6,420,863</b>	7,441,953
Depreciation and amortisation	3C	<b>566,274</b>	394,963
Write-down and impairment of assets	3D	<b>11,315</b>	6,890
Finance costs	3E	<b>6,263</b>	2,965
Losses from asset sales	3F	<b>9,073</b>	96,228
<b>Total expenses</b>		<b>14,500,600</b>	13,849,326
<b>LESS:</b>			
<b>OWN-SOURCE INCOME</b>			
<b>Own-source revenue</b>			
Sale of goods and rendering of services	4A	<b>1,545,615</b>	989,345
Other revenue	4B	<b>151,277</b>	240,666
<b>Total own-source revenue</b>		<b>1,696,892</b>	1,230,011
<b>Gains</b>			
Other gains	4C	<b>215,637</b>	81,692
<b>Total gains</b>		<b>215,637</b>	81,692
<b>Total own-source income</b>		<b>1,912,529</b>	1,311,703
<b>Net cost of services</b>		<b>12,588,072</b>	12,537,623
Revenue from Government	4D	<b>12,607,000</b>	12,722,000
<b>Surplus</b>		<b>18,928</b>	184,377
<b>OTHER COMPREHENSIVE INCOME</b>			
<b>Items not subject to subsequent reclassification to profit or loss</b>			
Changes in asset revaluation surplus		-	-
<b>Total other comprehensive income</b>		-	-
<b>Total comprehensive income</b>		<b>18,928</b>	184,377

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



# Balance Sheet

as at 30 June 2013

		2013	2012
	Notes	\$	\$
<b>ASSETS</b>			
<b>Financial Assets</b>			
Cash and cash equivalents	5A	<b>1,266,889</b>	921,794
Trade and other receivables	5B	<b>3,437,933</b>	3,041,944
<b>Total financial assets</b>		<b>4,704,822</b>	3,963,738
<b>Non-Financial Assets</b>			
Property, plant and equipment	6A,B	<b>853,064</b>	1,178,961
Intangibles	6C,D	<b>225,989</b>	249,666
Inventories	6E	<b>10,805</b>	-
Other non-financial assets	6F	<b>108,220</b>	10,666
<b>Total non-financial assets</b>		<b>1,198,078</b>	1,439,293
<b>Total assets</b>		<b>5,902,900</b>	5,403,031
<b>LIABILITIES</b>			
<b>Payables</b>			
Suppliers	7A	<b>(1,598,944)</b>	(911,630)
Other payables	7B	<b>(979,654)</b>	(1,443,859)
<b>Total payables</b>		<b>(2,578,598)</b>	(2,355,489)
<b>Provisions</b>			
Employee provisions	8A	<b>(1,478,269)</b>	(1,229,340)
Other provisions	8B	<b>(150,374)</b>	(141,471)
<b>Total provisions</b>		<b>(1,628,643)</b>	(1,370,811)
<b>Total liabilities</b>		<b>(4,207,241)</b>	(3,726,300)
<b>Net assets</b>		<b>1,695,659</b>	1,676,731
<b>EQUITY</b>			
Contributed equity		<b>984,160</b>	984,160
Retained surplus		<b>711,499</b>	692,571
<b>Total equity</b>		<b>1,695,659</b>	1,676,731

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

# Statement of Changes in Equity

for the period ended 30 June 2013

	Retained earnings		Contributed equity/capital		Total equity	
	2013	2012	2013	2012	2013	2012
	\$	\$	\$	\$	\$	\$
<b>Opening balance</b>						
Balance carried forward from previous period	692,571	508,194	984,160	539,160	1,676,731	1,047,354
<b>Adjusted opening balance</b>	692,571	508,194	984,160	539,160	1,676,731	1,047,354
<b>Comprehensive income</b>						
Other comprehensive income	-	-	-	-	-	-
Surplus for the period	18,928	184,377			18,928	184,377
<b>Total comprehensive income</b>	18,928	184,377	-	-	18,928	184,377
<b>Transactions with owners</b>						
Contributions by owners	-	-	-	445,000	-	445,000
Departmental capital budget	-	-	-	445,000	-	445,000
<b>Sub-total transactions with owners</b>	-	-	-	884,160	-	884,160
<b>Closing balance as at 30 June</b>	<b>711,499</b>	<b>692,571</b>	<b>984,160</b>	<b>984,160</b>	<b>1,695,659</b>	<b>1,676,731</b>

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





# Cash Flow Statement

for the period ended 30 June 2013

		2013	2012
	Notes	\$	\$
<b>OPERATING ACTIVITIES</b>			
<b>Cash received</b>			
Appropriations		<b>11,973,722</b>	12,833,518
Sales of goods and rendering of services		<b>1,717,184</b>	521,260
Net GST received		<b>262,044</b>	399,480
Fundraising		<b>151,277</b>	240,666
<b>Total cash received</b>		<b>14,104,227</b>	13,994,924
<b>Cash used</b>			
Employees		<b>(7,130,787)</b>	(5,728,393)
Suppliers		<b>(6,081,281)</b>	(6,751,692)
Other		<b>(297,247)</b>	(1,325,567)
<b>Total cash used</b>		<b>(13,509,315)</b>	(13,805,652)
<b>Net cash from operating activities</b>	9	<b>594,912</b>	189,272
<b>INVESTING ACTIVITIES</b>			
<b>Cash used</b>			
Purchase of property, plant and equipment		<b>(148,586)</b>	(324,118)
Purchase of intangibles		<b>(101,231)</b>	(185,208)
<b>Total cash used</b>		<b>(249,817)</b>	(509,326)
<b>Net cash used by investing activities</b>		<b>(249,817)</b>	(509,326)
<b>FINANCING ACTIVITIES</b>			
<b>Cash received</b>			
Contributed equity		-	445,000
<b>Total cash received</b>		-	445,000
<b>Net cash from financing activities</b>		-	445,000
<b>Net increase in cash held</b>		<b>345,095</b>	124,946
Cash and cash equivalents at the beginning of the reporting period		<b>921,794</b>	796,848
<b>Cash and cash equivalents at the end of the reporting period</b>	5A	<b>1,266,889</b>	921,794

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



# Schedule of Commitments

as at 30 June 2013

	2013	2012
BY TYPE	\$	\$
Commitments receivable		
Net GST recoverable on commitments <sup>1</sup>		
Operating lease	140,245	200,473
Other commitments	80,089	98,676
<b>Total commitments receivable</b>	<b>220,334</b>	<b>299,149</b>
Commitments payable		
Other commitments		
Operating leases <sup>2</sup>	(1,402,458)	(2,205,205)
Other <sup>3</sup>	(2,268,719)	(1,105,432)
<b>Total other commitments payable</b>	<b>(3,671,177)</b>	<b>(3,310,637)</b>
<b>Net commitments by type</b>	<b>(3,450,843)</b>	<b>(3,011,488)</b>
BY MATURITY		
Commitments receivable		
GST recoverable on commitments		
Operating lease income		
One year or less	83,084	72,977
From one to five years	57,161	127,496
<b>Total operating lease income</b>	<b>140,245</b>	<b>200,473</b>
Other commitments		
One year or less	50,482	93,383
From one to five years	29,607	5,293
<b>Total other commitments</b>	<b>80,089</b>	<b>98,676</b>
<b>Total commitments receivable</b>	<b>220,334</b>	<b>299,149</b>
Commitments payable		
Operating lease commitments		
One year or less	(830,843)	(802,747)
From one to five years	(571,615)	(1,402,458)
<b>Total operating lease commitments</b>	<b>(1,402,458)</b>	<b>(2,205,205)</b>
Other commitments		
One year or less	(658,050)	(1,047,210)
From one to five years	(1,610,669)	(58,222)
<b>Total other commitments payable</b>	<b>(2,268,719)</b>	<b>(1,105,432)</b>
<b>Net commitments by maturity</b>	<b>(3,450,843)</b>	<b>(3,011,488)</b>

Note:

1. Commitments are GST inclusive where relevant.
2. In 2011–12 Cancer Australia entered into a 41 month commercial lease on the premises with the option to renew. There are no restrictions placed upon the lessee by entering into this lease.
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 2013

		2013	2012
	Notes	\$	\$
<b>EXPENSES</b>			
Suppliers	15A	<b>934,351</b>	824,073
Grants and service delivery contracts	15B	<b>14,670,316</b>	14,446,762
<b>Total expenses administered on behalf of Government</b>		<b>15,604,667</b>	15,270,835
<b>LESS:</b>			
<b>OWN-SOURCE INCOME</b>			
<b>Non-taxation revenue</b>			
Return of grant monies	16	<b>91,483</b>	384,735
<b>Total non-taxation revenue</b>		<b>91,483</b>	384,735
<b>Total own-source revenue administered on behalf of Government</b>		<b>91,483</b>	384,735
<b>Net cost of services</b>		<b>15,513,184</b>	14,886,100
<b>Surplus before income tax on continuing operations</b>		<b>15,513,184</b>	14,886,100
Income tax expense		-	-
<b>Surplus after income tax</b>		<b>15,513,184</b>	14,886,100

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



# Administered Schedule of Assets and Liabilities

as at 30 June 2013

		2013	2012
	Notes	\$	\$
<b>ASSETS</b>			
<b>Financial Assets</b>			
Cash and cash equivalents	17A	<b>260,552</b>	779,138
Trade and other receivables	17B	<b>135,661</b>	252,088
<b>Total financial assets</b>		<b>396,213</b>	1,031,226
<b>Total assets administered on behalf of Government</b>		<b>396,213</b>	1,031,226
<b>LIABILITIES</b>			
<b>Payables</b>			
Suppliers <sup>1</sup>	18A	<b>(890,729)</b>	(153,512)
Grants	18B	<b>(94,037)</b>	(628,124)
Other payables	18C	<b>(12,390)</b>	(23,063)
<b>Total payables</b>		<b>(997,156)</b>	(804,699)
<b>Total liabilities administered on behalf of Government</b>		<b>(997,156)</b>	(804,699)
<b>Net (liabilities) / assets</b>		<b>(600,943)</b>	226,527

1. Suppliers payable in 2012 has been restated in the current year to reverse an adjustment to the administered appropriation balance of \$288,934. The adjustment in the current year has resulted in a reduction in the suppliers payable account and a corresponding reduction to the administered appropriation balance in the 2012 financial year.

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



## Administered Reconciliation Schedule

	2013	2012
	\$	\$
Opening administered assets less administered liabilities as at 1 July	226,527	(3,300,827)
Surplus (deficit) items:		
Plus: Administered income	91,483	384,735
Less: Administered expenses (non CAC)	(15,604,667)	(15,270,835)
Administered transfers to/from Australian Government:		
Appropriation transfers from OPA:		
Annual appropriations for administered expenses (non CAC) <sup>1</sup>	14,777,197	18,798,189
Transfers to OPA	(91,483)	(384,735)
Closing administered assets less administered liabilities as at 30 June	(600,943)	226,527

1. The annual appropriations for administered expenses for 2012 has been restated in the current financial statements. The restatement is the effect of the reduction of the suppliers payable and the administered appropriation balance of \$288,934. This has resulted in a restated closing balance of \$226,527 which was previously (\$62,407).

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



# Administered Cash Flow Statement

for the period ended 30 June 2013

		2013	2012
	Notes	\$	\$
<b>OPERATING ACTIVITIES</b>			
<b>Cash received</b>			
Net GST received		<b>710,771</b>	1,911,112
Other		<b>186,002</b>	384,735
<b>Total cash received</b>		<b>896,773</b>	2,295,847
<b>Cash used</b>			
Grants		<b>(14,433,524)</b>	(12,785,960)
Suppliers <sup>1</sup>		<b>(1,667,550)</b>	(8,137,816)
<b>Total cash used</b>		<b>(16,101,074)</b>	(20,923,776)
<b>Net cash used by operating activities</b>	19	<b>(15,204,301)</b>	(18,627,929)
Cash and cash equivalents at the beginning of the reporting period		<b>779,138</b>	993,613
Cash from Official Public Account for:			
—Appropriations <sup>1</sup>		<b>14,777,197</b>	18,798,189
Cash to Official Public Account for:			
—Appropriations		<b>(91,483)</b>	(384,735)
<b>Cash and cash equivalents at the end of the reporting period</b>	17A	<b>260,552</b>	779,138

1. Suppliers payable in 2012 has been restated in the current year to reverse an adjustment to the administered appropriation balance of \$288,934. The adjustment in the current year has resulted in a reduction in the suppliers payable account and a corresponding reduction to the administered appropriation balance in the 2012 financial year.

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



# Schedule of Administered Commitments

as at 30 June 2013

	2013	2012
<b>BY TYPE</b>	<b>\$</b>	<b>\$</b>
<b>Commitments receivable</b>		
Net GST recoverable on commitments <sup>1</sup>	<b>458,785</b>	930,704
<b>Total commitments receivable</b>	<b>458,785</b>	930,704
<b>Commitments payable</b>		
Other commitments		
Other <sup>2</sup>	<b>(15,401,259)</b>	(10,351,757)
<b>Total other commitments</b>	<b>(15,401,259)</b>	(10,351,757)
<b>Total commitments payable</b>	<b>(15,401,259)</b>	(10,351,757)
<b>Net commitments by type</b>	<b>(14,942,474)</b>	(9,421,053)
<b>BY MATURITY</b>		
<b>Commitments receivable</b>		
Net GST recoverable		
One year or less	<b>328,785</b>	866,834
From one to five years	<b>130,000</b>	63,870
<b>Total other commitments receivable</b>	<b>458,785</b>	930,704
<b>Total commitments receivable</b>	<b>458,785</b>	930,704
<b>Commitments payable</b>		
Other Commitments		
One year or less	<b>(9,127,929)</b>	(9,649,183)
From one to five years	<b>(6,273,330)</b>	(702,574)
Over five years	-	-
<b>Total other commitments</b>	<b>(15,401,259)</b>	(10,351,757)
<b>Total commitments payable</b>	<b>(15,401,259)</b>	(10,351,757)
<b>Net commitments by maturity</b>	<b>(14,942,474)</b>	(9,421,053)

1. Commitments are GST inclusive where relevant.

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

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



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

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

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

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

The Australian Government continues to have regard to developments in case law, including the High Court's most recent decision on Commonwealth expenditure in *Williams v Commonwealth* (2012) 288 ALR 410, as they contribute to the larger body of law relevant to the development of Commonwealth programs. In accordance with its general practice, the Government will continue to monitor and assess risk and decide on any appropriate actions to respond to risks of expenditure not being consistent with constitutional or other legal requirements.

### 1.2 Basis of Preparation of the Financial Statements

The financial statements are 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 no judgements that would have significant impact on the amounts recorded in the financial statements.

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

### 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) Cancer Australia retains no managerial involvement or effective control over the goods;
- (c) the revenue and transaction costs incurred can be reliably measured; and
- (d) it is probable that the economic benefits associated with the transaction will flow to Cancer Australia.

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

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

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

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

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

#### Resources Received Free of Charge

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

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

Contributions of assets at no cost of acquisition or for nominal consideration are recognised as gains at their fair value when the asset qualifies for recognition, unless received from another Government agency or authority as a consequence of a restructuring or administrative arrangement.



### Revenue from Government

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

### Donations

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

## **1.6 Gains**

### Resources Received Free of Charge

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

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

Contributions of assets at no cost of acquisition or for nominal consideration are recognised as gains at their fair value when the asset qualifies for recognition, unless received from another Government agency or authority as a consequence of a restructuring or administrative arrangement.

## **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.

## **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 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.

Cancer Australia has no finance leases.

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

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

## **1.10 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;
- (b) cash held by outsiders; and
- (c) cash at bank.

## **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.



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

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

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

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

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

### Depreciation

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

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

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

	2013	2012
Leasehold improvements	Lease term	Lease term
Plant and Equipment	3–10 years	3–10 years

### Impairment

All assets were assessed for impairment at 30 June 2013. 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 (2011–12: 3 years).

All software assets were assessed for indications of impairment as at 30 June 2013.



### 1.18 Inventories

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

### 1.19 Taxation

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

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

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

### 1.20 Reporting of Administered Activities

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

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

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

Revenue collected by Cancer Australia for use by the Government rather than Cancer Australia is administered revenue. Collections are transferred to the Official Public Account (OPA) maintained by the Department of Finance 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 administered cash flow statement and in the administered reconciliation schedule.

#### 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.

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

### Note 2: Events After the Reporting Period

On 1 July 2013, the *Statute Stocktake (Appropriations) Bill 2013* repealing all annual Appropriation Acts from 1 July 1999 through 30 June 2010 received Royal Assent. This Bill will have the effect of reducing Cancer Australia's unspent departmental appropriation balance by \$1,018,327 (Refer Note 23C).

Cancer Australia is not aware of any other events occurring after 30 June 2013 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

	2013	2012
	\$	\$
<b>Note 3A: Employee Benefits</b>		
Wages and salaries	<b>(5,656,733)</b>	(4,368,966)
Superannuation:		
Defined contribution plans	<b>(817,633)</b>	(691,573)
Defined benefit plans	<b>(134,239)</b>	(40,425)
Leave and other entitlements	<b>(878,207)</b>	(805,363)
<b>Total employee benefits</b>	<b>(7,486,812)</b>	(5,906,327)
<b>Note 3B: Suppliers</b>		
<b>Goods and services</b>		
Consultants	<b>(935,798)</b>	(2,386,182)
Contractors	<b>(2,640,473)</b>	(2,440,830)
Sponsorships	<b>(37,090)</b>	(32,860)
Printing	<b>(380,706)</b>	(353,293)
Information Technology and Licenses	<b>(398,603)</b>	(315,868)
Other	<b>(1,392,657)</b>	(1,124,324)
<b>Total goods and services</b>	<b>(5,785,327)</b>	(6,653,357)
<b>Goods and services are made up of:</b>		
Provision of goods—external parties	<b>(273,020)</b>	(611,346)
Rendering of services—related entities	<b>(137,364)</b>	(162,078)
Rendering of services—external parties	<b>(5,374,943)</b>	(5,879,933)
<b>Total goods and services</b>	<b>(5,785,327)</b>	(6,653,357)
Service Level Agreement—related entities <sup>1</sup>	<b>(165,531)</b>	(312,139)
Operating lease rentals—external parties:		
Minimum lease payments	<b>(414,932)</b>	(432,401)
Workers compensation expenses	<b>(55,073)</b>	(44,056)
<b>Total other supplier expenses</b>	<b>(635,536)</b>	(788,596)
<b>Total supplier expenses</b>	<b>(6,420,863)</b>	(7,441,953)

1. During the 2012–13 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. IT infrastructure and support for the Canberra and Melbourne offices which was previously provided was discontinued in the 2012–13 financial year.



## Note 3: Expenses

	2013	2012
	\$	\$

### **Note 3C: Depreciation and Amortisation**

#### Depreciation:

Property, plant and equipment	(456,736)	(314,798)
<b>Total depreciation</b>	<b>(456,736)</b>	<b>(314,798)</b>

#### Amortisation:

Intangibles:		
Computer Software—Purchased	(109,538)	(80,165)
<b>Total amortisation</b>	<b>(109,538)</b>	<b>(80,165)</b>
<b>Total depreciation and amortisation</b>	<b>(566,274)</b>	<b>(394,963)</b>

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

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

Write down of assets	(11,315)	(6,890)
<b>Total write-down and impairment of assets</b>	<b>(11,315)</b>	<b>(6,890)</b>

### **Note 3E: Finance Costs**

Unwinding of discount	(6,263)	(2,965)
<b>Total finance costs</b>	<b>(6,263)</b>	<b>(2,965)</b>

### **Note 3F: Loss on disposal**

#### Loss on disposal represented by:

Proceeds from sale	-	-
Carrying value of assets disposed	(9,073)	(96,228)
<b>Total loss on disposal</b>	<b>(9,073)</b>	<b>(96,228)</b>



## Note 4: Income

		2013	2012
OWN SOURCE REVENUE	Notes	\$	\$
<b>Note 4A: Sale of Goods and Rendering of Services</b>			
Rendering of services—related entities		1,496,248	888,699
Rendering of services—external parties		49,367	100,646
<b>Total sale of goods and rendering of services</b>		<b>1,545,615</b>	<b>989,345</b>
<b>Note 4B: Other Revenue</b>			
Fundraising	28	151,277	240,666
<b>Total Other Revenue</b>		<b>151,277</b>	<b>240,666</b>
<b>GAINS</b>			
<b>Note 4C: Other Gains</b>			
Resources received free of charge		215,637	57,010
Other		-	24,682
<b>Total other gains</b>		<b>215,637</b>	<b>81,692</b>
<b>REVENUE FROM GOVERNMENT</b>			
<b>Note 4D: Revenue from Government</b>			
<b>Appropriations:</b>			
Departmental appropriations		12,607,000	12,722,000
<b>Total revenue from Government</b>		<b>12,607,000</b>	<b>12,722,000</b>



## Note 5: Financial Assets

	2013	2012
	\$	\$
<b>Note 5A: Cash and Cash Equivalents</b>		
Cash on hand or on deposit	<b>1,266,889</b>	921,794
<b>Total cash and cash equivalents</b>	<b>1,266,889</b>	921,794
<b>Note 5B: Trade and Other Receivables</b>		
<b>Good and Services:</b>		
Goods and services—related entities	<b>17,255</b>	102,312
Goods and services—external parties	<b>1,178</b>	140,168
<b>Total receivables for goods and services</b>	<b>18,433</b>	242,480
<b>Appropriations receivable:</b>		
For existing programs	<b>3,293,931</b>	2,660,653
<b>Total appropriations receivable</b>	<b>3,293,931</b>	2,660,653
<b>Other receivables:</b>		
GST receivable from the Australian Taxation Office	<b>125,569</b>	138,811
<b>Total other receivables</b>	<b>125,569</b>	138,811
<b>Total trade and other receivables (gross)</b>	<b>3,437,933</b>	3,041,944
<b>Total trade and other receivables (net)</b>	<b>3,437,933</b>	3,041,944
<b>Receivables are expected to be recovered in:</b>		
No more than 12 months	<b>3,437,933</b>	3,041,944
<b>Total trade and other receivables (net)</b>	<b>3,437,933</b>	3,041,944
<b>Receivables are aged as follows:</b>		
Not overdue	<b>3,437,933</b>	3,041,578
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>3,437,933</b>	3,041,944

No allowance for impairment was required at reporting date.



## Note 6: Non-Financial Assets

	2013	2012
	\$	\$

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

#### Property, plant and equipment:

Fair value	<b>1,623,728</b>	1,486,886
Accumulated depreciation	<b>(770,664)</b>	(307,925)
<b>Total property, plant and equipment</b>	<b>853,064</b>	1,178,961

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.

Revaluation decrements for plant and equipment in the 2012–13 financial year were \$11,315 (2012: \$6,890).

**Note 6: Non-Financial Assets****Note 6B: Reconciliation of the Opening and Closing Balances of Property, Plant and Equipment 2013**

	Property, plant & equipment	Total
	\$	\$
<b>As at 1 July 2012</b>		
Gross book value	1,486,886	1,486,886
Accumulated depreciation and impairment	(307,925)	(307,925)
<b>Net book value 1 July 2012</b>	<b>1,178,961</b>	<b>1,178,961</b>
Additions		
By purchase	148,587	148,587
Impairments recognised in the operating result	(11,315)	(11,315)
Adjustment to makegood asset due to change in discount rate	2,640	2,640
Depreciation expense	(456,736)	(456,736)
Other movements:		
Write back of depreciation on disposal	5,312	5,312
Disposals:		
Other disposals	(14,385)	(14,385)
<b>Net book value 30 June 2013</b>	<b>853,064</b>	<b>853,064</b>
<b>Net book value as of 30 June 2013 represented by:</b>		
Gross book value	1,623,728	1,623,728
Accumulated depreciation and impairment	(770,664)	(770,664)
<b>Net book value 30 June 2013</b>	<b>853,064</b>	<b>853,064</b>

**Note 6B: Reconciliation of the Opening and Closing Balances of Property, Plant and Equipment 2012**

	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 and impairment	(307,925)	(307,925)
<b>Net book value 30 June 2012</b>	<b>1,178,961</b>	<b>1,178,961</b>



## Note 6: Non-Financial Assets

	2013	2012
	\$	\$
<b>Note 6C: Intangibles</b>		
<b>Computer software:</b>		
Purchased	<b>480,274</b>	394,413
Accumulated amortisation	<b>(196,281)</b>	(86,743)
Accumulated impairment losses	<b>(58,004)</b>	(58,004)
<b>Total computer software</b>	<b>225,989</b>	249,666
<b>Total intangibles</b>	<b>225,989</b>	249,666

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 2013

	Computer software purchased	Total
	\$	\$
<b>As at 1 July 2012</b>		
Gross book value	394,413	394,413
Accumulated amortisation	(86,743)	(86,743)
Accumulated impairment losses	(58,004)	(58,004)
<b>Net book value 1 July 2012</b>	<b>249,666</b>	<b>249,666</b>
Additions:		
By purchase	101,231	101,231
Assets reclassified as expense in current year	(15,370)	(15,370)
Other movements:		
Write back of amortisation on disposal	-	-
Amortisation	(109,538)	(109,538)
<b>Net book value 30 June 2013</b>	<b>225,989</b>	<b>225,989</b>

#### Net book value as of 30 June 2013 represented by:

Gross book value	480,274	480,274
Accumulated amortisation	(196,281)	(196,281)
Accumulated impairment losses	(58,004)	(58,004)
<b>Net book value 30 June 2013</b>	<b>225,989</b>	<b>225,989</b>

### Note 6D: Reconciliation of the Opening and Closing Balances of Intangibles 2012

	Computer software purchased	Total
	\$	\$
<b>As at 1 July 2011</b>		
Gross book value	209,206	209,206
Accumulated amortisation	(64,583)	(64,583)
<b>Net book value 1 July 2011</b>	<b>144,623</b>	<b>144,623</b>
Additions:		
By purchase	185,208	185,208
Amortisation	(80,165)	(80,165)
<b>Net book value 30 June 2012</b>	<b>249,666</b>	<b>249,666</b>

#### Net book value as of 30 June 2012 represented by:

Gross book value	394,413	394,413
Accumulated amortisation	(86,743)	(86,743)
Accumulated impairment losses	(58,004)	(58,004)
<b>Net book value 30 June 2012</b>	<b>249,666</b>	<b>249,666</b>



## Note 6: Non-Financial Assets

	2013	2012
	\$	\$

### **Note 6E: Inventories**

Inventories held for distribution	<b>10,805</b>	-
<b>Total inventories</b>	<b>10,805</b>	-

During 2012–13 \$17,594 of inventory held for distribution was recognised as an expense (2011–12: \$Nil).

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

All inventory is expected to be distributed in the next 12 months.

### **Note 6F: Other Non-Financial Assets**

Prepayments	<b>108,220</b>	10,666
<b>Total other non-financial assets</b>	<b>108,220</b>	10,666

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

No more than 12 months	<b>108,220</b>	10,666
<b>Total other non-financial assets</b>	<b>108,220</b>	10,666

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



## Note 7: Payables

	2013	2012
	\$	\$
<b>Note 7A: Suppliers</b>		
Trade creditors and accruals	(1,598,944)	(911,630)
<b>Total supplier payables</b>	<b>(1,598,944)</b>	<b>(911,630)</b>
<b>Supplier payables expected to be settled within 12 months:</b>		
Related entities	(89,282)	(256,564)
External parties	(1,509,662)	(655,066)
<b>Total</b>	<b>(1,598,944)</b>	<b>(911,630)</b>
<b>Total supplier payables</b>	<b>(1,598,944)</b>	<b>(911,630)</b>
Settlement is usually made within 30 days.		
<b>Note 7B: Other Payables</b>		
Wages and salaries	(173,638)	(148,104)
Superannuation	(26,653)	(22,546)
Unearned revenue	(62,459)	(155,454)
Lease incentive <sup>1</sup>	(711,916)	(1,115,393)
Other	(4,988)	(2,362)
<b>Total other payables</b>	<b>(979,654)</b>	<b>(1,443,859)</b>
<b>Total unearned revenue and other payables are expected to be settled in:</b>		
No more than 12 months	(681,091)	(725,261)
More than 12 months	(298,563)	(718,598)
<b>Total other payables</b>	<b>(979,654)</b>	<b>(1,443,859)</b>

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



## Note 8: Provisions

	2013	2012
	\$	\$
<b>Note 8A: Employee Provisions</b>		
Leave	(1,478,269)	(1,229,340)
<b>Total employee provisions</b>	<b>(1,478,269)</b>	<b>(1,229,340)</b>
Employee provisions are expected to be settled in:		
No more than 12 months	(476,034)	(516,430)
More than 12 months	(1,002,235)	(712,910)
<b>Total employee provisions</b>	<b>(1,478,269)</b>	<b>(1,229,340)</b>
<b>Note 8B: Other Provisions</b>		
Provision for make good	(150,374)	(141,471)
<b>Total other provisions</b>	<b>(150,374)</b>	<b>(141,471)</b>
Other provisions are expected to be settled in:		
More than 12 months	(150,374)	(141,471)
<b>Total other provisions</b>	<b>(150,374)</b>	<b>(141,471)</b>
	<b>Provision for make good</b>	<b>Total</b>
<b>Carrying amount 1 July 2012</b>	<b>(141,471)</b>	<b>(141,471)</b>
Unwinding of discount	(6,263)	(6,263)
Change in discount rate	(2,640)	(2,640)
<b>Closing balance 30 June 2013</b>	<b>(150,374)</b>	<b>(150,374)</b>

Cancer Australia has one lease agreement (2012: one agreement) for the leasing of the Sydney premises which has a provision requiring Cancer Australia to restore the premises to their original condition at the conclusion of the lease. Cancer Australia has made a provision to reflect the present value of the obligation.



## Note 9: Cash Flow Reconciliation

	2013	2012
	\$	\$
<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	<b>1,266,889</b>	921,794
Balance sheet	<b>1,266,889</b>	921,794
<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>(12,588,072)</b>	(12,537,623)
Add revenue from Government	<b>12,607,000</b>	12,722,000
<b>Adjustments for non-cash items</b>		
Depreciation / amortisation	<b>566,274</b>	394,963
Net write down of non-financial assets	<b>11,315</b>	6,890
(Gain) / Loss on disposal and transfer of assets	<b>15,540</b>	14,913
Unwinding of discount	<b>6,263</b>	2,965
Resources received free of charge—inventory	<b>(10,805)</b>	-
<b>Changes in assets / liabilities</b>		
(Increase) / decrease in net receivables	<b>(395,989)</b>	(167,867)
(Increase) / decrease in prepayments	<b>(97,554)</b>	98,398
Increase / (decrease) in employee provisions	<b>248,929</b>	78,560
Increase / (decrease) in supplier payables	<b>716,955</b>	(604,913)
Increase / (decrease) in other provisions	<b>8,903</b>	141,471
Increase / (decrease) in other payables	<b>(493,847)</b>	39,515
<b>Net cash (used in) / from operating activities</b>	<b>594,912</b>	189,272



## Note 10: Contingent Assets and Liabilities

Cancer Australia has not identified any quantifiable, unquantifiable or significant remote contingent assets or liabilities as at 30 June 2013 (2011–12: Nil).

## Note 11: Senior Executive Remuneration

### Note 11A: Senior Executive Remuneration Expense for the Reporting Period

	2013	2012
	\$	\$
<b>Short-term employee benefits:</b>		
Salary	<b>(704,092)</b>	(672,744)
Annual leave accrued	<b>(62,728)</b>	(61,697)
Motor vehicle and other allowances	<b>(55,386)</b>	(58,804)
<b>Total short-term employee benefits</b>	<b>(822,206)</b>	(793,245)
<b>Post-employment benefits:</b>		
Superannuation	<b>(103,023)</b>	(115,815)
<b>Total post-employment benefits</b>	<b>(103,023)</b>	(115,815)
<b>Other long-term benefits:</b>		
Long-service leave	<b>(28,228)</b>	(27,763)
<b>Total other long-term benefits</b>	<b>(28,228)</b>	(27,763)
<b>Total employment benefits</b>	<b>(953,457)</b>	(936,823)

#### Notes:

- Note 11A was prepared on an accrual basis.
- Note 11A excludes acting arrangements and part-year service where remuneration expensed as a senior executive was less than \$180,000.

**Note 11: Senior Executive Remuneration****Note 11B: Average Annual Reportable Remuneration Paid to Substantive Senior Executives During the Reporting Period**

Average annual reportable remuneration paid to substantive senior executives in 2013

Average annual reportable remuneration <sup>1</sup>	Substantive senior Executives	Reportable Salary <sup>2</sup>	Contributed Superannuation <sup>3</sup>	Reportable Allowances <sup>4</sup>	Bonus Paid <sup>5</sup>	Total reportable remuneration
	No.	\$	\$	\$	\$	\$
<b>Total remuneration (including part-time arrangements)</b>						
\$240,000 to \$269,999	2	196,803	32,520	25,869	-	255,192
\$330,000 to \$359,999	1	305,087	43,383	3,648	-	352,118
<b>Total</b>	<b>3</b>					

Average annual reportable remuneration paid to substantive senior executives in 2012

Average annual reportable remuneration <sup>1</sup>	Substantive senior Executives	Reportable Salary	Contributed Superannuation	Reportable Allowances	Bonus Paid	Total reportable remuneration
	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>					

**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;
  - reportable fringe benefits (at the net amount prior to 'grossing up' to account for tax benefits);
  - exempt foreign employment income; and
  - salary sacrificed benefits.
- The 'contributed superannuation' amount is the average actual superannuation contributions paid to senior executives in that reportable remuneration band during the reporting period, as per the individuals' payrolls.
- '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 the entity during the financial year.

**Note 11C: Average Annual Reportable Remuneration Paid to Other Highly Paid Staff during the Reporting Period**

Average annual reportable remuneration paid to other highly paid staff in 2013

Average annual reportable remuneration <sup>1</sup>	Other highly paid staff	Reportable Salary <sup>2</sup>	Contributed Superannuation <sup>3</sup>	Reportable Allowances <sup>4</sup>	Total reportable remuneration
	No.	\$	\$	\$	\$
Total remuneration (including part-time arrangements)	1	156,338	24,998	-	181,336
\$180,000 to \$209,999	1				
<b>Total</b>	<b>1</b>				

Average annual reportable remuneration paid to other highly paid staff in 2012

Average annual reportable remuneration <sup>1</sup>	Other highly paid staff	Reportable Salary <sup>2</sup>	Contributed Superannuation <sup>3</sup>	Reportable Allowances <sup>4</sup>	Total reportable remuneration
	No.	\$	\$	\$	\$
Total remuneration (including part-time arrangements)	1	141,810	49,934	88	191,832
\$180,000 to \$209,999	1				
<b>Total</b>	<b>1</b>				

**Notes:**

- This table reports staff:
  - who were employed by Cancer Australia during the reporting period;
  - whose reportable remuneration was \$180,000 or more for the financial period; and
  - were not required to be disclosed in Table B.
 Each row is an averaged figure based on headcount for individuals in the band.
- 'Reportable salary' includes the following:
  - gross payments;
  - reportable fringe benefits (at the net amount prior to 'grossing up' to account for tax benefits);
  - exempt foreign employment income; and
  - salary sacrificed benefits.
- The 'contributed superannuation' amount is the average actual superannuation contributions paid to staff in that reportable remuneration band during the reporting period, as per the individual's payslip.
- 'Reportable allowances' are the average actual allowances paid as per the 'total allowances' line on individuals' payment summaries.





## Note 12: Remuneration of Auditors

	2013	2012
	\$	\$
Financial statement audit services were provided free of charge to Cancer Australia by the Australian National Audit Office (ANAO)		
<b>Fair value of the services provided</b>		
Financial statement audit	<b>50,000</b>	50,000
<b>Total</b>	<b>50,000</b>	50,000

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



## Note 13: Financial Instruments

	2013	2012
	\$	\$

### **Note 13A: Categories of Financial Instruments**

#### Financial Assets

##### Loans and receivables:

Cash and cash equivalents	<b>1,266,889</b>	921,794
Trade receivables	<b>18,433</b>	242,480
<b>Total</b>	<b>1,285,322</b>	1,164,274
<b>Carrying amount of financial assets</b>	<b>1,285,322</b>	1,164,274

#### Financial Liabilities

##### At amortised cost:

Trade creditors	<b>(1,598,944)</b>	(911,630)
<b>Total</b>	<b>(1,598,944)</b>	(911,630)
<b>Carrying amount of financial liabilities</b>	<b>(1,598,944)</b>	(911,630)

### **Note 13B: Fair Value of Financial Instruments**

#### Financial Assets

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

#### Financial Liabilities

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



## Note 13: Financial Instruments

### Note 13C: Credit Risk

Cancer Australia is exposed to minimal credit risk as loans and receivables are cash and trade receivables. The maximum exposure to credit risk is the risk from potential default of a debtor. This amount is equal to the total amount of the trade receivables (2013: \$18,433 and 2012: \$242,480). Cancer Australia has assessed the risk of the default on payment and has allocated \$0 in 2013 (2012: \$0) to an allowance for impairment.

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

Cancer Australia holds no collateral to mitigate against credit risk.

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

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

	Not past due nor impaired 2013 \$	Not past due nor impaired 2012 \$	Past due or impaired 2013 \$	Past due or impaired 2012 \$
Cash and cash equivalents	1,266,889	921,794	-	-
Trade receivables	18,433	242,114	-	366
<b>Total</b>	<b>1,285,322</b>	<b>1,163,908</b>	<b>-</b>	<b>366</b>

#### Ageing of financial assets that were past due but not impaired for 2013

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

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

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



## Note 13: Financial Instruments

### Note 13D: Liquidity Risk

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

#### Maturities for non-derivative financial liabilities 2013

	On demand \$	within 1 year \$	1 to 2 years \$	2 to 5 years \$	> 5 years \$	Total \$
Trade creditors	-	(1,598,944)	-	-	-	(1,598,944)
<b>Total</b>	-	<b>(1,598,944)</b>	-	-	-	<b>(1,598,944)</b>

#### 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>

Cancer Australia has no derivative financial liabilities in either the current or 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 13E: Market Risk

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

Cancer Australia is not exposed to any interest rate risk.



## Note 14: Financial Assets Reconciliation

		2013	2012
	Notes	\$	\$
<b>Financial assets</b>			
Total financial assets as per balance sheet		<b>4,704,822</b>	3,963,738
Less: non-financial instrument components:			
Appropriations receivable	5B	<b>(3,293,931)</b>	(2,660,653)
Other receivables	5B	<b>(125,569)</b>	(138,811)
Total non-financial instrument components		<b>(3,419,500)</b>	(2,799,464)
<b>Total financial assets as per financial instruments note</b>		<b>1,285,322</b>	1,164,274



## Note 15: Administered—Expenses

	2013	2012
	\$	\$
<b>Note 15A: Suppliers</b>		
<b>Goods and services</b>		
Consultants	<b>(309,038)</b>	(418,900)
Contractors	<b>(105,288)</b>	(1,228)
Sitting and Advisory Fees	<b>(303,393)</b>	(243,592)
Travel	<b>(124,161)</b>	(71,661)
Printing	<b>(13,162)</b>	(37,765)
Other	<b>(79,309)</b>	(50,927)
<b>Total goods and services</b>	<b>(934,351)</b>	(824,073)
<b>Goods and services are made up of:</b>		
Provision of goods—external parties	<b>(20,804)</b>	(65,397)
Rendering of services—related entities	<b>(962)</b>	(5,188)
Rendering of services—external parties	<b>(912,585)</b>	(753,488)
<b>Total goods and services</b>	<b>(934,351)</b>	(824,073)
<b>Total suppliers expenses</b>	<b>(934,351)</b>	(824,073)
<b>Note 15B: Grants and service delivery contracts</b>		
<b>Public sector:</b>		
Australian Government entities (related entities)	<b>(287,942)</b>	(9,295)
State and Territory Governments	<b>(46,719)</b>	(128,000)
<b>Private sector:</b>		
Non-profit & profit organisations	<b>(14,335,655)</b>	(14,309,467)
<b>Total grants and service delivery contracts</b>	<b>(14,670,316)</b>	(14,446,762)

**Note 16: Administered—Income**

	2013	2012
	\$	\$
<b>OWN SOURCE REVENUE</b>		
Non-Taxation Revenue		
Return of grant monies	<b>91,483</b>	384,735
<b>Total other revenue</b>	<b>91,483</b>	384,735

**Note 17: Administered—Financial Assets**

	2013	2012
	\$	\$
<b>Note 17A: Cash and Cash Equivalents</b>		
Cash on hand or on deposit	<b>260,552</b>	779,138
<b>Total cash and cash equivalents</b>	<b>260,552</b>	779,138
<b>Note 17B: Trade and Other Receivables</b>		
<b>Goods and services:</b>		
Goods and services receivable—external parties	<b>4,248</b>	95,660
<b>Total receivables for goods and services</b>	<b>4,248</b>	95,660
<b>Other receivables:</b>		
GST receivable from Australian Taxation Office	<b>131,413</b>	156,428
<b>Total other receivables</b>	<b>131,413</b>	156,428
<b>Total trade and other receivables (gross)</b>	<b>135,661</b>	252,088
<b>Receivables are expected to be recovered in:</b>		
No more than 12 months	<b>135,661</b>	252,088
<b>Total trade and other receivables (net)</b>	<b>135,661</b>	252,088
<b>Receivables were aged as follows:</b>		
Not overdue	<b>135,661</b>	252,088
<b>Total receivables (gross)</b>	<b>135,661</b>	252,088

Goods and services receivables are with entities external to the Australian Government. Credit terms were net 30 days (2012: 30 days).

No allowance for impairment was required at reporting date.



## Note 18: Administered–Payables

	2013	2012
	\$	\$
<b>Note 18A: Suppliers</b>		
Trade creditors and accruals	(890,729)	(153,512)
<b>Total suppliers</b>	<b>(890,729)</b>	<b>(153,512)</b>
<b>Supplier payables expected to be settled within 12 months:</b>		
External parties	(890,729)	(153,512)
<b>Total suppliers</b>	<b>(890,729)</b>	<b>(153,512)</b>
Settlement is usually made within 30 days.		
<b>Note 18B: Grants</b>		
<b>Public sector:</b>		
Australian Government entities (related entities)	-	(43,224)
<b>Private sector:</b>		
Non-profit organisations	(94,037)	(584,900)
<b>Total grants</b>	<b>(94,037)</b>	<b>(628,124)</b>
<b>Total grants—are expected to be settled in:</b>		
No more than 12 months	(94,037)	(628,124)
<b>Total grants</b>	<b>(94,037)</b>	<b>(628,124)</b>
Settlement is usually made according to the terms and conditions of each grant. This is usually within 30 days of performance or eligibility.		
<b>Note 18C: Other Payables</b>		
GST payable	(1,000)	(9,697)
Other	(11,390)	(13,366)
<b>Total other payables</b>	<b>(12,390)</b>	<b>(23,063)</b>
<b>Total other payables are expected to be settled in:</b>		
No more than 12 months	(12,390)	(23,063)
<b>Total other payables</b>	<b>(12,390)</b>	<b>(23,063)</b>



#### Note 19: Administered—Cash Flow Reconciliation

	2013	2012
	\$	\$
<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>		
Administered cash flow statement	<b>260,552</b>	779,138
Administered schedule of assets and liabilities	<b>260,552</b>	779,138
<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>(15,513,184)</b>	(14,886,100)
<b>Changes in assets/liabilities</b>		
(Increase)/decrease in net receivables	<b>107,731</b>	602,210
Increase/(decrease) in supplier payables and grants	<b>95,066</b>	(4,309,740)
Increase/(decrease) in other payables	<b>106,086</b>	(34,299)
<b>Net cash (used by)/ from operating activities</b>	<b>(15,204,301)</b>	(18,627,929)

#### Note 20: Administered—Contingent Assets and Liabilities

Cancer Australia has not identified any quantifiable, unquantifiable or significant remote contingencies as at 30 June 2013 (2012: Nil).



## Note 21: Administered—Financial Instruments

	2013	2012
	\$	\$
<b>Note 21A: Categories of Financial Instruments</b>		
<b>Financial Assets</b>		
<b>Loans and receivables:</b>		
Cash on hand or on deposit	260,552	779,138
Trade and other receivables	135,661	252,088
<b>Total loans and receivables</b>	<b>396,213</b>	1,031,226
<b>Carrying amount of financial assets</b>	<b>396,213</b>	1,031,226
<b>Financial Liabilities</b>		
<b>At amortised cost:</b>		
Trade creditors	(890,729)	(153,512)
Other creditors	(12,390)	(23,063)
Grants payable	(94,037)	(628,124)
<b>Total financial liabilities at amortised cost</b>	<b>(997,156)</b>	(804,699)
<b>Carrying amount of financial liabilities</b>	<b>(997,156)</b>	(804,699)

## Note 21B: Categories of Financial Instruments

	Carrying amount 2013 \$	Fair value 2013 \$	Carrying amount 2012 \$	Fair value 2012 \$
<b>Financial Assets</b>				
<b>Cash and cash equivalents</b>				
Cash and cash equivalents	260,552	260,552	779,138	779,138
<b>Loans and receivables</b>				
Trade receivables	4,248	4,248	95,660	95,660
<b>Total</b>	<b>264,800</b>	<b>264,800</b>	874,798	874,798
<b>Financial Liabilities</b>				
<b>Suppliers</b>				
Trade creditors	(890,729)	(890,729)	(153,512)	(153,512)
Other creditors	(12,390)	(12,390)	(23,063)	(23,063)
Grants payable	(94,037)	(94,037)	(628,124)	(628,124)
<b>Total</b>	<b>(997,156)</b>	<b>(997,156)</b>	(804,699)	(804,699)



## Note 21: Administered—Financial Instruments

### Note 21C: Credit Risk

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

	2013 \$	2012 \$
<b>Financial assets</b>		
Cash and cash equivalents	260,552	779,138
Trade receivables	4,248	95,660
<b>Total</b>	<b>264,800</b>	<b>874,798</b>

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

	Not Past Due Nor Impaired 2013 \$	Not Past Due Nor Impaired 2012 \$	Past due or impaired 2013 \$	Past due or impaired 2012 \$
<b>Financial assets</b>				
Cash and cash equivalents	260,552	-	-	-
Trade receivables	4,248	95,660	-	-
<b>Total</b>	<b>264,800</b>	<b>95,660</b>	<b>-</b>	<b>-</b>

### Ageing of financial assets that were past due but not impaired for 2013

	0 to 30 days \$	31 to 60 day \$	61 to 90 days \$	90+ days \$	Total \$
Trade receivables	4,248	-	-	-	4,248
<b>Total</b>	<b>4,248</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>4,248</b>

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

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



## Note 21: Administered–Financial Instruments

### Note 21D: Liquidity Risk

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

The following tables illustrates the maturities for financial liabilities.

#### Maturities for non-derivative financial liabilities 2013

	On demand \$	within 1 year \$	1 to 2 years \$	2 to 5 years \$	> 5 years \$	Total \$
Trade creditors	-	(890,729)	-	-	-	(890,729)
Other creditors	-	(12,390)	-	-	-	(12,390)
Grants payable	-	(94,037)	-	-	-	(94,037)
<b>Total</b>	-	<b>(997,156)</b>	-	-	-	<b>(997,156)</b>

#### 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	-	153,512	-	-	-	153,512
Other creditors	-	23,063	-	-	-	23,063
Grants payable	-	628,124	-	-	-	628,124
<b>Total</b>	-	<b>804,699</b>	-	-	-	<b>804,699</b>

### Note 21E: Market Risk

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

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



## Note 22: Administered Financial Assets Reconciliation

	2013	2012
	\$	\$
<b>Financial Assets</b>		
Total financial assets as per administered schedule of assets and liabilities	<b>396,213</b>	1,031,226
Less: non-financial instrument components	<b>131,413</b>	156,428
Total financial assets as per financial instruments note	<b>264,800</b>	874,798

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

	2013 Appropriations						Appropriation applied in 2013 (current and prior years) \$	Variance \$
	Appropriation Act		FMA Act			Total appropriation \$		
	Annual Appropriation \$	Appropriations reduced <sup>1</sup> \$	Section 30 \$	Section 31 \$	Section 32 \$			
<b>DEPARTMENTAL</b>								
Ordinary annual services	12,650,000	-	-	1,786,330	-	14,436,330	13,765,060	671,270
<b>Total departmental</b>	12,650,000	-	-	1,786,330	-	14,436,330	13,765,060	671,270
<b>ADMINISTERED</b>								
Ordinary annual services Administered items	15,867,000	262,333	-	-	-	15,604,667	15,604,667	-
<b>Total administered</b>	15,867,000	262,333	-	-	-	15,604,667	15,604,667	-

**Notes:**

1. Appropriations reduced under Appropriation Acts (No.1,3,5) 2012–13; sections 10, 11, 12 and 15 and under Appropriation Acts (No.2,4,6) 2012–13; 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) 2012–13 and section 12 of Appropriation Acts (Nos. 2,4&6) 2012–13, the appropriation is taken to be reduced to the required amount specified in Table E 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.
2. In 2012–13, 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.
3. Departmental variance relates to additional section 31 revenue received.
4. During 2012–13 legal advice was received that indicated there could be breaches of Section 83 under certain circumstances with payments for long service leave, goods and services tax and payments under determination of the Remuneration Tribunal. Cancer Australia will review its processes and controls over payments for these items to minimise the possibility for future breaches as a result of these payments.



## Note 23: Appropriations

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

	2012 Appropriations					Appropriation applied in 2012 (current and prior years) \$	Variance \$	
	Appropriation Act		FMA Act					
	Annual Appropriation \$	Appropriations reduced <sup>1</sup> \$	Section 30 \$	Section 31 \$	Section 32 \$			Total appropriation \$
<b>DEPARTMENTAL</b>								
Ordinary annual services	13,167,000	-	-	2,086,755	-	15,253,755	14,709,482	544,273
<b>Total departmental</b>	13,167,000	-	-	2,086,755	-	15,253,755	14,709,482	544,273
<b>ADMINISTERED</b>								
Ordinary annual services Administered items	15,534,000	263,165	-	-	-	15,270,835	15,270,835	-
<b>Total administered</b>	15,534,000	263,165	-	-	-	15,270,835	15,270,835	-

## Notes:

- Appropriations reduced under Appropriation Acts (No.1.3) 2011–12: sections 10, 11 and 12 and under Appropriation Acts (No.2.4) 2011–12: 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) 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 E 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.
- Administered appropriation applied in 2012 includes spend from prior year undrawn, unexpired appropriations.
- Departmental variance relates to additional section 31 revenue received

Note 23: Appropriations

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

	2013 Capital Budget Appropriations			Capital Budget Appropriations applied in 2013			
	Appropriation Act		Total Capital Budget Appropriations	Payments for non-financial assets	Payments for other purposes	Total payments	Variance
	Annual Capital Budget	Appropriations reduced <sup>2</sup>					
<b>DEPARTMENTAL</b>	\$	\$	\$	\$	\$	\$	\$
<b>Ordinary annual services—</b> Departmental Capital Budget <sup>1</sup>	-	-	-	-	-	-	-
<b>ADMINISTERED</b>							
<b>Ordinary annual services—</b> 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) 2012–13: sections 10, 11, 12 and 15 or via a determination by the Finance Minister.

	2012 Capital Budget Appropriations			Capital Budget Appropriations applied in 2012			
	Appropriation Act		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>	\$	\$	\$	\$	\$	\$	\$
<b>Ordinary annual services—</b> Departmental Capital Budget <sup>1</sup>	445,000	-	445,000	445,000	-	445,000	-
<b>ADMINISTERED</b>							
<b>Ordinary annual services—</b> 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 23: Appropriations

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

	2013	2012
Authority	\$	\$
Appropriation Act (No.1) 2006–07	405,030	405,030
Appropriation Act (No.1) 2007–08	-	-
Appropriation Act (No.1) 2008–09	550,013	729,964
Appropriation Act (No.1) 2009–10	63,284	213,112
Appropriation Act (No.1) 2010–11	33,012	28,494
Appropriation Act (No.1) 2011–12	1,083,287	2,205,847
Appropriation Act (No. 1) 2012–13 <sup>1</sup>	2,426,194	-
<b>Total</b>	<b>4,560,820</b>	<b>3,582,447</b>

1. Amount includes unspent cash balance and the appropriation receivable balance which has been reduced by \$43,000, an amount which was formalised by the Minister for Finance on 5 August 2013.

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

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

Departmental:	\$
Appropriation Act (No.1) 2006–07	405,030
Appropriation Act (No.1) 2007–08	-
Appropriation Act (No.1) 2008–09	550,013
Appropriation Act (No.1) 2009–10	63,284
<b>Total</b>	<b>1,018,327</b>

#### Administered

Nil

Note 23: Appropriations

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

2012–13	Amount required <sup>3</sup> — by Appropriation Act Act (No.1)	Total amount required <sup>3</sup>	Total amount appropriated <sup>4</sup>	Total reduction <sup>5</sup>
<b>Ordinary Annual Services</b>				
Outcome 1	15,867,000.00	15,604,666.52	15,867,000.00	262,333.48
<b>Notes:</b>				
1. Numbers in this section of the table must be disclosed to the cent.				
2. Administered items for 2013 were reduced to these amounts when these financial statements were tabled in Parliament as part of Cancer Australia's 2013 annual report. This reduction was effective in 2014, but the amounts were reflected in Table A in the 2013 financial statements in the column 'Appropriations reduced' as they were adjustments to 2013 appropriations.				
3. Amount required as per Appropriation Act (Act 1 s. 11)				
4. Total amount appropriated in 2013.				
5. Total reduction effective in 2014.				
2011–12	Amount required <sup>3</sup> — by Appropriation Act Act (No.1)	Total amount required <sup>3</sup>	Total amount appropriated <sup>4</sup>	Total reduction <sup>5</sup>
<b>Ordinary Annual Services</b>				
Outcome 1	15,534,000.00	15,270,835.39	15,534,000.00	263,164.61

**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 Cancer Australia'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.





## Note 24: Special Accounts

Cancer Australia does not operate any Special Accounts.

## Note 25: Compensation and Debt Relief

### Departmental

No 'Act of Grace payments' were expensed during the reporting period (2012: nil).

No waivers of an amount owing to the Australian Government was made pursuant to subsection 34(1) of the *Financial Management and Accountability Act 1997* (2012: nil).

No payments were provided under the Compensation for Detriment caused by Defective Administration (CDDA) Scheme during the reporting period (2012:nil).

No ex-gratia payments were provided for during the reporting period (2012: 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 (2012: nil).

### Administered

No 'Act of Grace payments' were expensed during the reporting period (2012: nil).

No waivers of an amount owing to the Australian Government were made pursuant to subsection 34(1) of the *Financial Management and Accountability Act 1997* (2012: one).

No payments were provided under the Compensation for Detriment caused by Defective Administration (CDDA) Scheme during the reporting period (2012:nil).

No ex-gratia payments were provided for during the reporting period (2012: 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 (2012: nil).

## Note 26: Reporting of Outcomes

Cancer Australia allocates shared items to outcomes in proportion to the employee costs directly assigned to outcomes in the 2012–13 financial year.

### Note 26A: Net Cost of Outcome Delivery

	Outcome 1		Total	
	2013 \$	2012 \$	2013 \$	2012 \$
<b>Departmental</b>				
Expenses	<b>(14,500,600)</b>	(13,849,326)	<b>(14,500,600)</b>	(13,849,326)
Own-source income	<b>1,912,529</b>	1,311,703	<b>1,912,529</b>	1,311,703
<b>Administered</b>				
Expenses	<b>(15,604,667)</b>	(15,270,835)	<b>(15,604,667)</b>	(15,270,835)
Prior year grant monies	<b>91,483</b>	384,735	<b>91,483</b>	384,735
<b>Net cost of outcome delivery</b>	<b>(28,101,255)</b>	(27,423,723)	<b>(28,101,255)</b>	(27,423,723)

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



## Note 26: Reporting of Outcomes

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

	Outcome 1		Total	
	2013 \$	2012 \$	2013 \$	2012 \$
<b>Expenses</b>				
Employee	(7,486,812)	(5,906,327)	(7,486,812)	(5,906,327)
Suppliers	(6,420,863)	(7,441,953)	(6,420,863)	(7,441,953)
Depreciation and amortisation	(566,274)	(394,963)	(566,274)	(394,963)
Write-down and impairment of assets	(11,315)	(6,890)	(11,315)	(6,890)
Finance costs	(6,263)	(2,965)	(6,263)	(2,965)
Loss from asset sales	(9,073)	(96,228)	(9,073)	(96,228)
<b>Total</b>	<b>(14,500,600)</b>	<b>(13,849,326)</b>	<b>(14,500,600)</b>	<b>(13,849,326)</b>
<b>Income</b>				
Income from government	12,607,000	12,722,000	12,607,000	12,722,000
Provision of goods and rendering of services	1,545,615	989,345	1,545,615	989,345
Other revenue	151,277	240,666	151,277	240,666
Other gains	215,637	81,692	215,637	81,692
<b>Total</b>	<b>14,519,529</b>	<b>14,033,703</b>	<b>14,519,529</b>	<b>14,033,703</b>
<b>Assets</b>				
Cash and cash equivalents	1,266,889	921,794	1,266,889	921,794
Trade and other receivables	3,437,933	3,041,944	3,437,933	3,041,944
Infrastructure, Property, Plant & Equipment	853,064	1,178,961	853,064	1,178,961
Intangible assets	225,989	249,666	225,989	249,666
Inventories	10,805	-	10,805	-
Other non-financial assets	108,220	10,666	108,220	10,666
<b>Total</b>	<b>5,902,900</b>	<b>5,403,031</b>	<b>5,902,900</b>	<b>5,403,031</b>
<b>Liabilities</b>				
Trade creditors	(1,598,944)	(911,630)	(1,598,944)	(911,630)
Employee provisions	(1,478,269)	(1,229,340)	(1,478,269)	(1,229,340)
Personal benefits payable	(200,291)	(170,650)	(200,291)	(170,650)
Other provisions	(150,374)	(141,471)	(150,374)	(141,471)
Unearned revenue	(62,459)	(155,454)	(62,459)	(155,454)
Other payables	(716,904)	(1,117,755)	(716,904)	(1,117,755)
<b>Total</b>	<b>(4,207,241)</b>	<b>(3,726,300)</b>	<b>(4,207,241)</b>	<b>(3,726,300)</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 26: Reporting of Outcomes

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

	Outcome 1		Total	
	2013 \$	2012 \$	2013 \$	2012 \$
<b>Expenses</b>				
Sitting and Advisory fees	(303,393)	(243,592)	(303,393)	(243,592)
Suppliers	(427,488)	(457,893)	(427,488)	(457,893)
Grants and service delivery contracts	(14,670,316)	(14,446,762)	(14,670,316)	(14,446,762)
Travel	(124,161)	(71,661)	(124,161)	(71,661)
Other expenses	(79,309)	(50,927)	(79,309)	(50,927)
<b>Total</b>	<b>(15,604,667)</b>	<b>(15,270,835)</b>	<b>(15,604,667)</b>	<b>(15,270,835)</b>
<b>Income</b>				
Return of grant monies	91,483	384,735	91,483	384,735
<b>Total</b>	<b>91,483</b>	<b>384,735</b>	<b>91,483</b>	<b>384,735</b>
<b>Assets</b>				
Cash and cash equivalents	260,552	779,138	260,552	779,138
Trade receivables	135,661	252,088	135,661	252,088
<b>Total</b>	<b>396,213</b>	<b>1,031,226</b>	<b>396,213</b>	<b>1,031,226</b>
<b>Liabilities</b>				
Trade creditors	(890,729)	(153,512)	(890,729)	(153,512)
Other creditors	(12,390)	(23,063)	(12,390)	(23,063)
Grants	(94,037)	(628,124)	(94,037)	(628,124)
<b>Total</b>	<b>(997,156)</b>	<b>(804,699)</b>	<b>(997,156)</b>	<b>(804,699)</b>

Outcome 1 is described in Note 1.1.



## Note 27: Net Cash Appropriation Arrangements

	2013	2012
	\$	\$
Total comprehensive income less depreciation/amortisation expenses previously funded through revenue appropriations	<b>585,202</b>	579,340
Plus: depreciation/amortisation expenses previously funded through revenue appropriation	<b>(566,274)</b>	(394,963)
<b>Total comprehensive income—as per the Statement of Comprehensive Income*</b>	<b>18,928</b>	184,377

\* As per the Statement of Comprehensive Income.

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



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

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

### Note 28A: Fundraising appeals conducted during the financial period

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

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

	2013	2012
	\$	\$
<b>Pink Ribbon Breakfast</b>		
Gross proceeds of fundraising appeal	129,736	159,769
Total direct costs of fundraising appeal	(83,109)	(84,575)
<b>Net surplus from fundraising appeal</b>	<b>46,627</b>	<b>75,194</b>
<b>Donations</b>		
Gross proceeds of fundraising appeal	21,541	80,897
Total direct costs of fundraising appeal	-	-
<b>Net surplus from fundraising appeal</b>	<b>21,541</b>	<b>80,897</b>

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

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

### Note 28D: Comparison by monetary figures and percentages

	2013	2012
	\$	\$
Total cost of fundraising appeals <sup>1</sup>	83,109	84,575
Gross income from fundraising appeals	151,277	240,666
%	55%	35%
Net surplus from fundraising appeals	68,168	156,091
Gross income from fundraising appeals	151,277	240,666
%	45%	65%

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 2012–13.

### Asset management

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

Cancer Australia undertakes a regular stocktake of fixed and intangible assets each financial year, and this was completed during 2012–13. The location and condition of assets were confirmed. All assets were assessed for impairment at 30 June 2013.

During 2012–13 Cancer Australia continued its shared services arrangement with the National Health and Medical Research Council (NHMRC) for its Canberra and Melbourne sites. The shared services included co-location and some administrative support.

### Australian National Audit Office access

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

### Competitive tendering and contracting

All open tenders and contracts awarded by Cancer Australia during 2012–13 were published on AusTender.

### Consultancies

During 2012–13, 20 consultancy contracts were entered into involving total actual expenditure of \$325,973 from Departmental Funds and \$179,903 from Administered Funds. In addition, seven ongoing consultancy contracts were active during 2012–13, involving total actual expenditure of \$682,672 from Departmental Funds and \$160,204 from Administered Funds.

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

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

### Disability reporting

Since 1994, Commonwealth departments and agencies have reported on their performance as policy adviser, purchaser, employer, regulator and provider under the Commonwealth Disability Strategy. In 2007–08, reporting on the employer role was transferred to the Australian Public Service Commission's *State of the Service Report* and the APS Statistical Bulletin. These reports are available at [www.apsc.gov.au](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 2010–2020, which sets out a 10-year national policy framework to improve the lives of people with disability, promote participation and create a more inclusive society. A high level two-yearly report will track progress against each of the

six outcome areas of the Strategy and present a picture of how people with a disability are faring. The first of these reports will be available in 2014 at [www.fahcsia.gov.au](http://www.fahcsia.gov.au).

The Social Inclusion Measurement and Reporting Strategy agreed by the 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 details 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 2012–13 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, and
- ▶ 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 contracts in excess of \$10,000 entered into by Cancer Australia during 2012–13

that were exempt from being published on AusTender due to freedom of information (FOI) reasons.

## External scrutiny

No judicial or administrative tribunal decisions relating to Cancer Australia were handed down during 2012–13. 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 by a parliamentary committee or the Commonwealth Ombudsman in 2012–13.

## Freedom of information

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

Cancer Australia displays a plan on its website showing what information it publishes in accordance with the IPS requirements. 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 2012 to 30 June 2013:

- ▶ 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 2012 to 30 June 2013 is available at [www.canceraustralia.gov.au](http://www.canceraustralia.gov.au).

## Resource statement and resources for outcomes

**Table B.1 Cancer Australia's resource statement 2012–13**

	Actual available appropriation for 2012–13 \$'000	Payments made 2012–13 \$'000	Balance remaining 2012–13 \$'000
<b>Ordinary annual services<sup>9</sup></b>			
Departmental appropriation	16,557		
Adjustment for prior year reserves	(917)		
Adjustment for s.31 receipts	1,419		
	17,059	13,765	3,294
<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	15,867	15,605	
<b>Total ordinary annual services</b>	<b>32,926</b>	<b>29,370</b>	
<b>Total available annual appropriations and payments</b>	<b>32,926</b>	<b>29,370</b>	
<b>Total net resourcing and payments</b>	<b>32,926</b>	<b>29,370</b>	

**Table B.2 Cancer Australia's summary resource table by outcome 2012–13**

	Budget <sup>10</sup> 2012–13 \$'000	Actual expenses 2012–13 \$'000	Variation 2012–13 \$'000
<b>Outcome 1</b> —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>			
Administered expenses			
Ordinary annual services (Appropriation Bill No.1)	15,867	15,605	262
Departmental expenses			
Department appropriation <sup>11</sup>	14,520	14,501	19
Total for Program 1.1	<b>30,387</b>	<b>30,106</b>	<b>281</b>
<b>Total expenses for Outcome 1</b>	<b>30,387</b>	<b>30,106</b>	<b>281</b>
		<b>2011–12</b>	<b>2012–13</b>
<b>Average staffing level (number)</b>		53	65

<sup>9</sup> Appropriation Bill (No.1)2012–13. This also includes Prior Year departmental appropriations and s.31 receipts.

<sup>10</sup> Full year budget, including any subsequent adjustment made to the 2012–13 Budget.

<sup>11</sup> Departmental Appropriation combines "Ordinary annual services (Appropriation Bill No. 1)" and "Revenue from independent sources (s.31)".

## Purchasing

In 2012–13, Cancer Australia sourced goods and services in accordance with the principles set out in the Commonwealth Procurement Rules.

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, ethical and economical use of Australian Government resources
- ▶ accountability and transparency
- ▶ compliance with other Australian Government policies.

Cancer Australia also established a procurement, grants and probity service to provide education and training and support to staff and to review all procurement and grant activity within the agency to ensure that it complies with legislative requirements and maximises the use of best practice processes.

## Work health and safety

During 2012–13, 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, and
- ▶ 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 supports the agency's leadership role in national cancer control and the delivery of the goals outlined in the Cancer Australia Strategic Plan 2011–14.

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

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

### 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 was chaired by Professor Claire Jackson.

### 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 that support Cancer Australia's leadership role in research and data; and areas of individual expertise, as required.

The group was chaired by Professor Robyn Ward.

### 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 was chaired by Professor Jeff Dunn.

*Cancer Australia also acknowledges with gratitude the contribution of the following Advisory Groups 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, multidisciplinary and patient-centred approaches to breast cancer care; and identification of gaps and barriers in the provision of best practice cancer care.

The group was chaired by Associate Professor Roger Allison.

## Gynaecological Cancer Advisory Group

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

The group was chaired by Professor Sanchia Aranda (inaugural Chair) to March 2013, and subsequently by Associate Professor Peter Grant.

## Lung Cancer Advisory Group

The role of the Lung Cancer Advisory Group is to provide Cancer Australia with expert advice regarding the issues and activities related to lung cancer. The group informs 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 was chaired by Professor Kwun Fong.

## 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	115
A.5		Glossary	Mandatory	110
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	6–10
9(2)		Summary of significant issues and developments	Suggested	6–10
9(2)		Overview of department's performance and financial results	Suggested	6, 33–38, 99–102
9(2)		Outlook for following year	Suggested	10
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	17–18
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	19–31
11(2)		Actual performance in relation to deliverables and KPIs set out in PB Statements/PAES or other portfolio statements	Mandatory	32

Ref	Part of Report	Description	Requirement	Page
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	19–31
11(2)		Trend information	Mandatory	32
11(3)		Significant changes in nature of principal functions/ services	Suggested	Not applicable
11(3)		Performance of purchaser/provider arrangements	If applicable, suggested	Not applicable
11(3)		Factors, events or trends influencing departmental performance	Suggested	6–10
11(3)		Contribution of risk management in achieving objectives	Suggested	20
11(4)		Social inclusion outcomes	If applicable, mandatory	6–10, 19–31
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	33–38, 99–102
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	101
<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	34–35
12(3)		Names of the senior executive and their responsibilities	Suggested	18
12(3)		Senior management committees and their roles	Suggested	17

Ref	Part of Report	Description	Requirement	Page
12(3)		Corporate and operational planning and associated performance reporting and review	Suggested	34
12(3)		Approach adopted to identifying areas of significant financial or operational risk	Suggested	35
12(3)		Policy and practices on the establishment and maintenance of appropriate ethical standards	Suggested	35
12(3)		How nature and amount of remuneration for SES officers is determined	Suggested	35
<b>External Scrutiny</b>				
12(4)		Significant developments in external scrutiny	Mandatory	100
12(4)		Judicial decisions and decisions of administrative tribunals	Mandatory	100
12(4)		Reports by the Auditor-General, a Parliamentary Committee or the Commonwealth Ombudsman	Mandatory	100
<b>Management of Human Resources</b>				
12(5)		Assessment of effectiveness in managing and developing human resources to achieve departmental objectives	Mandatory	36
12(6)		Workforce planning, staff turnover and retention	Suggested	36, 37
12(6)		Impact and features of enterprise or collective agreements, individual flexibility arrangements (IFAs), determinations, common law contracts and AWAs	Suggested	38
12(6)		Training and development undertaken and its impact	Suggested	38
12(6)		Work health and safety performance	Suggested	102
12(6)		Productivity gains	Suggested	36
12(7)		Statistics on staffing	Mandatory	36, 37
12(8)		Enterprise or collective agreements, IFAs, determinations, common law contracts and AWAs	Mandatory	38
12(9) & B		Performance pay	Mandatory	38

Ref	Part of Report	Description	Requirement	Page
12(10)–(11)	Assets management	Assessment of effectiveness of assets management	If applicable, mandatory	99
12(12)	Purchasing	Assessment of purchasing against core policies and principles	Mandatory	102
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	35, 99
12(25)	Australian National Audit Office Access Clauses	Absence of provisions in contracts allowing access by the Auditor-General	Mandatory	99
12(26)	Exempt contracts	Contracts exempt from the AusTender	Mandatory	99
13	Financial Statements	Financial Statements	Mandatory	40–98
<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	102
14(1) & C.2		Advertising and Market Research (Section 311A of the <i>Commonwealth Electoral Act 1918</i> ) and statement on advertising campaigns	Mandatory	99
14(1) & C.3		Ecologically sustainable development and environmental performance (Section 516A of the <i>Environment Protection and Biodiversity Conservation Act 1999</i> )	Mandatory	100
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	100
14(3) & D.2		Disability reporting—explicit and transparent reference to agency level information available through other reporting mechanisms	Mandatory	99–100

Ref	Part of Report	Description	Requirement	Page
14(4) & D.3		Information Publication Scheme statement	Mandatory	100
14(5) & D.4		Spatial reporting—expenditure by program between regional and non-regional Australia	If applicable, mandatory	Not applicable
14(5)		Correction of material errors in previous annual report	If applicable, mandatory	Not applicable
F		List of Requirements	Mandatory	105

## Glossary

Aboriginal	A person of Aboriginal descent who identifies as an Aboriginal and is accepted as such by the community in which he or she lives.
Cancer	A term for diseases in which abnormal cells divide without control. Cancer cells can invade nearby tissues and spread through the bloodstream and lymphatic system to other parts of the body. There are several main types of cancer. Carcinoma is cancer that begins in the skin or in tissues that line or cover internal organs. Sarcoma is cancer that begins in bone, cartilage, fat, muscle, blood vessels or other connective or supportive tissue. Leukaemia is cancer that starts in blood-forming tissue such as the bone marrow and causes large numbers of abnormal blood cells to be produced and enter the bloodstream. Lymphoma and multiple myeloma are cancers that begin in the cells of the immune system.
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 in 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 journey	An individual's experience of cancer, from detection and screening, diagnosis and treatment to relapse, recovery and/or palliative care.
Cancer of unknown primary origin	A case in which cancer cells are found in the body, but the place that the cells first started growing (the origin or primary site) cannot be determined.
Chemotherapy	The use of medications (drugs) to kill cancer cells, or to prevent or slow their growth.
Clinical trial	Research conducted with the patient's permission, which usually involves a comparison of two or more treatments or diagnostic methods. The aim is to gain better understanding of the underlying disease process and/or methods to treat it. A clinical trial is conducted with rigorous scientific method for determining the effectiveness of a proposed treatment.
Endoscopy	Visual examination of the inside of the body by means of a medical instrument called an endoscope.

Epidemiology	The study of the patterns and causes of health and disease in populations and the application of this study to improve health.
Gynaecological cancers	Cancers of the female reproductive tract, including cancers of the uterus, ovary, cervix, vagina, vulva, placenta and fallopian tubes.
Health outcome	A health-related change due to a preventive or clinical intervention or service. The intervention may be single or multiple and the outcome may relate to a person, group or population or be partly or wholly due to the intervention.
Incidence	The number of new cases of a disease diagnosed each year.
Indigenous	A person of Aboriginal or Torres Strait Islander descent who identifies as such and is accepted as such by the community with which he or she is associated.
Lymphoma	A cancer of the lymph nodes. Lymphomas are divided into two broad types: Hodgkin's lymphomas and non-Hodgkin's lymphomas.
Medical oncologist	A doctor who specialises in diagnosing and treating cancer using chemotherapy, hormonal therapy and biological therapy. A medical oncologist often is the main health care provider for someone who has cancer. A medical oncologist also gives supportive care and may coordinate treatment given by other specialists.
Melanoma	A cancer of the body's cells that contain pigment (melanin), mainly affecting the skin.
Mortality	The death rate or the number of deaths in a certain group of people in a certain period of time. Mortality may be reported for people who have a certain disease; live in one area of the country; or 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 is provided through early identification and impeccable assessment and treatment of pain and other physical, psychosocial and spiritual problems.
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.
Qstream	A flexible method of online education designed to allow learners and educators to harness the benefits of spaced education, which consists of spacing and repeating material over time to improve learning retention.
Quality of life	An individual's overall appraisal of their situation and subjective sense of wellbeing. Quality of life encompasses symptoms of disease and side effects of treatment, functional capacity, social interactions and relationships and occupational functioning. Key psychological aspects include subjective distress, satisfaction with treatment, existential issues and the impact of illness and treatment on sexuality and body image.
Radiotherapy or radiation oncology	The use of radiation, usually x-rays or gamma rays, to kill tumour cells.

Screening	The presumptive identification of unrecognised disease or defects by means of tests, examinations or other procedures. In Australia, organised screening programs must adhere to the Australian Health Ministers' Advisory Council's Population Based Screening Framework available at <a href="http://www.cancerscreening.gov.au">www.cancerscreening.gov.au</a> .
Staging	Conventionally refers to the allocation of categories (0, I, II, III, IV) to groupings of tumours defined by internationally agreed criteria. Frequently these are based on the tumour, the nodes and the metastases. Staging may be based on clinical or pathological features.
Support networks	People on whom an individual can rely for the provision of emotional caring and concern and reinforcement of a sense of personal worth and value. Other components of support may include provision of practical or material aid, information, guidance, feedback and validation of the individual's stressful experiences and coping choices.
Torres Strait Islander	A person of Torres Strait Islander descent who identifies as a Torres Strait Islander and is accepted as such by the community in which he or she lives.
Tumour	An abnormal growth of tissue. It may be localised (benign) or invade adjacent tissues (malignant) or distant tissues (metastatic).

## Abbreviations

ACRRM	Australian College of Rural and Remote Medicine
AIHW	Australian Institute of Health and Welfare
APS	Australian Public Service
BCNA	Breast Cancer Network Australia
BMC	BioMed Central
DoHA	Department of Health and Ageing
EL	Executive Level
FOI	Freedom of Information
GP	general practitioner
IPS	Information Publication Scheme
NHMRC	National Health and Medical Research Council
PCFA	Prostate Cancer Foundation of Australia
PdCCRS	Priority-driven Collaborative Cancer Research Scheme
SES	Senior Executive Service
UICC	Union for International Cancer Control

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