

THE CANCER COUNCIL ACT 28TH ANNUAL REPORT

2003/04



Working in the Australian Capital Territory to reduce the incidence and impact of cancer



The Australian Capital Territory (ACT)

The Cancer Council ACT

The Cancer Council ACT is a not-for-profit organisation that aims to promote a healthier community by reducing the incidence and impact of cancer in the ACT region.

The Cancer Council ACT (The Council) is a non-government community organisation that depends largely on the generosity of the ACT and surrounding community providing donations and supporting fundraising initiatives.

Vision

To promote a healthier community by reduction of the incidence and impact of cancer in the Canberra area through information, education, supportive care and research.

Values

- > accepting the principles of the Ottawa Charter for Health Promotion
- > provision of quality programs and services
- > working within an evidence-based paradigm
- > working within a 'community/ environmental/ ecological' approach rather than an 'individual' or 'biomedical' approach
- > ensuring accessibility of services
- > maintaining professional standards

Memberships of Major Cancer Organisations

- > The Cancer Council Australia, together with other member organisations in each state and territory
- > Asian and Pacific Federation of Organisations for Cancer Research and Control
- > International Non-Governmental Coalition Against Cancer
- > International Union For Health Promotion and Education
- > International Union against Cancer (UICC). The UICC is an international non-governmental association of more than 290 organisations in 90 countries. Its objectives are to advance scientific and medical knowledge in research, diagnosis, treatment and prevention of cancer, and to promote all other aspects of the campaign against cancer throughout the world.

PROGRAMS AND SERVICES

Cancer Information Service

The Cancer Information Service provides information on all aspects of cancer via the Cancer Helpline 13 11 20, through written information, e-mail service, lending library and walk in consultation service.

Cancer Prevention and Early Detection Program

The Cancer Prevention and Early Detection Program encompasses: the Adult Smoking Cessation Service which includes the Quitline 131 848, workplace seminars and Quit courses; the General Cancer Prevention and Early Detection Service promoting cancer prevention behaviours and participation in early detection programs; and the Youth and Cancer Service promoting cancer prevention behaviours amongst schools and youth in the ACT.

Supportive Care Service

The Supportive Care Service provides facilitated support groups for people affected by cancer and their families or carers, a wig service and a peer assistance volunteer service.

Research Program

Research grants are awarded annually and fund cancer research and related projects in the ACT.

Fundraising and Business Development Program

In 2003/04 The Cancer Council ACT raised 53.3% of its total funds through donations, bequests and community events including the well known Daffodil Day, Australia's Biggest Morning Tea and Relay For Life.

Contents

Strategic Plan	2
President's Report	3
Finance Report	5
Executive Officer's Report	6
Summary of Services	8
Programs and Services	
Client Services	10
Adult Smoking Cessation Service	11
General Cancer Prevention and Early Detection Service	14
Youth and Cancer Service	16
Cancer Information Service	20
Supportive Care Service	23
Research Program	26
Fundraising and Business Development Program ...	30
The Cancer Council ACT Shop	32
Other Activities	37
Organisational Chart	38
Staff and Volunteers	39
Ottawa Charter	43
Financial Report	46
'Two foundation members remember the early days of the ACT Cancer Society' by Crispin Hull	62

Acknowledgment

The Cancer Council ACT would like to acknowledge Creative Image Photography for the photos of staff and Board members, and thank them for their much appreciated generosity.

Cover photo: The Canberra Times

About this Annual Report

This annual report provides details of The Cancer Council ACT Inc activities, initiatives and achievements for the financial year ended 30 June 2004.

Approximately 500 copies of this comprehensive report are printed and provided to key stakeholders within Australia and overseas, including other state and territory cancer organisations, government, council members, and other interested parties.

The report is the major publication produced by The Council each year. It is used to provide readers with information about The Council's performance during the year and indicate direction for the coming year.

The Cancer Council ACT aims to make this report an accurate, informative and easy to read document. Your feedback and suggestions for improvement are welcome. If you have any comments, please contact The Cancer Council ACT.

Strategic Plan 2002–04

PREVENTION AND EARLY DETECTION OF CANCER

Macro Goal 1 For people in the ACT to experience a reduction in the incidence of preventable cancers and an increase in the early detection of cancers.

Micro Goals

- 1a) For people in the ACT to be aware of the need to use cancer prevention strategies and be motivated to take responsibility for changing their behaviour.
- 1b) For people in the ACT to be supported to practice healthy behaviours by appropriate legislation and public policy.
- 1c) For related service providers to understand, encourage and support healthy behaviours.
- 1d) For employers, families and communities to understand and support cancer preventing behaviours.
- 1e) For health practitioners and allied health providers to use evidence based practices in supporting individuals to achieve healthy behaviours.

CANCER INFORMATION AND SUPPORTIVE CARE

Macro Goal 2 For people in the ACT affected by a cancer diagnosis to have the negative impact of cancer minimised.

Micro Goals

- 2a) For cancer patients and their families to have sufficient information and skill to reduce anxiety and have a satisfactory level of control during their cancer experience.
- 2b) For cancer patients to have the negative impact of cancer minimised by legislation and public policy.
- 2c) For cancer patients to have access to adequate medical services which are coordinated and networked in an appropriate manner.
- 2d) For cancer patients and their families to be aware of, and able to access, relevant community services and supports.
- 2e) For health professionals and other service providers to use an evidence-based approach in serving cancer patients.

ENABLING GOALS

Goal 3 For the organisation to raise sufficient funds to fulfil its plans.

Goal 4 For the Board of Directors to govern well.

Goal 5 For the organisation to be managed so that it fulfils the current strategic plan.

President's Report



Kevin White,
President

This is my third report to the members of The Cancer Council ACT and I am pleased to be able to inform you of some major developments.

Firstly, The Cancer Council ACT seems very close to moving to premises which will allow it to more fully carry on the important work it already does and also allow for some expansion to make our clients more comfortable and open up opportunities to increase services.

Additionally, in response to the organisation having grown from one that in 1976/77 had an income of \$17,886 to one that today has an income of \$1.4 million, the Board has agreed to take to the members a proposal that The Cancer Council ACT restructures to become a company limited by guarantee rather than, as at present, an incorporated association.

In my capacity as a sociologist, I worked with Ms Nicole Druhan-McGinn to research and write the now finalised document *Toward Best Practice in Supportive Care Provision in the ACT: The Cancer Council ACT Survey of the Reported Supportive Care Needs of People Affected by a Cancer Diagnosis*. We now have proof that a significant proportion of patients are accessing The Council's services, and in the community there is a high level of awareness of The Council and its work. One of the groups with significant unmet supportive care needs is carers, and specifically, from the results of our survey, male carers. The Council has, as a result, already begun a Carers Support Group and staff are currently in discussion to find other ways to boost support for this group.

We have ascertained that there are no significant differences between the ACT and NSW communities detected by this study, so The Cancer Council ACT has asked that in the future, ACT be surveyed in conjunction with NSW in the regular surveys The Cancer Council NSW conducts.

In another survey conducted by the Reader's Digest, The Cancer Council was ranked as the fifth most trusted charity behind the Royal Flying Doctor Service (first), St John's Ambulance, the Salvation Army and the Pink Ribbon Campaign, the last having been begun by and still being run by The Cancer Councils.

Similarly, The Council was also honoured to receive the ACT Small Business Award section of the Prime Minister's Awards for Excellence in Community Business Partnerships 2003. Our partner was Kowalski Consulting Pty Ltd and I would like to thank

Anne Kowalski for selecting The Council to compete in the Award as a partner.

As an insert in this Report you will find a paper concentrating on some of the visionary founding members of the ACT Cancer Society (now The Cancer Council ACT). We were proud to support a motion at the 2002/03 Annual General Meeting that Professor John Williams be offered an honorary life membership, which he has accepted. The document, written by Crispin Hull aims to capture the passion that energised those early days. We have much for which to thank these foundation members.

With a federal election looming in 2004, The Cancer Council Australia has approached all political parties to commit to eight cancer control priorities: a comprehensive tobacco control program; a national cancer care agency; improving rural, regional and Indigenous services; increased support for cancer research; support for clinical trials capacity building; a national SunSmart program; a comprehensive nutrition and physical activity program; and a national colorectal screening program. As a member of The Cancer Council Australia, The Cancer Council ACT fully supports these priorities and will approach all ACT federal candidates asking for their commitment to these issues.

One of these priorities, a national cancer care agency, has been determined in response to the Commonwealth's National Service Improvement Framework. This framework, for improved cancer care services across Australia, is already in development for which the Commonwealth is commended.

The Council is very pleased to learn that ACT Health will develop a formalised clinical stream for cancer. Due to begin in July 2004, the proposed Capital Region Cancer Stream is an attempt to improve clinical pathways for patients, and will cover the ACT and surrounding NSW area. We are very supportive of this model and the fact that although ACT Health plans to implement further clinical streams for other health areas, cancer is the first.

In June 2004, The Council was invited, along with key community, business and public health groups, to participate in the consultative committee on the *Smoking (Prohibition in Enclosed Public Places) Act 2003*. The purpose of the committee was to provide advice and suggestions on the transition of premises from partially smoking to totally non-smoking. The ACT is the first Australian jurisdiction to bring in legislation which will stop smoking in enclosed public places (effective end of 2006).

The Council was also involved, in conjunction with other charities, in consultations with the Board of Taxation about the proposed Charities Bill 2003. The intention of the draft Bill was to define a 'charity'. The Council had a number of major concerns with the proposed Bill, particularly in relation to the fact that the legislation could be used to hinder advocacy efforts to improve cancer control. The Board of Taxation ultimately reported that the draft Bill does not achieve the level of clarity that was intended regarding the legislative definition of a charity. It was announced by the Federal Treasurer during the 2004 Budget that the draft Bill will not proceed.

The Cancer Council ACT Board established a Research Grant Committee to formalise the research funding process, and the process, policies and terms of reference for the committee have also been finalised. In the first half of 2004/05 The Council Board and staff members will develop the strategic plan for the next three years, 2004–2007.

Despite the best efforts of The Cancer Council ACT's fundraising team the results are that The Council has achieved are lower than hoped for especially for our biggest fundraiser Daffodil Day. The result was the same across the country so it may be time to think about some changes to the event or boost other or new activities to compensate for the apparent plateauing of this event. Daffodil Day returned about

\$40,000 less than The Council had budgeted for and \$5,000 less than we had raised in 2001/02.

On a more positive and hopeful note I would like to repeat what I wrote in my report in the 2001/02 Annual Report quoting John Sefferin of the international cancer control organisation of which The Council is a member, UICC: "Today cancer is potentially the most preventable and most curable of the major life-threatening illnesses facing humankind". I think that as you read through the following pages you will see that The Cancer Council ACT is successfully, commensurate with its size and resources, spreading this message and the message about how to prevent many, many cancers to all in the community.

In conclusion, I would like to thank all those who have contributed to The Cancer Council ACT over the year whether as donor, volunteer, sponsor or funding agency. I would further like to thank the staff of The Council for the continuously high level of service they have provided to the community. Thank you also to the other Board members who have worked so well together over the past year achieving important results for The Council and for supporting me so strongly in my role as President.

Dr Kevin White
President

Finance Report

On behalf of The Council, I present this report in respect of The Cancer Council ACT for the year ended 30 June 2004.

The Council reported an operating deficit of \$10,221 (2003: Surplus \$31,211). The deficit has led to a decrease in members funds from \$975,578 to \$965,357.

Revenue increased 6.4% overall (\$1,573,032 v \$1,478,937), though there was a significant change in the income mix. Grant income increased by \$177,007 while Shop Sales fell by \$158,065, the latter being a reflection of the Belconnen store closure. Other significant changes included, Donations (up \$17,338), Bequests (up \$22,027), Interest (up \$17,326) and Proceeds on Disposal of Shares (up \$10,868).

More than offsetting the revenue gains were significant increases in expenses, the largest of which was Staff Costs (up \$94,139) which primarily came from an increase in Contract Staff expenses

(up \$73,110). Other notable increases were Event Costs (up \$48,288), and Advertising & Promotion (up \$64,296).

The Statement of Financial Position (previously known as the Balance Sheet), remains strong though the \$198,888 increase in Cash Assets is somewhat misleading as it comes as a result of the receipt of funds for work that is yet to be completed (shown as Unearned Revenue).

The current asset ratio of The Council remains relatively strong at 5.17 (2003: 12.01) though the decline will require continual monitoring. The Current Asset Ratio reflects the ability of The Council to meet current obligations as they fall due.

Overall The Council is in a strong position to continue its work within the Canberra Region through the provision of cancer education, advocacy and support.

Mr David Stephens

Consultant to The Cancer Council ACT

Executive Officer's Report



Joan Bartlett,
Executive Officer

Welcome to The Cancer Council ACT's 28th Annual Report.

This year has been one in which we have provided more services and improved the quality of existing services. An exciting new development has been our work on the ACT Youth Smoking Prevention Strategy which is about half way to completion. A full report of the development of this Strategy is contained later in this report.

The Report: *Toward Best Practice in Supportive Care Service Provision in the ACT: The Cancer Council ACT Survey of the Reported Supportive Care Needs of People Affected by a Cancer Diagnosis* has been finalised, distributed and key recommendations put into action.

In last year's Annual Report we set some specific goals for 2003/04 and I would like to address each one of these in turn.

Cancer Prevention and Early Detection Program

1. Community capacity building — training health professionals and student leaders to provide cessation support to smokers — achieve 12 education sessions over the year.

The Council provided 11 training courses for health professionals over the year.

2. Continue to address areas of specific inequality.

Groups experiencing 'specific inequalities' in health status include low income earners, people with a mental illness, certain groups of young people and Aboriginal and Torres Strait Islander people. This year The Council worked with, and provided courses for, people in all the above categories.

3. Build on the momentum of ACT Government's Smokefree legislation by seeking government assistance for a mass media anti-smoking campaign as well as providing more resources for Quit courses and seminars.

The Council obtained funding from ACT Health for an anti-smoking advertising campaign to run in 2004/05 using a combination of the National Tobacco Campaign's 'Every cigarette is doing you damage' advertisements and Quit Victoria's Quitline advertisements. This funding will also allow The Council to provide more Quit courses and seminars as a flow-on from the heightened exposure provided by the advertising.

4. Review ACT primary schools accredited since 1998 to ensure schools are maintaining their sun protection standards and identify any areas of further need.

A review was conducted which, both ensured existing accredited schools were renewed, and encouraged new schools into the accreditation process. This has resulted in an increase in the number of accredited SunSmart schools from 28 to 43 out of a possible 107. A biannual SunSmart school newsletter was initiated which is distributed to all SunSmart Schools.

5. Assess needs for more outdoor worker programs and redo 2001 survey.

The outdoor worker program has been further assessed and updated and among other activities The Council has agreed to participate in long-term involvement in the Group Training Programs offered to construction and building industry apprentices.

6. Continue the development of the ACT Youth Smoking Prevention Strategy.

Complete progress of this project is detailed under a separate section in this Annual Report.

7. Continue West Belconnen Schools project to cover all three school clusters, auditing all school health curricula, recommend changes as required and present action plans to all school health and executive committees.

One high school and six primary schools were supported by The Council to conduct an audit of their health promotion practices in the four identified cancer prevention areas.

8. Royal Canberra Show exit survey to have 75% of respondents answering correctly that sunscreen should be re-applied every 2 hours.

53% of respondents indicated the correct time of 2 hours, which is the same as last year. The SmokeFree and SunSmart messages were the most commonly recalled health messages amongst respondents.

9. Put smoking prevention back at the top of the public health agenda.

An important achievement this year was an Australian first with the ACT being the first jurisdiction to legislate for the introduction of smokefree public places. This will take effect at the end of 2006.

10. Achieve 80% SunSmart accreditation for ACT primary schools and Early Childhood Centres and embark on similar accreditation for ACT high schools.

In hindsight this was an unrealistic target since it is not possible to get this level of cooperation for one program from this many schools although 43 out of a possible 107 primary schools have been accredited. Limited progress has been made with high schools as yet.

11. Work to ensure state/territory/national data from the next Australian Secondary Schools' Alcohol and Drug Survey (ASSAD) in 2005 is comparable.

This is still to be achieved but The Council has identified keen collaborators to help us bring this about.

Cancer Information and Supportive Care Program

1. To strengthen the Supportive Care Service in line with the findings of The Cancer Council ACT Survey.

Individual information packs will be given to newly diagnosed patients free of charge from early 2005. Carers support, especially for men is to be boosted.

2. To offer additional specific support groups to women with breast cancer and Living With Cancer Education Program.

'Pink Links', young women and breast cancer; and 'Illness and Journey' closed, time limited groups, were run. One Living With Cancer Education Program was run as a whole but not run additionally as individual sessions because of a staff change.

3. To reduce the number of relevant people who, when surveyed, admit gaps in their knowledge regarding resources of The Cancer Council ACT.

No such survey was run in this twelve month period.

Fundraising and Business Development Function

As a result of unacceptably high costs associated with maintaining The Cancer Council ACT Shop in Belconnen we closed the Shop on 31 August 2003 and re-opened it at our Kaleen office on 8 September 2003. Staff have been very pleased with the public's response to this move and the large number of customers who have sought the Shop out. However, the space needed to accommodate the amount of stock which must be held means that finding a new, larger home for The Cancer Council ACT is now an urgent priority.

The answers to some questions that may arise from the Financial Report are as follows:

- > a great deal of (mostly older) stock was sold at less than cost price when The Council moved the Shop from Belconnen thus leading to a decrease in the amount derived from Shop sales in comparison to last year;
- > the increase in Contract Staff expenses can be attributed in total to the cost of hiring the firm TNS Social Research for work on the ACT Youth Smoking Prevention Strategy; and
- > finally, the apparent rise in Event Costs is partly because of the introduction, in 2002/03, of a new method of accounting for Daffodil Day merchandise by showing expenditure in the actual year of the event. This meant that in 2002/03 no expenditure on Daffodil Day stock appeared in the report but this year it does. So, when comparing years there appears to be quite a disparity. The Italian Ball, a one-off event, also had high unexpected costs.

Other Activities Planned for 2004/05

Preparations are well underway for the Consumer Forum on Cancer we will be running in conjunction with the Cancer Alliance Network on the afternoon prior to the Clinical Oncological Society of Australia's annual conference in Canberra in November 2004.

Conclusion

In conclusion I would like to wholeheartedly thank the Board members for their keen involvement in The Council's activities, with a special mention of the President, Dr Kevin White. In addition, thank you to the staff members who have worked to ensure that our services and fundraising activities are of a very high quality with each passing year showing continuous improvement. I am sincerely proud of working with them as a colleague.

No organisation such as The Cancer Council ACT can survive without our wonderful volunteers in the Wig Service, the Peer Assistance Volunteer Service and the fundraising area who continue year after year to ensure that we can continue to serve the community. I would like to thank also our sponsors and others (such as the Baum family who garage The Council's car) for their extraordinary generosity.

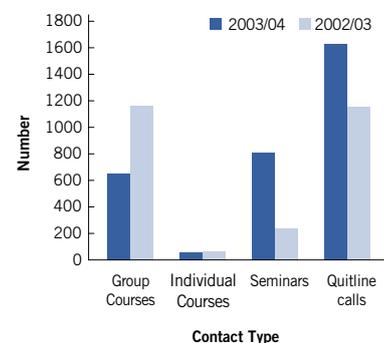
Ms Joan Bartlett
Executive Officer

Summary of Services

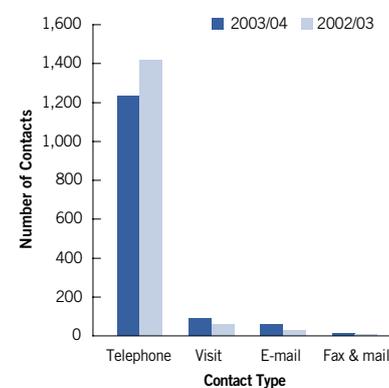
PROGRAMS AND SERVICES	STRATEGIES
Cancer Prevention and Early Detection Program	<p>Adult Smoking Cessation Service</p> <ul style="list-style-type: none"> > Quitline 131 848, a free dedicated line to assist people who wish to quit smoking > Smoking cessation seminars to provide overview and purpose of Quit courses > Capacity building with other community organisations particularly those representing lower SES (socio economic status) groups > Smoking cessation targeted to disadvantaged groups > Consultancy <hr/> <p>General Cancer Prevention and Early Detection Service</p> <ul style="list-style-type: none"> > Health promotion sponsorships with community organisations > Workplace and community cancer awareness sessions > Outdoor worker SunSmart education > Health promotion booths at events > Development of resources > Consultancy <hr/> <p>Youth and Cancer Service</p> <ul style="list-style-type: none"> > SunSmart schools program > SunSmart Early Childhood program > ACT Youth Smoking Prevention Strategy development > Smoking prevention seminars in schools > Youth smoking cessation education sessions > Multimedia resources > Consultancy
Cancer Information and Supportive Care Program	<p>Cancer Information Service</p> <ul style="list-style-type: none"> > Cancer Helpline 13 11 20, a free dedicated line providing information and support on all aspects of cancer > Library and free cancer information resources > E-mail service and website > Produce 'The Council Chronicle' newsletter > Consultancy <hr/> <p>Supportive Care Service</p> <ul style="list-style-type: none"> > Facilitated support groups > Wig service — wigs and head wear for loan or sale > Volunteer Peer Assistance service > Living With Cancer Education Program > Consultancy
Research Program	
Fundraising and Business Development Program	<ul style="list-style-type: none"> > Major fundraising special events and other activities > The Cancer Council Shop- sale of sun protection merchandise > Bequest program > Donations
Executive	<ul style="list-style-type: none"> > Advocacy > Consultancy > Media — to enhance/enable service delivery > Collaboration with other organisations/stakeholders

ACHIEVED 2003/04	PLANNED FOR 2004/05
<ul style="list-style-type: none"> > A 20% increase in contacts to the service with 3,147 contacts and 1,630 calls to Quitline, an increase of 41% on the previous year > 33% of Quit course participants still quit after 6 months > Relationships further developed with YWCA, Winnunga, Ted Noffs Foundation, Karralika etc > Healthpact grant for Quit courses, with nicotine replacement therapy, for four community groups with special needs, for 2004/05 > ACT Health funding for mass media campaign > Presence at major and minor community events 	<ul style="list-style-type: none"> > Maintain/exceed Quitline calls > Maintain numbers of workplace seminars > Continue work in areas of specific inequality > Deliver courses to the four disadvantaged groups as per grant conditions > Implement mass media campaign > Maintain presence at relevant community events > Advocate for smoking cessation in appropriate fora of government and community
<ul style="list-style-type: none"> > Conducted Healthpact 'sponsorships' with 7 organisations > Conducted 23 workplace seminars and Outdoor Worker seminars for 389 participants > Provided health promotion booths at Canberra Show, Utilities Expo 2003, ANU Staff Health Day etc > Conducted an online competition for ACT primary schools involved in the schools' sports program > Provided advice to numerous schools & community groups 	<ul style="list-style-type: none"> > Implement Healthpact sponsorships offered > Expand Outdoor Worker program via partnerships in construction industry and apprentice education > Continue attendance at community events and development of health promotion booths > Advocate for skin cancer protection in appropriate fora of government and community > Ensure recognition as the SunSmart centre of expertise through all ages and stages
<ul style="list-style-type: none"> > Accredited an additional 15 SunSmart primary schools, raising the number of accredited schools to 43 out of a possible 107 > Introduced a SunSmart school newsletter > Provided SunSmart advice to Early Childhood Services > Development of ACT Youth Smoking Prevention Strategy, research, curriculum development, recommendations > Completed West Belconnen Schools project > Consulted with schools as required 	<ul style="list-style-type: none"> > Expand SunSmart accreditation throughout primary schools in ACT > Develop awareness of SunSmart amongst high schools and expand accreditation where possible > Implement SunSmart Early Childhood program > Finalise ACT Youth Smoking Prevention Strategy > Advocate for implementation of the strategy
<ul style="list-style-type: none"> > 1231 calls made to the Cancer Helpline > Published and distributed the second edition of Cancer Services A.C.T. 2004 > 44,258 hits to The Council web site > Four issues of 'The Council Chronicle' produced > Reached an estimated 45% of people affected by cancer in the ACT 	<ul style="list-style-type: none"> > Maintain or exceed number of calls to the Cancer Helpline > Develop and distribute a cancer information pack to all newly diagnosed cancer patients in the ACT > Continue to improve the web site > Develop publicity/promotion strategy > Aim to reach over 50% of people affected by cancer in the ACT
<ul style="list-style-type: none"> > Reached an estimated 14% of people living with cancer overall (patients and carers) > Overall numbers for support groups up on previous year, an increase of 167 contacts or 53% on 2002/03 > Contacts to the wig service down on previous year > Conducted third 'Living With Cancer Education Program', second 'Illness and Journey' group and the first 'Pink Links' group 	<ul style="list-style-type: none"> > Evaluate, and strengthen support services as necessary > Develop a more effective Carer support response > Provide another 'Pink Links' support group and 'Illness and Journey' (or similar) group > Provide 'Living With Cancer Education Program' > Increase capacity of Volunteer Peer Assistance service in ACT
<ul style="list-style-type: none"> > The Council granted over \$85,000 towards cancer research and related projects in the ACT > 'The Cancer Council ACT Survey of the Reported Supportive Care Needs of People affected by a Cancer Diagnosis' completed and distributed 	<ul style="list-style-type: none"> > Continue to fund suitable cancer research projects in the ACT
<ul style="list-style-type: none"> > Raised \$656,617 an increase of \$309 > Raised the highest amount per head of population for Daffodil Day and third highest for ABMT of any other state or territory Cancer Council > Fundraising impacted by Canberra bushfires > The Cancer Council ACT Shop net profit of \$5,796 > Donations income \$115,352, an increase of \$20,000 > Implemented marketing plan for SunSmart products > Launched online shopping site 	<ul style="list-style-type: none"> > Maintain or exceed the funds raised for 2003/04 > Make Relay for Life the largest fundraising event > Shop to equal or exceed this year's profit > Further develop donor appeal acquisition campaigns > Continue to seek and develop new fundraising opportunities
<ul style="list-style-type: none"> > Involved in submission to support the Australian Government ratification of the Framework Convention on Tobacco Control > Advocacy to introduce <i>Smoking (Prohibition in Enclosed Public Places) Act 2003</i> > Advocacy with other health agencies in favour of graphic tobacco health warnings on cigarette packs 	

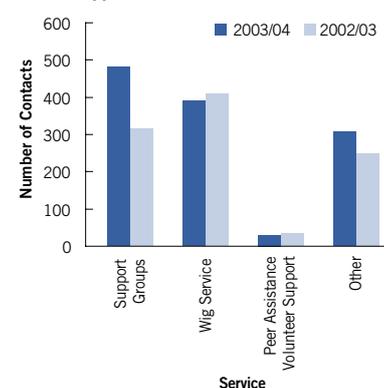
Adult Smoking Cessation Service — Contacts



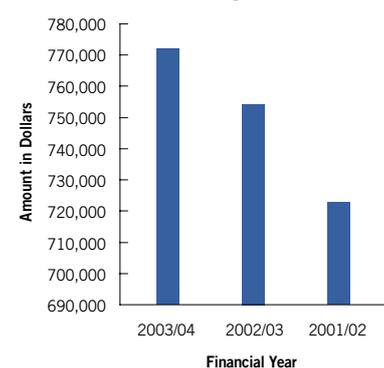
Cancer Information Service Contacts



Supportive Care Service Contacts



Total Fundraising Income



Client Services



John Thorn,
Manager, Client Services

The Client Services Function is responsible for developing, delivering, monitoring and evaluating all the services provided by The Cancer Council ACT. The Client Services function is divided into two programs:

Cancer Prevention and Early Detection Program

Prevention and early detection is critically important to reduce the incidence of cancer in the ACT and Australia. *Up to one-third of cases of cancer can be prevented.* The role of this program is to reduce the incidence of cancer in the ACT through education in behaviours that will minimise risk.

Smoking tobacco is the single most preventable cause of premature death in Australia with over 19,000 deaths each year. The Council's Quitline service, smoking cessation seminars and intensive courses for workplaces, schools, community groups and individuals seeks to reduce the incidence of smoking-related deaths in the ACT. As announced in the last Annual Report, The Council is developing a youth smoking prevention strategy for the ACT. In addition, in June 2004 The Council was successful in attracting funding to run anti-smoking television advertisements in the ACT in 2004/05.

In Australia, more than six thousand deaths from cancer each year may be attributed to three major risk factors — inadequate intake of vegetables and fruit, lack of physical activity and overweight and obesity. The strongest evidence for the protective effect of physical activity is for breast cancer (between 20–30% lower incidence compared to inactive women) and colon cancer (between 30–40% lower incidence compared with inactive people) and strong evidence exists in relation to other cancers. Overweight and obesity is a major public health issue and the evidence is clear that obesity, as distinct from overweight, is associated with an increased risk of cancer of the colon, breast (post menopause), endometrium, kidney and oesophagus. Overweight has a similar association with these cancers although the risk effect is lower. The Council's General Cancer

Prevention and Early Detection program provides information resources and publications and conducts educational sessions and seminars in schools, workplaces and at public events to promote the benefits of good nutrition and moderate intensity physical activity.

Australia has the highest rate of skin cancer in the world. Melanoma, the most dangerous form of skin cancer, is responsible for almost 1,000 deaths in Australia each year. Most worrying is the fact that the incidence of melanoma now equals the incidence of lung cancer. Skin cancer is the most costly burden on the health system. The Council's Cancer Prevention and Early Detection program provides education sessions to workplaces, especially those employing outdoor workers, and to schools as well as running the SunSmart Schools program and using numerous public events to educate the public on the importance of sun protection.

The Cancer Council ACT has taken its turn to auspice Healthlink the Health Promotion Journal of the ACT over the past few years and this year handed the responsibility on to the Australian Health Promotion Association ACT Branch.

Cancer Information and Supportive Care Program

This program comprises the Cancer Information Service and the Supportive Care Service with the aim of reducing the impact of cancer in the ACT and surrounding region. The primary function of this program is to provide information and the emotional support that is critical to people living with a cancer diagnosis.

The Council runs the Cancer Helpline (13 11 20); several support groups for people with a cancer diagnosis and their carers; the Wig Service at both The Canberra Hospital and our Kaleen office; a library service; produces various publications; and generally provides information and support to the public.



Patricia Jones, Community Educator: Quit Smoking

Community Education Cancer Prevention and Early Detection Program

ADULT SMOKING CESSATION SERVICE

With tobacco smoking being the most preventable cause of premature death in Australia, the Adult Smoking Cessation Service aims to reduce this incidence in the Canberra area through providing information and support to people wishing to quit smoking and working to prevent others from taking up smoking.

The Adult Smoking Cessation Service comprises the Quitline on 131 848, individual and group Quit smoking courses, Quit smoking seminars and QuitSkills seminars for student leaders and health professionals.

ACT Health provides a proportion of the funding for this service, which assists in the delivery of Quit courses and seminars and the provision of the Quitline service.

In 2003/04 the Adult Smoking Cessation service once again exceeded the contractual obligations The Council has with ACT Health. There were a total of 3,147 contacts made with the service this year, an increase of 20% on the 2,623 contacts made in 2002/03. Client contact is defined as each separate occasion of contact a client has with staff of the Adult Smoking Cessation Service.

The Council has reached capacity within current resources in terms of the number of courses and seminars that can be delivered. In addition, The Cancer Council Australia has identified some groups as experiencing 'specific inequalities' in health status, ie. low income earners, people with a mental illness, young people and Aboriginal and Torres Strait Islander people. Given these constraints The Council has taken the decision to focus activities on these groups and to build capacity in the community by training health professionals to provide quit support and referrals.

We will also continue to advocate for public anti-smoking campaigns which more closely target these groups. In this regard we are pleased to report that the ACT government provided funding in June 2004 for a television campaign which will be run in seven advertising 'waves' from July 2004 until March 2005. This will focus particularly on lower income groups to encourage more calls to the Quitline and the funding will also enable The Council to employ an additional part time resource to handle the anticipated increase in activity. Evidence in tobacco control is that the

greatest impact in reducing the incidence of smoking in the community is by mass media advertising particularly targeted at adults.

Number of Client Contacts

Type	2003/04 Contacts	2002/03 Contacts	2001/02 Contacts
Workplace Courses	147	372	204
Community Courses	232	589	316
Tertiary Courses	150		30
Student Leader Courses		112	
Health Professional Courses	123*	92	
Individual Courses	58	68	32
Seminars	807	234	170
Quitline calls	1,630	1,156	1,469
Total	3,147	2,623	2,221

* this does not include a presentation made to the National Mental Health conference in Canberra where there were 1,000 attendees.

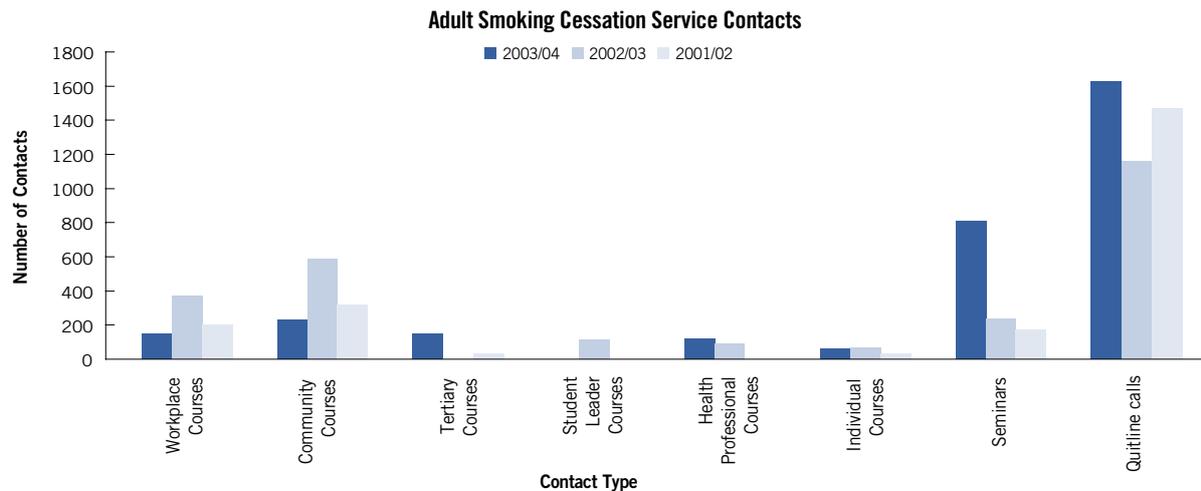
Quitline

The Quitline is available 7 days a week and provides information and support to people wishing to quit smoking and information on all aspects of smoking and smoking control to health professionals and the general public. A call back service is also offered to those wanting ongoing telephone support whilst they are quitting smoking. These clients will be called weekly by a Quit advisor for up to eight weeks to support them to stay quit.

In 2003/04, there were 1,630 calls to the Quitline, which is a 41% increase on the 1,156 calls in 2002/03, and 190% of the contractual obligations with ACT Health for this service.

Quit Smoking Courses

Quit smoking courses are offered to individuals, community groups and workplaces and consist of either a 1 hour session once a week for 8 weeks or a weekly 2 hour session for 4 weeks. In 2003/04 the Adult Smoking Cessation Service provided a total of 60 courses — 7 workplace courses, 5 for community groups, 11 for health professionals and 37 individual



courses. This is a similar number to the 62 courses provided in 2002/03.

An evaluation of the service shows that of 100 course participants contacted 6 months after completion of a Quit course this year, 33 or 33% were still quit.

As mentioned above, the service continued to address areas of specific inequality as identified by The Cancer Council Australia. Quit courses were provided to the following groups in this area:

- > In partnership with Winnunga Nimmityjah Aboriginal Health Service, The Council has provided community and workplace Quit courses as a continuation of the 'No More Bundah' program. A number of Winnunga staff have quit smoking during this time.
- > The YWCA received Healthpact funding to work in partnership with The Council to provide a Quit course in conjunction with provision of free nicotine replacement therapy for tenants of the BAC (Bega, Allawah, Currong) government flats. This program will continue next year.
- > The Council has been providing brief interventions for St Vincent de Paul's Samaritan House for a number of years. Samaritan House now provides nicotine replacement therapy for some of its clients who have smoking related illnesses.
- > The Council was invited to provide an information session for 26 clients at the Salvation Army, Canberra Recovery Centre (CRC). After this session eight of the participants made a serious attempt to quit smoking. The Council provided one week's supply of nicotine replacement therapy for these clients, and has been invited to run these sessions quarterly from now on.

The work with community groups, such as the above, over recent years culminated in The Council receiving a Healthpact grant for 2004/05 to provide smoking cessation courses with nicotine replacement

therapy for four groups — Belconnen Mental Health service, Karralika Therapeutic Community, Ted Noffs Foundation ACT and Winnunga Nimmityjah Aboriginal Health Service. These courses will commence in August 2004.

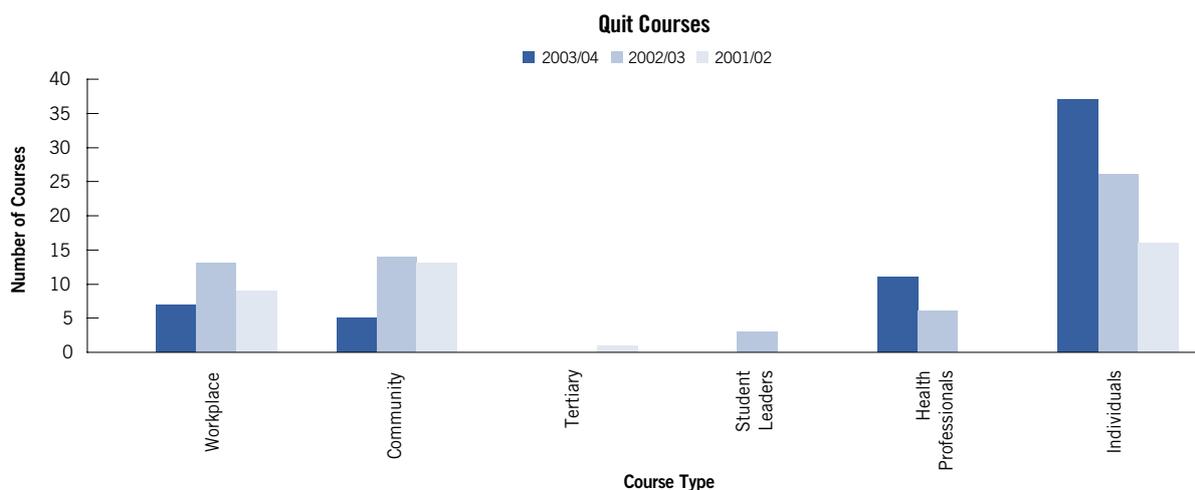
Number of Courses

Participants	2003/04 Courses	2002/03 Courses	2001/02 Courses
Workplace	7	13	9
Community	5	14	13
Tertiary			1
Student Leaders		3	
Health Professionals	11	6	
Individuals	37	26	16
Total	60	62	39

Quit Seminars

Quit seminars are short, one session awareness-raising presentations conducted in the workplace for community groups or schools, which themselves often result in changed smoking behaviours. The QuitSkills seminars have been targeted at student leaders and health professionals and focus particularly on nicotine addiction and how best to support smokers through the quitting process.

Experience has shown that working with student leaders has been unproductive and in June 2004 The Council negotiated with ACT Health to adjust our contract to concentrate on the groups where our services are most productive. Brief interventions and cessation programs in high schools and colleges will be the additional services provided. Brief interventions are similar to Quit Seminars but are provided to organisations that already have smoking cessation support in place.



Quit seminars were provided as follows:

- > Two information sessions on nicotine addiction and smoking cessation were presented to students with special needs at Woden School.
- > The Council has been acting in a consulting role with The Canberra Hospital Learning and Development Unit in relation to providing Quitskills train-the-trainer sessions for hospital staff to enable them to provide quit information and support to all smoking patients who want to quit. This program will continue through to June 2005 with the provision of brief interventions and quit courses for cardiac patients and pregnant women at The Canberra Hospital.
- > A seminar was conducted for Diabetes Educators and Nurses at The Canberra Hospital, which has resulted in referrals of diabetic patients to the Adult Smoking Cessation Service for smoking cessation.
- > An education session on nicotine addiction and smoking cessation, in partnership with the Division of General Practice ACT, as part of a training day for GPs on 'Community Approaches for Diabetes Treatment'.

Other activities in promoting the SmokeFree message included:

- > Kambah High School students' video production of a question and answer session on nicotine addiction and smoking cessation. The video was made, with advice and assistance from The Council, as an assessment task by the students and intended for presentation to fellow students.
- > A staffed 3-day Quit health information booth with written materials and advice, at a Mental Health Conference attended by 1,000 delegates from Australia and overseas.

- > Attendance at the Parents' Day and Diabetes Clinics at Winnunga Nimmityjah Aboriginal Health Service.
- > Becoming a member of CADA ACT, Coalition of Alcohol and Drug Agencies ACT, and participating in the planning and implementation of the Drug Action Week 2004 program in the ACT.
- > Booth at the Royal Canberra Show which provided exposure to a large number of people as well as providing advice and information and distributing Quit Kits.
- > Unstaffed health information booths for the CIT Open Days and a staffed health promotion booth for one campus.
- > Provided partial funding, in conjunction with the Australian Medical Association ACT Branch and the Heart Foundation ACT for a smoking cessation video to be developed by media students at the University of Canberra. A prize of \$1000 was awarded for the best video which was 'Smoking--so last century'.

The Council has had a large amount of repeat business from a number of organisations and we are hopeful that, with the public anti-smoking campaign via television advertisements until March 2005, we will have a significant impact on adult smoking rates in the ACT.



Ross Buchanan, Community Educator: General Cancer Prevention and Early Detection

GENERAL CANCER PREVENTION AND EARLY DETECTION SERVICE

The primary focus of this service is on providing information and education to the ACT community about the four key cancer risk factors outlined in The Cancer Council Australia's National Cancer Prevention Policy 2004–2006: smoking, sun exposure, poor diet and physical inactivity. These are all significant and modifiable risk factors for cancer.

To address these risk factors, cancer prevention information, awareness and education is currently provided through the following major activities:

- > Partnership in Healthpact health promotion sponsorships
- > Workplace general cancer prevention awareness sessions
- > Outdoor Worker Sun Protection seminars
- > Consultancy and information/resources provision to workplaces, at events and to the public generally

Healthpact Health Promotion Sponsorships

Healthpact is the government funded health promotion body in the ACT. This year The Council once again accepted the partner role in a number of Healthpact sponsorships. Healthpact provides partial financial support 'sponsorship' to selected community and sporting organisations and The Council accepts the role of 'partner'. Healthpact provides about 50% of the funding to support The Council in providing its expertise in cancer prevention and early detection, to educate the sponsored organisation to undertake health promotion activities. The Council provides the additional funding from its own funds to enable the objectives to be realised.

The long-term goal of the health promotion sponsorships is behavioural change in relation to the risk factors, but also to shape attitudes and beliefs, so that community members themselves become educators in relation to cancer prevention. Another objective is to provide an impetus for structural change within the organisation and events, through the development, implementation and promotion of relevant policies.

Sponsorships provide an opportunity for health promotion at sports and cultural events through education, public announcements, signage, and having key participants modelling healthy behaviours.

In the 2003/04 financial year, the following organisations were The Council's partners in Healthpact sponsorships:

- > ACT Orienteering Association
- > Australian Science Festival
- > Basketball Canberra
- > Canberra Youth Music
- > Royal National Capital Agricultural Society — Royal Canberra Show
- > Soccer Canberra
- > Tennis ACT

The Council's focus is to use these sponsorship arrangements to foster behavioural change in relation to the risk factors for cancer of smoking, ultraviolet radiation, poor nutrition and physical inactivity. In this respect The Council develops and provides health promotion resources and develops policies for organisations, trains development officers of sporting organisations to present cancer prevention strategies to schools and provides a health promotion focus at a wide range of public events.

During 2003/04 The Council has:

- > Developed and distributed information sheets, posters and health promotion resources to sponsored organisations.
- > Developed a SunSmart Policy Handbook for Tennis ACT. It is intended that the development and promotion of these policies may provide for structural change within organisations.
- > Monitored and evaluated the cancer prevention messages presented by development officers at schools sports clinics.
- > Conducted an online competition for ACT primary schools that participated in the schools' sports programs to encourage learning in schools about risk prevention strategies.

Workplace Education

The Council has further developed educational seminars in ACT workplaces and community groups on the four main prevention strategies and has structured the seminars to provide information on sun protection and early detection of skin cancer, the nature of nicotine addiction and tips to quitting, eating a healthy diet and taking regular physical exercise.

Cancer Prevention and Early Detection Awareness Sessions in 2003/04

	Organisation/Workplace	Number of Sessions	Number of Participants
Outdoor Worker SunSmart Session	ACTEW-AGL	5	284
	Queanbeyan City Council	6	
	Canberra Airport Group	2	
	Australian National Botanic Gardens	1	
	Hyne Timber	1	
General SunSmart Session	Attorney General's Department	1	75
	Productivity Commission	1	
	Southern Area Health Service	1	
	Karabar Community Health Centre	1	
Cancer Prevention and Early Detection Awareness Session	National Occupational Health and Safety Commission	1	30
	Office of Prime Minister and Cabinet	1	
	Attorney General's Department	1	
	Department of Treasury	1	
Total		23	389

Health Information Booths

During 2003/04 The Council set up health information booths, information and resources at public events such as:

- > Royal Canberra Show
- > Australian Science Festival
- > The Canberra Hospital
- > CIT campuses
- > University of Canberra
- > Ginninderra District High School
- > Seniors Week Health Open Day and Sports Event
- > Utilities Expo 2003
- > Australian National University



Skye Wisbey,
Community Educator:
Youth and Cancer

YOUTH AND CANCER SERVICE

This part of The Council's services is specifically designed to educate young people in the ACT about cancer prevention. The Council provides SunSmart education to schools via the SunSmart Schools program and we are currently developing the Youth Smoking Prevention Strategy for the ACT as well as conducting a number of activities and projects as described below.

SunSmart Schools Program

The Council implements the National SunSmart Schools program in the ACT. The SunSmart Schools program aims to motivate and assist primary schools to develop and implement a comprehensive sun protection policy that meets minimum standards relating to curriculum, behaviour and the environment. Through the program schools can work to meet specified sun protection standards and gain SunSmart School accreditation.

The Council has made a concerted effort this year to significantly increase the number of accredited primary schools. Promotion of the program to primary schools has included posting invitations to participate to all non-participating schools, conducting promotional mail outs in conjunction with governing educational bodies and through giving awareness sessions at Health Promoting School training days and forums. The program also received promotion in the recent update of the Department of Education and Community Services' Sun Protection Policy which recommends all schools strive to achieve SunSmart accreditation.

All accredited schools which received accreditation two or more years ago were invited during the year to participate in a review of their sun protection policy and practice to ensure that sun protection strategies continue to be effectively implemented. Twenty four schools undertook a review and received advice from The Council if their policy or practice required updating or modification. As a result of these efforts, interest in the program has increased with an additional 23 schools participating in the program and an additional 15 achieving SunSmart accreditation this year, raising the number of accredited schools to 43 out of a possible 107.

The Council also participated in a nation-wide effort to gain feedback concerning the program and how it is conducted within schools, by conducting discussion groups in three participating and one non-participating school. Discussions with these schools suggested a low awareness amongst teaching staff of

the SunSmart Schools Program and the services The Cancer Council ACT has available to assist schools with SunSmart practices.

To increase awareness amongst school communities of the SunSmart Schools program and the services The Council offers, The Council has introduced a biannual SunSmart school newsletter which is distributed to all SunSmart Schools.

SunSmart Early Childhood Program

Throughout the year the Council has also provided advice on request to childcare centres. In order to provide greater assistance and support to early childhood services, The Council has taken the first steps in initiating the SunSmart Early Childhood program in the ACT, an accreditation program for childcare services similar to that which is offered to primary schools. This will be a focus of activity for 2004/05.

West Belconnen Schools Project

The Council received a grant this year from Healthpact to conduct a health promotion project aimed at assisting primary and secondary schools in the West Belconnen region, an area identified as relatively disadvantaged, to enhance their health promotion and cancer prevention capacity. The Council aimed to achieve this goal by working with individual schools to identify their existing health promotion practices in relation to the four cancer prevention messages and identifying and reporting on the areas in which the school could further develop its health promotion capacity in these areas.

The project was intended to target three educational centres of the West Belconnen region, comprising three high schools and 12 primary schools. Although all schools indicated initial support for the project, the many demands placed on schools and individual school priorities resulted in only seven schools working with The Council to conduct the project.

One high school and six primary schools were supported by The Council to conduct an audit of their health promotion practices in the four identified cancer prevention areas. Data from school audits were analysed by The Council and all participating schools were provided with a report outlining their current practices, areas recommended for further development and possible strategies for development.

Formal evaluation of the project was limited, and although some process evaluation was conducted the

funding and timeline provided for the project did not allow for further evaluation. Feedback concerning the project however, suggests that, whilst the project may have prompted some participating schools to focus on cancer prevention health promotion, to more effectively meet its goal the strategies and conduct of the project may need to be revised for future projects.

National Youth Tobacco Free Day

National Youth Tobacco Free Day (NYTFD) is an annual event initiated and run by the Australian Network on Young People and Tobacco (ANYPAT) of which The Council is a member. The event aims to get young people aged 12–25 thinking and talking about issues surrounding tobacco use. The theme for this year's event was 'Tobacco... why it's easier to stop before you start.'

The Council supported NYTFD 2004 by promoting to schools the national poster design competition, which is held in the lead up to the event, and by developing and distributing NYTFD education kits and posters to all ACT primary and secondary schools. Included in these kits was promotion of the ANYPAT 'Win Free Stuff' competition, a national competition run on the National Youth Week website that asked entrants to suggest 'why it's easier to stop before you start.' Of the 2, 239 youth who entered this competition 75 were from the ACT.

ACT Youth Smoking Prevention Strategy Development (YSPSD)

In May 2003 The Council was successful in being awarded the ACT Government contract to develop, implement and evaluate the youth smoking prevention strategy for the ACT. A management committee was established in July 2003 comprising representatives of ACT Health, the Department of Education and Training, The Cancer Council ACT, the Health minister's media advisor and young people of the ACT. Its role is to assist in the development and implementation of the YSPSD and to promote communication and idea-sharing amongst key stakeholders. The key performance indicators on which The Council is required to report as outlined in the last Annual Report for Year 1 (2003/04) are listed below together with progress against each one.

1. Research smoking prevalence, attitudes, values and knowledge about smoking in the target group (pre intervention).

This has been undertaken via a number of methods — a literature review, focus testing of ACT youth regarding their knowledge, attitudes and beliefs about smoking and by analysing

the results of the Australian Secondary Schools Alcohol and Drug (ASSAD) survey 2002.

A literature review appraising existing evidence on youth smoking interventions in the international, national and local context was completed and a report entitled '*Towards preventing youth smoking in the ACT: A review of the evidence*' was provided to the Youth Smoking Prevention Project's management committee in December 2003. An addendum was provided to the committee in February 2004. A number of recommendations were made which have been further researched and tested with a view to incorporation into the final report to the government. Progress against these items is detailed below.

As mentioned in the last Annual Report, initial work began in June 2003 and qualitative research was to be conducted in August/September 2003 to establish the suitability of the proposed '*Smarter Than Smoking*' media campaign. The Council retained NFO Donovan Research (later called TNS Social Research) to conduct focus group testing of the Smarter Than Smoking television advertisements. NFO Donovan Research has had extensive involvement in behavioural research with the *Smarter Than Smoking* campaign in Western Australia and in testing the *Smarter Than Smoking* advertisements in other states. Initial focus testing was undertaken in six ACT high schools in September 2003 and an interim report was provided to the management committee in October 2003. Two specific objectives were identified:

- > to establish whether ACT youth differ greatly from youth in WA or NSW, in terms of their knowledge, attitudes and beliefs about smoking, and if so how; and
- > to confirm the suitability of the *Smarter Than Smoking* television commercials for ACT youth, including whether the main advertising messages are understood, and whether the ad's messages and execution are relevant and credible.

There were no major discernible differences in the way in which ACT youth socialise, compared to WA and NSW youth, or in their motivations to smoke or not to smoke. Some of the findings were as follows:

- > smoking was seen as a minority behaviour;
- > it was viewed by most smokers and non-smokers as wrongful behaviour;
- > the decision to smoke was seen as an individual one;
- > the harmful effects of smoking were well known and understood; and

- > money was the greatest non-health related 'harmful' result of smoking (this reason was less common than in the most recent NSW research).

This research also found which of the proposed television advertisements were judged by ACT youth as likely to be the most effective in achieving tobacco control in ACT youth.

The Australian Secondary Schools Alcohol and Drug (ASSAD) survey 2002 results were released in September 2003 by ACT Health. The target group for this survey is students of secondary schools aged 12–17 years. This survey compared results from previous reports in 1996 and 1999. Further and more detailed analysis of these results will be available in future. Some of the key results of the survey in relation to tobacco use amongst the target group are:

- > There has been a significant decrease in students reporting that they had tried smoking since 1996 — students in 2002 were 10 per cent less likely to report this than those in 1996.
- > Overall 15 per cent of ACT students (12 to 17 years) were recent or current smokers (used tobacco in the week prior to the 2002 survey). This figure decreased significantly from the 1996 figure of 21 per cent.
- > A larger decrease was observed for female students than male students in both the 12–15 and 16–17 age groups, but females were more likely than males to have tried smoking or be current smokers.
- > Older students (16 to 17 years) were more likely to be current smokers than younger students (12 to 15 years).
- > Students reported that the most likely places where they had smoked their last cigarette were dance venues, parties and nightclubs (28.4%), school (18%) at a friend's home (10.8%), at home (9.9%).
- > The proportion of students who agreed that smokers were usually more popular decreased significantly from 1999 to just over 25% in 2002.
- > In 2002, 80.4% of students recalled having received an education session on smoking in the previous year.

2. Market test media messages 'Smarter than Smoking' in the target group and general population.

TNS Research tested the *Smarter Than Smoking* (STS) media messages in a further six ACT high schools to provide quantitative measures that more precisely measure the relevance, credibility and expected impact of the advertisements. The results of this quantitative research included

with the focus group work described above were reported in December 2003.

The key messages from each advertisement were agreed as being likely to be effective by over 90% of the participants. It was concluded that two advertisements could be expected to have the greatest impact on ACT youth attitudes towards smoking. The slogan '*Smoking. You're Smarter Than That*' was endorsed as the preferred slogan.

In June 2004 the two selected STS television advertisements were run on two commercial stations in Canberra. In addition, three of the STS radio advertisements were run on FM104.7 for the same four week period. Benchmark testing in nine ACT high schools regarding current behaviours and attitudes to smoking was done prior to campaign launch. Post-campaign testing was done in five high schools to assess changes to attitudes and behaviours and awareness of the campaign. The report on the results of this campaign is due in August 2004.

3. Development of local intervention strategies for the target group.

'Towards preventing youth smoking in the ACT: A review of the evidence' recommended that the Smarter Than Smoking program and package of interventions should be adapted to the ACT, subject to the research and testing described above. Suggested interventions (in addition to a media campaign) and the relevant activities and research conducted by The Council during 2003/04 are as follows:

- > **School-based strategies to be based on the social influences or social competence approaches and programs to be integrated into the broader social context of the school.**

A working party of the management committee was set up in February 2004 to evaluate current resources. The report of this working party was prepared with the recommendation that the ACT YSPSD adapt the NSW resource '*Smoke screen: a smoking prevention resource*' for use in the ACT. It is suggested that this resource is reviewed and modified to best reflect the Health Promoting Schools approach to drug education. A health promoting school promotes a broad view of health and the role of the school.

Further strategies to be considered are the promotion of a Health Promoting Schools framework including, for example, professional development for educators, support for existing programs in schools, policy development advice and peer support programs.

- > **The Cancer Council ACT's youth smoking cessation service should be evaluated and expanded.**

Research has been conducted into the efficacy of youth smoking prevention programs generally. The report of the findings was completed in June 2004 and is due to be presented to the Management Committee in August 2004. The recommendation from The Council is that, while research in this area, to date, has been limited, there is evidence to support expanding cessation services currently offered to youth that are predicated on cognitive-behavioural approaches.

> **Healthpact SmokeFree sponsored programs should be linked into the ACT YSPSD**

The Council has worked with Healthpact on SmokeFree sponsorships over a number of years but a rigorous evaluation of these programs has not been done. However, the recent 'ACT SmokeFree Outdoor sporting venue project' has been evaluated by Healthpact in 2003/04 and The Council intends to examine its results closely. The Council is also intending to analyse the results of Healthway SmokeFree sponsorships in WA.

> **Cinema advertising**

'Towards preventing youth smoking in the ACT: A review of the evidence' suggested that a strategy be introduced to target movies. The Council has looked into interventions conducted in local contexts and in June 2004 received a report of a NSW model that was implemented on the Central Coast. A trial may be able to be conducted in conjunction with NSW during 2004/05 and be evaluated as another part of the media strategy.

4. Implement and evaluate intervention strategies in settings such as schools, colleges and non-traditional settings.

Intervention strategies for schools have been evaluated as part of the work done to date. Further evaluation is to be done of strategies outlined in point 3 above. This will be done throughout 2004/05 and will include evaluation of intervention strategies in non-traditional settings. Implementation will follow recommendations to ACT Health as part of The Council's final report on the Strategy development.

Specific Goals for 2004/05 for the Cancer Prevention and Early Detection Program

- > Continue to address areas of specific inequality primarily through delivering Quit courses to the four groups for which The Council was partially funded to provide nicotine replacement therapy plus intensive Quit education. These are Ted Noffs Foundation, Belconnen Mental Health, Karralika

Therapeutic Community and Winnunga Nimmityjah Aboriginal Health Service.

- > Implement the television advertising campaign to encourage smokers to recognise the harm of smoking and to take action by calling the Quitline. A combination of advertisements is to be run from July 2004 to March 2005 on two commercial television stations in the ACT.
- > Continue to build capacity in smoking cessation by providing information resources and education to health professionals throughout the ACT in hospitals and health centres so they can provide cessation support.
- > Put prevention and early detection at the top of the public health agenda through means available to The Council.
- > Raise the profile of The Council in relation to the benefits of good nutrition and physical activity for cancer prevention in the ACT through means available to The Council.
- > Maintain /increase activity of The Council as the SunSmart 'centre of expertise' in the ACT through activities and advocacy at all levels on the importance of skin cancer awareness and education.
- > Expand the Outdoor Worker Program via partnerships in the construction industry with the Master Builders Association and the Construction Industry Training and Education Agency (CITEA) and in particular to train building apprentices in effective, relevant SunSmart behaviour through the delivery of 30 Outdoor Worker seminars.
- > Continue to expand SunSmart accreditation throughout primary schools in ACT to achieve over 50% of all primary schools accredited and to develop awareness of SunSmart principles and practices amongst high schools and expand accreditation where possible.
- > Implement a SunSmart Early Childhood program for early childhood centres and pre-schools.
- > Finalise the ACT Youth Smoking Prevention strategy by completing research on all recommendations from 'Towards preventing youth smoking in the ACT: A review of the evidence' as well as new methods arising from subsequent research and provide the final report to ACT Health with a recommendation for adoption of the Strategy.

Cancer Information and Supportive Care Program



Kate Aigner, Cancer Information Consultant

CANCER INFORMATION SERVICE

The Cancer Information Service (CIS) aims to reduce the impact of cancer in the ACT region through the provision of current, evidence based information on all aspects of cancer, to people with cancer, their families and carers, health professionals and the general public.

The service is staffed by an experienced cancer information consultant who provides no medical advice but information, emotional support and referral to The Council's Supportive Care services or other relevant services in the community.

The Cancer Information Service provides information through:

- > the Cancer Helpline on 13 11 20;
- > written publications including The Council Chronicle quarterly newsletter;
- > a lending library;
- > email and website services; and
- > a walk-in consultation service.

In the 2003/04 financial year 1,394 contacts were made to the Cancer Information Service.

When compared to the 2002/03 financial year this is a decrease of 115 contacts or 8 %, however 2002/03 was an unusual year as in July 2002 there were 317 contacts to the CIS, more than double the average of 118 contacts per month for that year. This was due to national media coverage in July 2002 of a report outlining the increased risk of breast cancer for women taking hormone replacement therapy (HRT) and the media's promotion of the Cancer Helpline as the 'HRT Hotline'. If the 2003/04 figures are compared to those of 2001/02 there is an increase of 263 contacts or 23%.

Notably, there was a large increase in the number of visits (walk-in consultations) to the CIS, with 92 visits in 2003/04 compared to 58 last year (an increase of 58%). The number of e-mail enquiries also increased from 29 in 2002/03 to 60, an increase of 106%, this financial year.

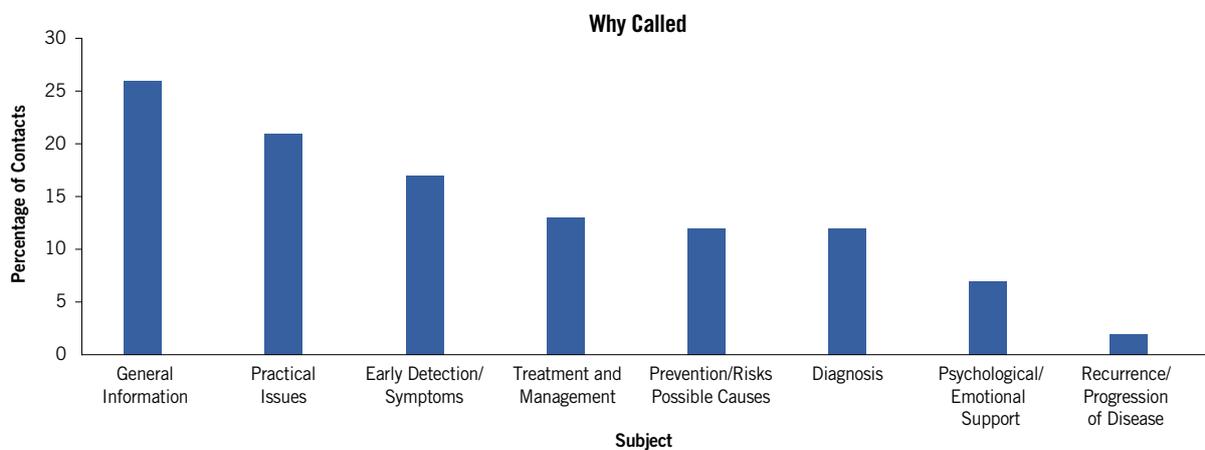
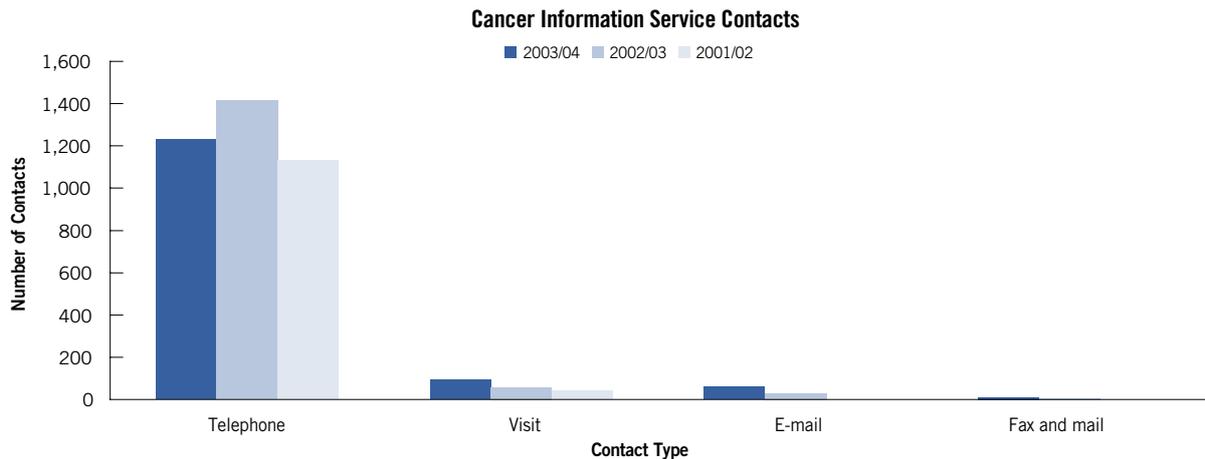
Based on 2000 data 1,042 people would have been diagnosed with cancer in the ACT during the last year. Evidence suggests that for each person diagnosed with cancer, there will be an average of 2 persons affected who will seek information. From this information, it is estimated that the Cancer Information Service reached 45% of those people affected by a diagnosis of cancer this year. This compares to a combined figure from all the state and territory Cancer Councils of 55% (State and Territory Cancer Council's Cancer Information Service Network).

The CIS increased promotion of the Cancer Helpline and other CIS services in 2003/04. The majority of this comprised paid advertising in the local newspapers. A radio community service announcement or CSA was also produced as an initiative of The Cancer Council Australia's Patient Support Committee (now the Supportive Care Committee). The CSA advertises the Cancer Helpline and was launched nationwide on World Cancer Day, 4 February 2004. Although an increase in contact numbers from 2001/02 indicates the increase in promotion has resulted in more contacts to the CIS, the data still shows that the majority or 57% of those contacting us found us through the phone book while only 3% found us through other media such as newspaper, radio and television. This information was not collected for the whole of 2002/03 so we are unable to compare these figures.

2003/04 Cancer Information Service Data

Method of Contact	2003/04 Clients	Percentage	2002/03 Clients	Percentage	2001/02 Clients	Percentage
Telephone	1,231	88%	1416	93.8%	1,131	94%
Visit	92	7%	58	3.8%	41	3%
E-mail	60	4%	29	2%	31*	3%
Fax and mail	11	1%	6	0.4%		
Total	1,394	10%	1,509	100%	1,203	100%

* E-mail, fax and mail



A breakdown of some of these contacts shows the following:

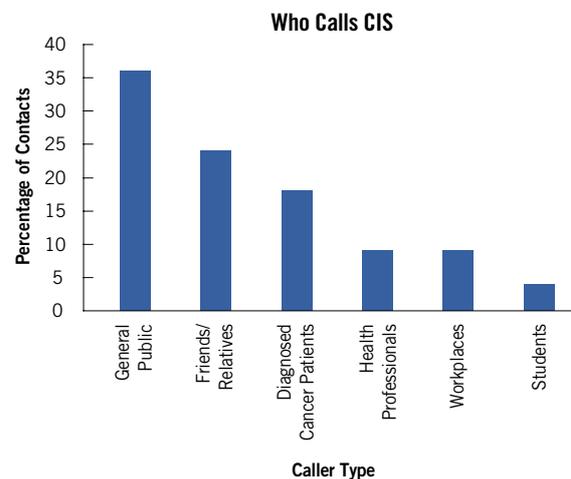
- > the majority of clients came from Belconnen (the suburb where The Council is located is in the Belconnen township)
- > 79.3% of clients were female, 20.3% male and 0.4% were unknown (usually e-mail contacts)
- > 36% of contacts were from the general public, 24% were a friend or relative of a cancer patient, 18% were diagnosed cancer patients, 9% were health professionals, 9% were from workplaces, and 4% were students
- > the majority of clients contacted the service regarding skin cancer, followed by breast, prostate, colorectal cancer, lung cancer and non-Hodgkin's lymphoma

The Cancer Helpline

The Council's Cancer Helpline on 13 11 20 is part of an Australia wide Cancer Information Service, run by The Cancer Councils in each state and territory. For the cost of a local call, callers are connected to an experienced staff member, who can provide information on all aspects of cancer and support to those affected by the disease. This service is

confidential and callers may remain anonymous if they wish. The Cancer Helpline staff member also uses a computerised database which contains a list of services so they can make referrals in the local region.

The Cancer Helpline received 1,231 calls in the 2003/2004 financial year, compared to 1,416 the previous year. As reported earlier, this decrease in calls is probably due to the unusually large number of contacts made in 2002/2003 regarding the HRT study referred to above.



Publications

The Cancer Council ACT produces information sheets and pamphlets on sun protection and the major cancer types as well as providing publications from other members of The Cancer Council Australia, and other cancer organisations. Many of these materials are distributed through the oncology wards and community health organisations in Canberra.

The directory of cancer related services in the ACT, *Cancer Services ACT 2002*, which was first produced by the CIS in December 2002, proved so popular that the original print run of 1500 booklets ran out at the end of 2003. The directory was updated and *Cancer Services ACT 2004* was printed and distributed in January 2004.

The directory provides cancer patients, their families and carers, as well as health professionals, with a comprehensive listing of local oncology and community services available in the ACT. The directories are distributed to cancer patients through the oncology wards at Canberra's four hospitals, as well as direct from The Council through the CIS.

Four editions of *The Council Chronicle*, The Council's quarterly newsletter, were published again by CIS in 2003/04. The newsletter contains news articles on current cancer topics as well as updates on The Council's events and programs and is distributed to over 400 members and organisations in the ACT.

Library Service

The library continues to be popular amongst cancer patients and their family members, and is often used by students. The most popular publications are those from the self-help section, which includes tapes on relaxation and meditation.

The Council's library has over 1500 publications on cancer and cancer related topics including oncology journals, educational resources, statistical reports, self-help books and meditation/relaxation tapes.

CIS staff are available to guide clients to the information within the library or, by using the library computer, to information via the Internet.

E-mail and Website Services

Clients may access the CIS via the e-mail address: chl@actcancer.org. Use of the e-mail service has increased considerably with 60 people accessing the CIS in this way in 2003/04. This is double the 29 e-mail contacts made in 2002/03 and may result from a number of reasons. It may reflect the increased use of e-mail as a form of communication in the community; callers are not restricted to the operating hours of the Cancer Helpline; or callers believe it is a more anonymous or less confrontational form of communication.

The CIS is also responsible for regularly updating The Cancer Council ACT website www.actcancer.org. The website provides descriptions of The Council's services, information on upcoming events and programs, links to other websites with reliable cancer information and access to The Council's publications such as the Annual Report, the Cancer Services Directory and The Council Chronicle.

In 2003/04 there were 44,258 'hits' (visits) to The Council's website www.actcancer.org. This is a very large increase compared to the 17,670 hits last financial year. The launch of the online Shop in September 2003 has been responsible for a large part of this increase with over 14,000 hits to the Shop pages between September 2003 and June 2004. The most visited page, after the Shop pages, were Fundraising followed by SunSmart, Cancer Information Service, Links, and Publications.

These contacts include clients accessing the service from around the world, however there is no data to specify how many of these are from the ACT. It is expected that local clients would make up the majority, since a large proportion of the Canberra population is connected to the internet and many clients contacting the Cancer Helpline state they found the 13 11 20 number on the website.

Walk-in Consultation Service

Clients may also access the CIS by visiting our office in Kaleen, during business hours, and speaking one-to-one to a Cancer Information Consultant.

Public Forum — Be Tested, Get Healthy

Coinciding with World Cancer Day, 4 February 2004, The Council ran a free public forum on bowel cancer. The forum, a first for The Council, covered the early detection of bowel cancer, prevention of bowel cancer through exercise and diet and a personal story.

There were 30–40 people attending the forum and the feedback was very positive with the large majority of attendees indicating interest in future forums. Due to the success of this forum, The Council has plans to run forums on bowel and other cancers in the near future.

The Council would like to thank The Canberra Hospital for kindly providing use of their auditorium free of charge and the speakers for providing their time: Dr Doug Taupin, Gastroenterologist; A/Prof Kieran Fallon, Head of Sports Medicine, AIS; Nikki Shaw & Sharon Swain, Dietitians, Community Health and Sue Bacon who chaired the forum.

This walk-in consultation service was accessed by 92 people during the year, which is a notable increase from 58 visits in 2003/04. As 64% of these clients were from the Belconnen area, this increase may be due to more people knowing of The Council's location because of the increased publicity and signage surrounding The Cancer Council ACT Shop's new site in Kaleen, Belconnen.

SUPPORTIVE CARE SERVICE

The Cancer Council ACT's Supportive Care Service is dedicated to providing support for people with cancer, family members, caregivers and service providers. The current services are:

- > Four facilitated support groups, run either as an ongoing group or for a specific time period;
- > The Living With Cancer Education Program;
- > The Wig Service;
- > The Volunteer Peer Assistance (formerly reported as one-to-one) service; and
- > One-to-One Service provided both over the phone or on The Council's premises by paid staff.

In 2003/04, 1,209 people contacted the Supportive Care Service by telephone or in person. This is an increase over the 1,008 people who contacted the service in 2002/03.

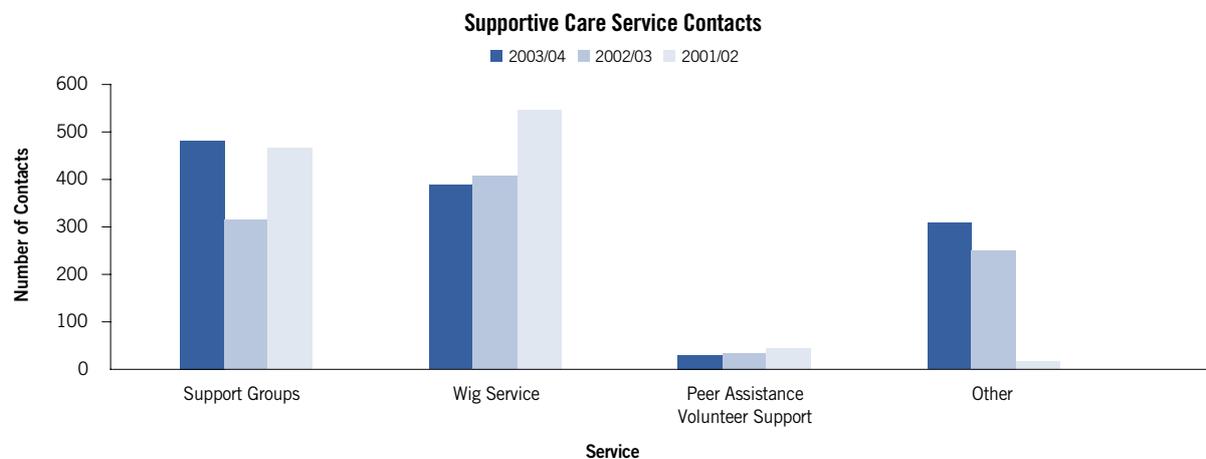
Based on an estimated 500,000 people in Australia living with cancer (patients and carers) in 2001 (The Cancer Council Australia, 2001), approximately 7900 people in the ACT were living with cancer this year. Thus, the Supportive Care Service reached approximately 14% of people living with cancer in the ACT. As yet, there is no national data with which to compare this figure, however The Cancer Council Victoria estimates their Cancer Support Services reached about 16% of those affected.

SUPPORT GROUPS

The four major support groups, which are all run by an experienced facilitator, are as follows:

Kidscan

This is a playgroup for children who are under five years of age and have an immune deficiency disease. It runs weekly during school terms and siblings are also welcome to participate in the fun learning



2003/04 Supportive Care Service Data

Service	2003/04 Contacts	%	2002/03 Contacts	%	2001/02 Contacts	%
Support Groups	482	40%	315	31%	465	43%
Wig Service	389	32%	408	41%	547	51%
Volunteer Peer Assistance	30	3%	34	3%	45	4%
Other	308	25%	251	25%	16	2%
Total	1,209	100%	1,008	100%	1,073	100%

and play in a safe environment. The support and friendship provided by Kidscan is invaluable to parents. This is a unique program in Australia.

Thursday Cancer Support Group

This facilitated ongoing, open group meets monthly and is open to people diagnosed with any type of cancer. Carers are also very welcome to attend and do on occasion come by themselves. During 2003/04 a successful format involving guest speakers on topics as diverse as spirituality, diet, art therapy and fatigue attracted strong interest and attendance was much larger than 2002/03. The Council intends to continue this format in the following year.

Breast Cancer Support Group

This ongoing, open group is available to all women with a breast cancer diagnosis and meets once a month. Once again The Council has found that providing guest speakers on a range of topics has increased interest in this group.

This year we offered two additional 'closed' and time limited breast cancer support groups which each met once a month for five months. Closed groups allow no new members once the group has started. During the first half of the year the group called '**Pink Links**' was offered for younger women with a recent diagnosis. In the second half of the year '**Illness and Journey**' was offered after its successful pilot in 2002/03. This group is for recently diagnosed women. These groups explore in depth the impact of the diagnosis and its treatment and deal with issues such as changes to relationships, grief and role transition all within the context of sharing helpful coping strategies.

Carers Support Group

As a response to *'The Cancer Council ACT Survey of the Reported Supportive Care Needs of People Affected by a Cancer Diagnosis'* mentioned in last year's Annual Report, The Council offered a new, ongoing, open Carers Support Group in 2003/04. The group is open to people supporting a person with cancer, as they often have particular emotional needs. For many people, these needs may relate to issues such as grief, fear and anxiety about the illness, uncertainty about the future, feelings about death and dying, and/or worries about other family members.

The group has been small to date but we are intending to publicise it widely in the ACT since the above mentioned survey found that there exists a critical need for this support.

The Living With Cancer Education Program

The Living With Cancer Education Program is a program that has been provided in Australia for at least fifteen years. The standardised program is accredited and evaluated by The Cancer Council Victoria. Other areas in Australia now provide the Program and our Supportive Care Coordinator trained in the presentation of the Program, and became accredited in providing the Program. The Program usually runs over eight weeks and is open to any person with a cancer diagnosis, their family and friends. The main aim of the Program is to give participants information, education and supportive care to enhance their quality of life. Expert speakers are invited to most sessions. There are also opportunities for small group discussions.

In March and April 2004 The Cancer Council ACT again provided the Program for Canberra residents to follow on from the previous Programs in 2002 and 2003. Once again guest speakers were invited and the evaluation by the attendees was extremely positive.

In 2003/04 there were also a number of facilitators from Southern Area Health, trained as Program presenters, who will be able to assist The Council in providing this Program more widely.

The Wig Service

The Wig Service provides wigs to women who have lost their hair due to cancer treatment. The service hires out wigs and sells especially designed headwear. The service is provided at two venues with two different methods of service provision to give our clients the widest possible coverage. The Canberra Hospital site is open every weekday morning except Friday as a drop-in service whereas the service at The Council's main premises in Kaleen is available during office hours by appointment. The Canberra Hospital Wig Service is provided by trained volunteers.

In 2003/04 The Council's Wig Service was able to assist 389 people (almost all women) with wigs or other headwear, the number being down slightly on last year's figure of 408.

Once again, The Council is indebted to the Snow Foundation who have generously donated \$5,000 to be spent on wigs. Through this contribution The Council can provide new, up-to-date wigs at a very difficult time in a woman's life.

Volunteer Peer Assistance Service

Whilst not being used frequently, this service is very important to people affected by cancer and /or their caregiver. Volunteers who have had a personal experience with cancer are available to support a recently diagnosed person. Volunteers all receive training and the main form of contact they have with the client is by telephone, though there are occasions where volunteers will visit a client in hospital.

This year The Council developed protocols and improved the database for this service, ran a refresher course for our current volunteers and recruited a few new volunteers. We had hoped to be able to expand this program throughout 2003/04 but limited resources meant that we were forced to rely more heavily on assistance from other state Cancer Councils.

The Council intends to focus more heavily on expanding our group of trained volunteers during 2004/05 and continue to augment our service via other state Cancer Councils.

Specific Goals for 2004/05 for the Cancer Information and Supportive Care Program

- > To maintain or exceed the current proportion of clients affected by cancer served by the Cancer Information and Supportive Care Program.
- > To increase promotion and awareness of The Council's Cancer Information and Supportive Care Service throughout the ACT, particularly amongst the hospitals, cancer patients, their families and carers, and health professionals.
- > To further strengthen the Supportive Care Services following "The Cancer Council ACT Survey of the Reported Supportive Care Needs of People Affected by a Cancer Diagnosis" which was carried out in 2002.
- > To find effective ways to reach carers of people with cancer.
- > To develop and distribute a patient cancer information pack to all newly diagnosed cancer patients in the ACT.
- > To expand the Volunteer Peer Assistance service by recruiting and training more volunteers.

Research Program

The Cancer Council ACT remains committed to promoting and supporting research into all aspects of cancer control and in 2003/04 granted \$85,554.38 towards cancer research and related projects in the ACT.

The Council achieves this through three primary means:

- > provision of funds, received from public donations, to support researchers in the ACT investigating cancer and related issues,
- > by participating in and providing data for research being undertaken by other organisations, and
- > undertaking our own research.

Each year The Cancer Council ACT provides funds, received from public donations, for independent cancer research projects through a research grants scheme. Researchers in the ACT are invited to apply, with applications recommended to the Board by the Research Grant Committee. The most significant applications are then entered into the national peer review scheme, where they are assessed by national experts in each field, ensuring the most suitable projects are chosen for funding.

The Council funded three research projects in the 2003/04 financial year, as well as purchasing scalp cooling equipment for the Medical Oncology Ward at The Canberra Hospital and providing financial support to The Cancer Council NSW's Cancer Trials NSW. A summary of these projects follows.

Scalp Cooling Equipment

Scalp cooling equipment is used to prevent chemotherapy related alopecia or hair loss. As chemotherapy targets rapidly dividing cells, the hair follicles are often affected resulting in thinning or complete baldness on the head and sometimes on the rest of the body. This hair loss can have an enormous impact on self-image and psychological well being and is rated by patients as the worst feature of chemotherapy, even though the hair does regrow once treatment is over.

Scalp cooling has been shown to have a beneficial effect in reducing or preventing hair loss in patients and it is routinely offered to patients in a number of oncology units in the United Kingdom as well as two centres in Adelaide.

Special gel filled caps are kept in a freezer and then worn by suitable patients whilst they receive their chemotherapy. By cooling the scalp, blood flow to the area is reduced. This reduces the amount of chemotherapy the hair follicles are exposed to as

well as decreasing the metabolic rate of the hair follicle cells making them less susceptible to the chemotherapy's toxic effects.

The Council spent \$11,250 on the scalp cooling equipment which comprised 24 scalp cooling caps, a special freezer to keep them in, a timer and two pairs of cryogloves for personnel to use when accessing the caps. The Council would especially like to thank Sesamed Pty Ltd who supplied the caps and timer for generously absorbing the import duty charge of \$318.10 on the equipment.

Unfortunately due to staff shortages in the Medical Oncology ward, the scalp cooling equipment was not utilised before 30 June 2004, however we have been assured they will start using it in the second half of 2004.

Project Title: A Clinical Trials Cancer Research Programme in the ACT 2003/04

Grant Awarded: \$32,000

Principal Investigator: Dr Desmond Yip, Staff Specialist in Medical Oncology, The Canberra Hospital, Senior Lecturer, Canberra Clinical School, University of Sydney, Senior Lecturer, ANU Medical School, Australian National University.

A clinical trial is scientific research conducted with the patient's permission, which usually involves testing the safety and/or effectiveness of drugs, treatments, preventative or diagnostic methods in human subjects. It is the basis of the Evidence Based Medicine (EBM) approach for determining the best available current therapies to be offered to patients. In the reality of finite health resources, clinical trials provide information to assist health authorities and governments to determine which are the best treatments to license and fund. Individuals benefit from participation in clinical trials, as they may gain access to potentially effective treatments that are not yet licensed or generally available in the world, as well as to closer monitoring and follow-up. Trials may provide hope where standard therapies are no longer effective.

The Canberra Hospital Medical Oncology Unit has been involved in a clinical trials programme in cancer since 1979. The unit has expanded from conducting clinical trials in the area of breast cancer alone to now offering trials in lung cancer, pancreatic cancer, ovarian, lung cancer, prostate cancer, bowel cancer and kidney cancer for patients in the ACT and South East NSW. Three Clinical Trial Coordinators are employed by the Unit, funded by sponsorships from pharmaceutical companies for commercial studies,

charitable donations and research grants; but not by the hospital. The department has formed links with a number of national collaborative research groups including: the Australasian Gastrointestinal Trials Group (AGITG), Australian and New Zealand Gynaecological Oncology Group (ANZGOG) and the Australian and New Zealand Breast Cancer Study Group (ANZBCSG). These groups coordinate clinical trials across many cancer centres.

The grant received from The Cancer Council ACT (TCCACT) has enabled the Unit to open a number of new cooperative group studies (See table) and to also expand the research unit's activities to some extent to cover the Zita Mary Clinic at Calvary Hospital. We are most grateful for this support of our clinical research programme, which will continue to bring state of the art cancer treatments to the ACT.

Current studies conducted at the Canberra Hospital supported in part by TCCACT grant:

- > ZEST TRIAL: A double-blind, placebo-controlled trial of ANZGOG 02 01: A phase II trial of weekly docetaxel (Taxotere) for patients with relapsed ovarian cancer who have previously received paclitaxel.
- > BCIRG 005: A multicentre phase III randomized trial comparing docetaxel in combination with doxorubicin and cyclophosphamide (TAC) versus doxorubicin and cyclophosphamide followed by docetaxel (AC->T) as adjuvant treatment of operable breast cancer Her2neu negative patients with positive axillary lymph nodes.
- > BCIRG 006: Multicentre phase III randomized trial comparing doxorubicin and cyclophosphamide followed by docetaxel (AC->T) with doxorubicin and cyclophosphamide followed by docetaxel and trastuzumab (AC->TH) and with docetaxel, platinum salt and trastuzumab (TCH) in the adjuvant treatment of node positive and high risk node negative patients with operable breast cancer containing the Her2neu alteration.
- > ESPAC -3: Phase III trial comparing 5FU and folinic acid versus gemcitabine in patients with resected pancreatic cancer.
- > Phase II Study of docetaxel and celecoxib (Celebrex) as first or second line therapy in patients with advanced non-small cell lung cancer.
- > Phase II Study of docetaxel and vinorelbine in patients with advanced anthracycline pretreated breast cancer.
- > Phase II Study of vinorelbine and ifosfamide in advanced non-small cell lung cancer.
- > Phase II Study of intravenous vinorelbine (Navelbine) + capecitabine (Xeloda) in patients with advanced breast cancer.
- > ZEST: Zolofit's effects on symptoms and survival time in advanced cancer.
- > placebo controlled study of rofecoxib (Vioxx) in colorectal cancer patients following potentially curative therapy (Yet to commence).

A full list of clinical trials and research activities are listed at this site www.canberrahospital.act.gov.au under Research: Medical Oncology.

Dr Desmond Yip

Project Title: Coping Styles and Severity of Toxicity from Adjuvant Chemotherapy for Early Breast Cancer.

Grant Awarded: \$29,000

Investigators: Associate Professor Robin Stuart-Harris, The Australian National University Medical School and The Canberra Hospital. Professor Don Byrne, School of Psychology, The Australian National University

Progress in this research program since being awarded grant funding can be documented as follows:

- > Completion of questionnaire construction, including selection of appropriate measures of coping style and success to provide the most sensitive assessment of outcomes, and development of a brief and simple measure of chemotherapy toxicity based on existing scales;
- > Completion of application requirements for both the ANU and The Canberra Hospital and Calvary Hospital Ethics Committees (together with appropriate procedures for cooperating private hospitals);
- > Liaison and negotiation with medical oncologists in the ACT and with four cooperating hospitals (The Canberra Hospital, Calvary Hospital, John James Hospital and National Capital Private Hospital) to ensure referral, as close as possible, of a continuous sample of patients fitting the selection criteria;
- > Development of referral and interview procedures to suit each participating hospital;
- > Completion (to date) of initial interviews with more than one third of the anticipated sample (referral rates currently indicate that the initial sample size estimate will be surpassed);
- > Commencement of follow-up interviews as patients reach appropriate stages in their chemotherapy cycles;
- > Preparation of a data file to allow full integration of psychosocial data collected at interview with medical data obtained from case notes.

The study is therefore making significant progress and we anticipate that it will be completed within the projected time-frame. A part-time research assistant was initially employed to work on the study however when that RA(Research Assistant) left to take up

full-time employment it was decided to convert part of the grant into a PhD scholarship to allow a postgraduate student (Ms Sarah Davenport) who was collecting data for a similar study and interviewing the same patients, to integrate our data collection into her project and to work full-time on the study. Permission from The Cancer Council ACT was sought and obtained for this departure from the original plan and it is now working well.

Professor Don Byrne

Project Title: A post-intervention consumer satisfaction survey in the haematology/oncology unit.

Grant Awarded: \$3,304.38

Investigators: Associate Professor Anne Gardner RN MPH, and Ms Marlene Eggert RN MN, The Canberra Hospital and University of Canberra, Research Centre for Nursing Practice.

Unfortunately due to staff shortages at the Research Centre for Nursing Practice, the project was not undertaken in 2003/04, however The Council has agreed the funding may be carried over to 2004/05 when it is anticipated the survey will take place.

Cancer Trials NSW

The Council provided \$10,000 to The Cancer Council NSW's Cancer Trials NSW which is a collaborative initiative to support and promote cancer clinical trials research that aims to improve participation and access throughout NSW. The money enabled Cancer Trials NSW to support the Clinical Trials Programme at The Canberra Hospital, by providing training and involvement in their trial and centre selection processes.

Toward Best Practice in Supportive Care Provision in the ACT: The Cancer Council ACT Survey of the Reported Supportive Care Needs of People Affected by a Cancer Diagnosis — 2002/2004

As reported in last year's annual report, The Council undertook research into the unmet supportive care needs of cancer patients and carers in the ACT. This research was initially funded with \$10,000 from the ACT Department of Health and Community Care in 2001/02.

Over 600 cancer patients, their carers, oncology specialists and other health professionals working in oncology in the ACT participated in the study, either by completing a questionnaire, or by taking part in a focus group discussion.

The report is now complete and the results will be used to inform existing services and to identify and address gaps in services. The Executive Summary follows:

Executive Summary

Principal Investigator: Nicole Druhan-McGinn

The results of the survey of unmet supportive care needs of cancer patients and their carers demonstrates the complexity and interdependence of issues faced by these individuals subsequent to receiving a cancer diagnosis. Amongst cancer patients the same individuals are experiencing a number of unmet needs and about 35–45% of the sample is carrying the greatest burden of unmet needs.

Health system and information needs were a key unmet need for cancer patients and the results suggest a potential "cascade effect" where if the identified health system and information needs are met, there could be reduced needs in the psychologic and physical and daily living domains.

Of all the supportive care needs identified, item 59: having one member of hospital staff with whom you can talk to about all aspects of your condition, treatment and follow-up, was most significant in terms of predicting other unmet support needs and patients with this unmet need were 28 times more likely to report fearing their cancer returning. If addressed, this reported unmet need has the potential to influence a number of other supportive care needs.

In a similar way to cancer patients, amongst carers the same individuals are experiencing a number of unmet needs and about 23–33 % of the sample is carrying the greatest burden of unmet needs. Psychologic needs were a key unmet need for carers representing 6 of the top 10 unmet needs.

Overall the distribution of significant unmet support needs was not random and needs were more likely to be experienced by patients who were: highly educated; in a high income bracket; 1–2 years post diagnosis; and treated 6–12 months ago. Patients with prostate cancer were more likely than any other cancer patient to report unmet needs. Carers reporting unmet supportive care needs were more likely to be: a relative of the cancer patient (but not a spouse); female; and employed before and after the diagnosis.

Qualitative data underscored issues related to psychologic and health system and information needs. It also shows that carers of cancer patients have been greatly impacted by changes in length of hospital stays (shortened) and a general shift toward community-based care. Carers have often become primary caregivers without being provided with adequate information and skills to fulfil this role, and they are often not well integrated into the health information loop due to considerations of patients' privacy.

A significant proportion of patients with unmet supportive care needs reported using the services of The Council (approximately 50-70%), with the top three services used by patients being the Cancer Helpline, the Breast Cancer Support Group, and The Cancer Council Library.

The use of The Council services by carers was very low, with only 16% of respondents reporting having accessed the services. In contrast, awareness of The Council Services was relatively high with 66% of respondents reporting being aware of the services available. The fact that awareness of services is high but use is low suggests that existing programs are being promoted appropriately, but are not engaging carers.

Recommendations for The Cancer Council ACT

- > The Council's services are being accessed by a significant proportion of patients with unmet supportive care needs suggesting that its profile in the community is recognised and methods of marketing its programs are reasonably effective.
- > To focus primarily on ways to meet health system and information needs, as meeting these needs may have a positive impact in meeting needs in other domains. As some of those needs form part of the mandate of the Cancer Helpline, more effective marketing of this service is required to reach a greater proportion of those in need.
- > Cancer Information Service (CIS) marketing should be focused on reaching individuals who are: highly educated; in a high income bracket; 1–2 years post diagnosis; 6–12 months post treatment; and patients with prostate cancer, as this is the group reporting the highest level of need. Recommended strategies for reaching these clients would be firstly through their healthcare provider; marketing seminars/information sessions to oncologists to raise the profile of the CIS; and secondly through mass marketing including newspaper, radio and television.
- > The profile of clients in least need of services suggests that marketing at treatment clinics has been effective and should be maintained at current levels.
- > It is recommended that The Council use opportunities to advocate for a cancer specialist role (similar to the breast cancer nurse specialist), which focuses on cancers other than just breast cancer, and with assistance for prostate cancer patients being an immediate priority.
- > The second focus would be on patients and carers psychologic needs, including: The Council providing counselling or psychologic services, or alignment with a community service that could provide the service; an enhanced program for carers, which is inclusive of cancer patients; and advocacy for respite care. Marketing strategies to reach these groups would be primarily through mass media as clients demonstrating these needs tend to be not undergoing treatment and have been diagnosed 1–2 years ago, so they are generally out in the community and not in the healthcare setting.

Issues that require further exploration

- > To determine whether the patient believes their information needs are being/were met depends upon the source of the information. In other words, do patients expect the information to come from their primary healthcare provider? This could be considered as a potential issue when marketing information services to clients eg. inviting specialists to speak at a Living with Cancer Education Program. Establishing a more direct alignment between oncologists and The Council is also recommended.
- > The most effective timing of information provision and a patient's ability to take in information and process it during the weeks immediately following diagnosis.

The following report is the final report from Professor Ian Hendry who was awarded a grant from The Council in 2000/01.

Project Title: Investigation of morphine tolerance in Gz deficient mice: Implications for the treatment of chronic cancer.

Grant Awarded: \$43,410

Investigator: Professor Ian Hendry, Division of Neuroscience, The Australian National University

The experiments funded by this grant seek to determine the role of the GTP binding protein Gz in the development of opioid tolerance.

We have set up an adenylyl cyclase assay and are in the process of examining its changes in the whole brain of naive and tolerant Gz deficient mice. At this gross level preliminary experiments suggest that there are no specific changes seen. Work will continue looking at subregions likely to be relevant to morphine tolerance.

We have shown there are no significant changes in the G protein compliment of any specific brain region in the Gz deficient mice after chronic morphine treatment. Thus the role of Gz in morphine tolerance appears to be a direct one.

We generated mice that overexpress Gz and a constitutively active mutant of Gz in order to determine the effect of this overexpression on the development of morphine tolerance.

These experiments have been compounded by the finding that the expression of the Gz gene in mice of the C57BL/6J strain of mice is extremely high but the animals all die before they reach breeding age. On the other hand expression of the transgene in the BALB/c strain results in virtually no expression of the gene. At present experiments are underway to intercross the two strains in order to determine the epigenetic phenomena that control Gz expression.

Professor Ian Hendry

Fundraising and Business Development Program



Nicole Campbell, Manager,
Fundraising and Business
Development



Danielle Finney,
Fundraising Assistant
Development

Income from fundraising events was very difficult to raise this financial year and can be attributed to the knock on effects of the Canberra bushfires; the fallout from the Australian Red Cross Bali Appeal; and donor fatigue. At the start of the 2003/04 financial year the fundraising staff were confident that the Canberra bushfires were not going to have a lasting effect on raising funds. With the positive results from Australia's Biggest Morning Tea prior to the end of the previous financial year, the fundraising team were feeling quite certain that this year would be a success. This feeling did not last long as the results for Daffodil Day started to emerge and with it a trend across all fundraising events held throughout the year.

Despite this, event income raised this financial year was \$656,617 which was \$21,617 above the target budget. Unfortunately, this was only \$309 more than the amount raised last financial year which has been a disappointing result for the fundraising team who have worked hard to gain more event advertising, and increase event participants as well as maintain event participant retention.

These unwelcome results have prompted the fundraising team to re-think some of the strategies that have been put in place for event fundraising and a new operations plan will be implemented in the new financial year to help generate greater income for all events.

On a positive note the funds generated from donations was \$115,352. This is an increase of \$20,000 on the budgeted figure. The appeal program that has been developed over recent years is growing considerably and has helped to increase the money received through donations.

Daffodil Day

The anniversary of the 10th Daffodil Day was marked with a 'Field of Hope' at Federation Mall, opposite Old Parliament House on Sunday, 17th August. 'Field of Hope' was used to remember those family members and friends who had passed away from cancer and to honour loved ones currently undergoing treatment.

The 'Field of Hope' concept involved 'planting' paper daffodils that had messages of hope or remembrance written on the back. A letter was sent to people who had made an in memoriam donation during the previous 12 months asking them to make a donation for Daffodil Day and to write the name of the person to whom it was dedicated on the back of

the paper daffodil and return it prior to 15th August. The daffodils were then planted and the 'Field of Hope' officially launched the 10th Daffodil Day campaign. The 'Field of Hope' generated very good media coverage in The Canberra Times and was well received by donors. The 'Field of Hope' will now become an annual event to officially launch Daffodil Day in the ACT.

Daffodil Day merchandise sales were down considerably compared to the results achieved with the 2002/03 Daffodil Day campaign. A total amount of \$193,631.78 was received which included \$21,606.13 from national supporter outlets and \$57,953.05 from shopping centre sites. The sale of Daffodil Day merchandise through shopping centre sites was down \$10,504.94 from the previous year. Although the amount raised was less than the previous year, The Cancer Council ACT once again raised the highest amount per head of population compared to the other States and Territories.

The national Daffodil Day income was also lower than the target budget. The target for the campaign was \$9.5046 million and the actual amount raised was \$9.281 million. This figure is \$310,000 less than the previous year.



Daffy (John Fenton), Dopey (Dorothy Kraft) and staff at the National Archives.

Pink Ribbon Day

Pink Ribbon Day was held on Monday, 27th October and to kick start this event a Pink Ribbon Day breakfast, to raise awareness of breast cancer and raise additional funds for this event, was held on Friday, 24th October at the Hotel Kurrajong. The guest speaker of the event was Professor Miles Little, who is a world leader in cancer survivorship research. Nearly 100 people attended the breakfast and approximately \$2,000 was raised from this event.

This year was the first time that shopping centre sites were used to sell the Pink Ribbon Day merchandise. These sites were located at Westfield Shopping Town Belconnen, The Canberra Centre, Woden Plaza, Tuggeranong Hyperdome, Kippax Fair and Jamison Centre. The sites proved very popular and \$7,663.10 was raised from these stalls.

Local businesses and Government departments were supportive of Pink Ribbon Day with 127 organisations ordering merchandise boxes to sell in their workplaces. With the combined income of the breakfast, shopping centre sites and the merchandise boxes \$29,568.42 was raised for Pink Ribbon Day. This is an increase of \$7,387.03 from the previous year.

Relay For Life

The 5th Relay For Life event was held at the AIS Athletics Track on the 2nd & 3rd April 2004. This is a very popular event amongst the local community and this year saw 94 teams totalling over 1,200 participants register. We were unable to secure a major cash sponsor which we have had for the previous 3 Relay events and there was some concern that we would not be able to reach our financial target without this sponsorship.

A total sum of \$153,029.41 was raised from the event this year. Although this is a wonderful amount of money to raise we were \$36,970.59 off reaching our target of \$190,000. It is important to remember that in the 2002/03 financial year Relay For Life raised \$159,156.16, which included a cash donation of \$20,000 from our major sponsor. The total amount raised for the 2003/04 event was a great achievement as it is nearly the same amount as the previous year but without the cash sponsorship.

To ensure Relay For Life continues to grow in the future the Manager, Fundraising and Business Development, Nicole Campbell, attended the California Relay For Life Summit, which was held over a three-day period in Los Angeles in January.

The Summit brought together staff members from the American Cancer Society and Relay team participants from every county in California as well as six



Relay For Life 2004 team, The Bold Bandannas

representatives from Australia. Along with Nicole, The Cancer Council NSW had four representatives and the Queensland Cancer Fund had one representative.

The name and formula of the Relay For Life event is owned by the American Cancer Society and first came about in the 1980s when Dr Gordy Klatt, an American Cancer Society volunteer, ran and walked around a track in Tacoma, Washington for a 24 hour period and raised \$27,000 in sponsored donations. In 1992 the American Cancer Society adopted Relay For Life and it is now the world's largest fundraising event. Relay For Life is held in over 1,000 locations throughout the world and raises over \$90 million for cancer research in the United States alone. The Cancer Council Australia is hoping to raise over \$1 million for the event this calendar year.

The Summit focused on the reason why we 'Relay'. That reason is to raise money for cancer research; to educate the community about the education, prevention and supportive care services that The Cancer Council ACT provides; and to advocate on behalf of those who have or are at risk of cancer.

The highlight of the Summit says Nicole was meeting so many people who are so enthusiastic about making a difference in the lives of those people touched by cancer. Heart rending cancer stories were told and the



The start of the Survivor's Lap, Relay for Life 2004

passion and determination within those people telling the stories could be felt. The Summit reinforced the reason why Relay For Life is such an important fundraising and awareness event and why we must allow the event to grow in new directions.

Major goals for Relay For Life is to grow the event so that it will become the highest earning fundraising event for The Cancer Council ACT, overtaking Daffodil Day and to also raise \$1 per head of the ACT population. This last goal may not be achieved for another 3 years but we do know that it can be reached, as The Cancer Council Tasmania has reached this goal this year.

Australia's Biggest Morning Tea

The fundraising staff were very concerned that Australia's Biggest Morning Tea (ABMT) would not reach the financial target of \$125,000 due to the poor results of some of the other fundraising events held throughout the financial year.

These fears were soon put to rest when 724 people registered to host a morning tea. Although this number was 10 hosts less than the previous year the implementation of some new initiatives such as providing hosts with information about what the money they raised from their morning tea would be used for, and providing new fundraising ideas to use at morning teas.

At the end of the financial year \$118,954.95 had been banked and we are very confident that we will reach our target of \$125,000 as many hosts continue to bank their money in July and August. We have implemented incentive prizes at a national level to encourage hosts to bank their money prior to the 30th



June and this incentive scheme does work quite well but we will always have some people who bank after the 30th June.

Major sponsors of ABMT this year were Australian Air Express, who kindly delivered all of the morning tea host kits free of charge and Capitol Chilled Foods who supported the event by providing free milk carton advertising for a two week period prior to the event. This support is invaluable as it enables The Council to direct the money that would have been spent on postage and advertising to other areas of the organisation such as cancer prevention, supportive care, education and other services.

As we are not able to report on the actual figures raised for ABMT and the Terry Fox Fun Run, which is held annually in June, in the annual report for that year, below are the final figures for these events for the past three years.

Funds Raised	2002/03	2001/02	2000/01
ABMT	\$119,509	\$111,577	\$103,614
Terry Fox Fun Run	\$26,986	\$26,790	\$22,362

Additional Fundraising Events held throughout the Financial Year

- > The British High Commission Spring Ball
- > Christmas Card Sales
- > The Doug Russell Memorial Golf Day
- > Me No Hair, where sponsored individuals in the community shave their hair
- > Terry Fox Fun Run

The Cancer Council ACT Shop

At the end of last financial year the Board of Directors made a decision to not renew the lease of The Cancer Council ACT Shop which was located at Westfield Shopping Town Belconnen and to relocate the shop to the office in Kaleen. This decision was made due to the under performance of the shop and an impending rental increase.



Enjoying The Cancer Council Australia's, Australia's Biggest Morning Tea at Parliament House.

To reduce the large quantities of stock on hand prior to reopening at the office, the shop had an end of lease sale in August and officially closed on Saturday, 30th August. Newspaper advertisements were taken out in The Chronicle over a week period to promote the shop sale and to advertise the new shop location. The shop was re-opened in a much smaller capacity to the public on Friday, 5th September.

The move to the office has been very positive for many reasons. When the shop moved to Kaleen at the end of August 2003, it was showing a loss of \$29,272, due to the end of lease sale that month, and we are very pleased to have ended the financial year with a profit of \$5,796. During this time we have also realised that the shop is a destination shop, people come specifically to purchase SunSmart products and the majority of customers understand the reasons behind closing the shop at Westfield Shopping Town. The customers are now exposed to all areas of the organisation and have a better understanding of the work we do. Many customers have also requested cancer information or volunteered to participate in fundraising activities after they have visited the shop.

To promote the shop a comprehensive product catalogue was developed and through The Chronicle newspaper was distributed to every house in Canberra. The main reasons for the wide distribution was to create awareness of the new shop location and to promote the mail order side of the business. Each catalogue had a mail order form and the new online shopping site was promoted on every page. The product catalogue also promoted a special Christmas shopping evening where customers would receive a 10% discount during the two hours the shop was open on a specific night if they brought the catalogue into the store that evening. This proved to be a very successful activity with \$2,000 worth of merchandise being sold in 2 hours.

From September, when the online shopping site was first promoted, until 30th June, 48 mail orders / online orders were received. Out of these 48 orders, 4 orders have been sent to customers in Africa, America and Canada and 11 orders have been dispatched to various other States in Australia.

With the closure of the shop a strong commitment was made to maintain relationships with other organisations such as Australian Federal Police Protective Services, schools, childcare groups, and sporting organisations, which purchase bulk supplies of sunscreen and sunglasses. These relationships will continue to be developed as the Cancer Prevention and Early Detection area works with the Fundraising & Promotions area to promote the SunSmart message and the merchandise available to workplaces and the general community.

A new product catalogue is currently being produced with other State Cancer Council's and will highlight the national streamlining of merchandise that has taken place recently. The catalogue will again have a mail order form and will continue to promote the online shopping site. We are very confident that the shop will continue to make a profit next financial year.

DONOR DEVELOPMENT AND BEQUEST PROGRAM

Thank you to members of The Cancer Council ACT and the community of the ACT for your support throughout the year. As a supporter of The Cancer Council ACT, your donation helps us to achieve our vision of promoting a healthier community by reducing the incidence and impact of cancer in the Canberra area.

Since the implementation of the donor development program in May 2002, \$40,604 has been received, which is a tremendous result and the response rate to the appeal campaigns surpassed our expectations. As the table below shows, there has been a steady increase in responses to the appeal and donation rate.

May Appeal	Response %	Total donations
May 2002	6.5%	\$ 2,703.00
May 2003	16.3%	\$ 7,875.00
May 2004	17.8%	\$16,500.00
Christmas Appeal		
October 2002	10%	\$3,918.00
Aug/October 2003	14%	\$9,608.00

Two appeal letters are sent annually one in May and the second, our Christmas Appeal in October. The May 2004 Appeal Package included a paper daffodil, giving supporters the opportunity to contribute to the 'Field of Hope'.

The Christmas Appeal Package includes an invitation for supporters to participate in the 'Candlelighting Ceremony' at Relay for Life. It is an opportunity to provide hope in the fight against cancer by making a donation when purchasing a candle to honour a loved one who has struggled with cancer.

Many supporters have requested to receive both appeal letters annually as a result of the opportunity to participate in the 'Field of Hope' and the 'Candlelighting Ceremony'.

A group of supporters of The Council were invited on a tour of the Tumour Biology Laboratory at The Canberra Hospital to acknowledge World Cancer Day on Wednesday 4 February. The tour was conducted by Dr Doug Taupin, Senior Staff Specialist in Gastroenterology and The Cancer Council ACT Board member. The supporters were given the opportunity



Dianne Moir,
Donor Liaison Officer

to see at first hand what research is occurring in the ACT aimed at the prevention and treatment of colorectal cancer.

Bequests

The Cancer Council ACT is most grateful to have received \$22,000 from four separate bequests this year from the estates of the late:

Sir Alfred Henry Simpson
Mr Llewellyn Charles (Peter) Waddell
Mr Ali Kafrawi
Ms Helen Boylan

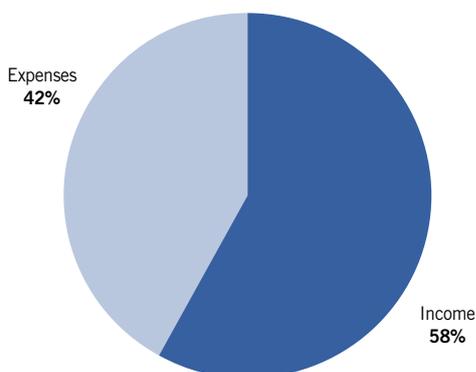
Publicity of the Bequest Program during the year through feature articles in The Canberra Times, The Council On The Ageing Newsletter and Start Living 50+ resulted in The Council receiving many requests for the booklet and advising of bequests written into wills. Nine solicitors acting in an honorary capacity have agreed to participate in the bequest program.

The bequest booklet, which outlines the work of The Council and explains the importance of leaving a Will, is available to our members and all interested persons. The booklet also contains the suggested wording to use when leaving a bequest to The Cancer Council ACT. Copies are available from The Council office.

The Council has worked closely with the ACT funeral houses this year in accepting donations, at the request of families, at funerals. In recent years we have provided the ACT funeral houses with 'in memoriam' envelopes. We are most grateful for the support received from the Funeral Directors and we thank them for personally delivering in memoriam donations to our office.

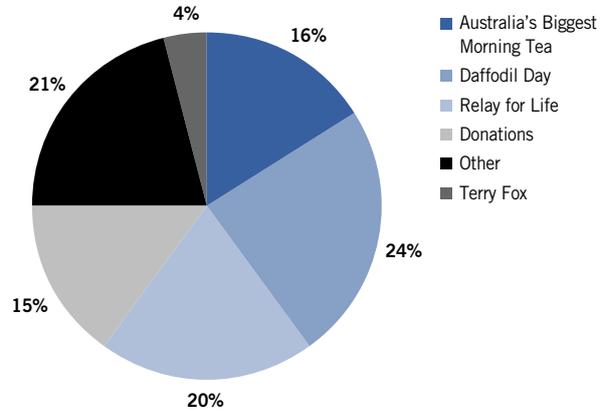
The Council aims to continue to build the donor development and bequest program throughout the 2004/05 financial year.

Fundraising Income & Expenditure 2003/04



Expenditure includes administrative costs, wages and total costs of individual events.

Fundraising Income 2003/04



1998 Giving Trends in Australia: O'Keefe and Partners suggests that for an organisation of The Council's size, that is, events fundraising revenue between \$½ million to \$2 million, a reasonable benchmark for costs of events fundraising is between 30–70%. The Council's result, costs at 42%* of revenue is certainly excellent using this comparison. We will work towards reducing this figure as appropriate in the future.

* In last year's annual report, we reported that the expenditure of fundraising was only 27% of the revenue raised. The large increase in costs shown in this annual report is mostly due to a change in the way of accounting. Daffodil Day merchandise is usually purchased in one financial year but not used until the following financial year. In 2002/03 it was decided that The Council would start accounting differently for these purchases. At 30 June 2003, Daffodil Day merchandise was recorded as a prepayment, which decreased the expenditure. Therefore, there were no Daffodil Day merchandise costs in 2002/03. If this cost had been included in 02/03 expenses, the figure would have been \$202,203 or 31%.

2003/04 Sponsors

Helping Hand Home Loans

Daffodil Day 2003

1626
Amcal
ANZ Bank
Australian Air Express
BeMe
Bi-Lo
Capitol Chilled Foods
Coles
Cross Roads
Ezibuy
First National Real Estate
HIC/Medicare
Katies
Kmart
Medibank Private
Miller's

Paragon Printers
 Quix
 Rockmans
 Silhouette
 Spotlight
 The Canberra Times
 Westpac Bank

Pink Ribbon Day 2003

Australian Air Express
 Capitol Chilled Foods

Rolfe Mazda Doug Russell Memorial Golf Day 2003

1053 2CA Canberra
 ACT Rugby Union
 Café Cosmo, Canberra Southern Cross Club Woden
 Canberra Raiders
 Canberra Symphony Orchestra
 Chifley's at The Kurrajong
 Deakin Health Spa
 Deep Dish Restaurant
 Gloria Jean's Coffees
 Hellier's Golf Centre
 Hotel Kurrajong Canberra
 Hoyts Cinema
 Kamberra Wine Company
 National Gallery of Australia
 National Museum of Australia
 OZ Design Furniture
 Poachers Pantry
 Pots on the Square
 Royal Canberra Golf Club
 Rydges Capital Hill Canberra
 Slaven Motors/Slaven Mazda
 The Cancer Council ACT Shop
 The Royal Canberra Show
 Tu Tu Tango

Relay for Life 2004

ADFA Duntroon
 Audio Solutions
 Australian Reptile Centre
 Australian Sports Commission
 Bakers Delight Westfield
 Canberra Centre
 Canberra Indoor Rockclimbing
 Canberra Raiders
 Canberra Southern Cross Club Woden
 Capitol Chilled Foods
 CBR Youth College
 City of Queanbeyan Pipe Band
 Daramalan College
 Delightful Baskets
 Electric Shadows Bookshop
 El Rancho Bar & Grill
 Fyshwick Fresh Food Markets

Goodberry's Creamery
 Grand Prix Karting
 Greater Union Cinema
 Griffin
 Hall Village Brass Band
 Hogs Breath Café
 Hoyts Cinema Tuggeranong
 Intency
 King O'Malley's Irish Pub
 McDonalds — Lake, Belconnen
 Mike's Meats Superstores
 Monaro Colonial Dancers
 National Dinosaur Museum
 National Zoo and Aquarium
 Next of Kin
 Pace Farm Pty Ltd
 Peter Alexander
 Phillip Swimming and Ice-Skating Centre
 Poetry in Flowers
 Putt Putt Golf Course, Dickson
 Questacon
 Radio Rentals
 Rotary Club of Belconnen
 St John Ambulance
 ScreenSound Australia
 Sing Australia Choir
 Southern Cross Ten
 SuperKarts
 The Scissorman
 Tip Top Bakeries
 Zone 3 Laser Games

Australia's Biggest Morning Tea 2004

Australian Air Express
 Capitol Chilled Foods

Terry Fox Fun Run 2004

Acil Tasman
 ActewAGL
 Allied Pickfords
 Bombardier Transportation
 Camp
 Campbells Cash & Carry
 Canberra Trophy Centre
 Canon Australia
 Can-Weld Contracting Pty Ltd
 City News
 Coates Prestige
 Corporate Express
 Curtin Chiropractic
 Delta Building Automations
 De Neffe Signs
 Executive Rentals
 Fyshwick Fresh Food Markets
 Gutteridge Haskins & Davey
 Instant Colour Press

Kell & Rigby Builders
Kent Moving & Storage
King Air
Manassen Foods
Morgans Carpets
National 1
National Foods
Om Shanti College of Tactile Therapies
Schweppes
Sing Australia Choirs
Sita Environmental Solutions
Sportsman Warehouse
St John Ambulance
Stewart Barlen Hire
The Canberra Times
The Pancake Parlour Restaurant
The Runners Shop
Urban Contractors Pty Ltd

Specific Goals for 2004/05 the Fundraising and Business Development Program

- > To maintain or exceed the funds raised in the 2003/2004 financial year with an emphasis on developing a successful bequest program and increasing donations.
- > To continue to seek and develop new fundraising opportunities.
- > To establish Relay For Life as the largest event undertaken by The Cancer Council ACT.
- > To have the shop exceed this financial year in net profit.

Other Activities during 2003/04



Caroline Shears-Jones,
Accounts and
Personnel Officer



Ivana Ippoliti,
Office Coordinator

Following is a list of some of the other activities The Cancer Council ACT staff and Board were involved in during 2003/04.

Membership of ACT Committees/Groups

ACT and SE NSW Breast Cancer Treatment Group
ACT Cancer Advisory Group
ACT Cervical Advisory Committee
ACT Cervical Cytology Register Management Committee
ACT Community Care Cervical and BreastScreen Program Community Reference Group
Australian Health Promotion Association — ACT Branch
ACT Schools Canteen Coalition
ACT Tobacco Taskforce
BreastScreen Mammography Advisory Committee
CADACT — Coalition of Drug and Alcohol Agencies in the ACT
Drug Action Week — ACT Working Group
Executive Committee, Fundraising Institute of Australia — Chapter 6
Gastrointestinal Tract Tumour Group
Healthlink Editorial Committee
Oncology Services Network
The Canberra Hospital Consumer Participation Reference Group

Membership of The Cancer Council Australia Committees/Groups

Australian and Torres Strait Islanders' Cancer Issues Sub Committee
Business Development Committee
Cancer Connect Network
Cancer Information Service Network
Chief Executive Officers' Forum
Chief Financial Managers' Meeting
Governance Committee (President)
Media Managers' Network
Merchandise Managers' Committee
National Events Committee
National Schools' Working Group
National Skin Cancer Steering Committee
Nutrition and Physical Activity Committee
Supportive Care Committee
Relay For Life Coordinators' Committee
Tobacco Issues Committee

Membership of other National Committees/Groups

Australian Network on Young People and Tobacco
Australian Prostate Cancer Collaboration Education Committee
Quit Coordinators' Group

Attendance at Conferences

ACT Palliative Care Conference, Canberra
AUSAE — Australian Society of Association Executives National Conference, Canberra
Behavioural Research in Cancer Control Conference, Newcastle
California Relay for Life Summit, Los Angeles
COSA — Clinical Oncological Society of Australia Conference, Perth
Future Directions in Cancer Control Workshop, Canberra
National Ovarian Cancer Forum, Sydney
National Physical Activity Conference, Fremantle
World Health Promotion Conference, Melbourne

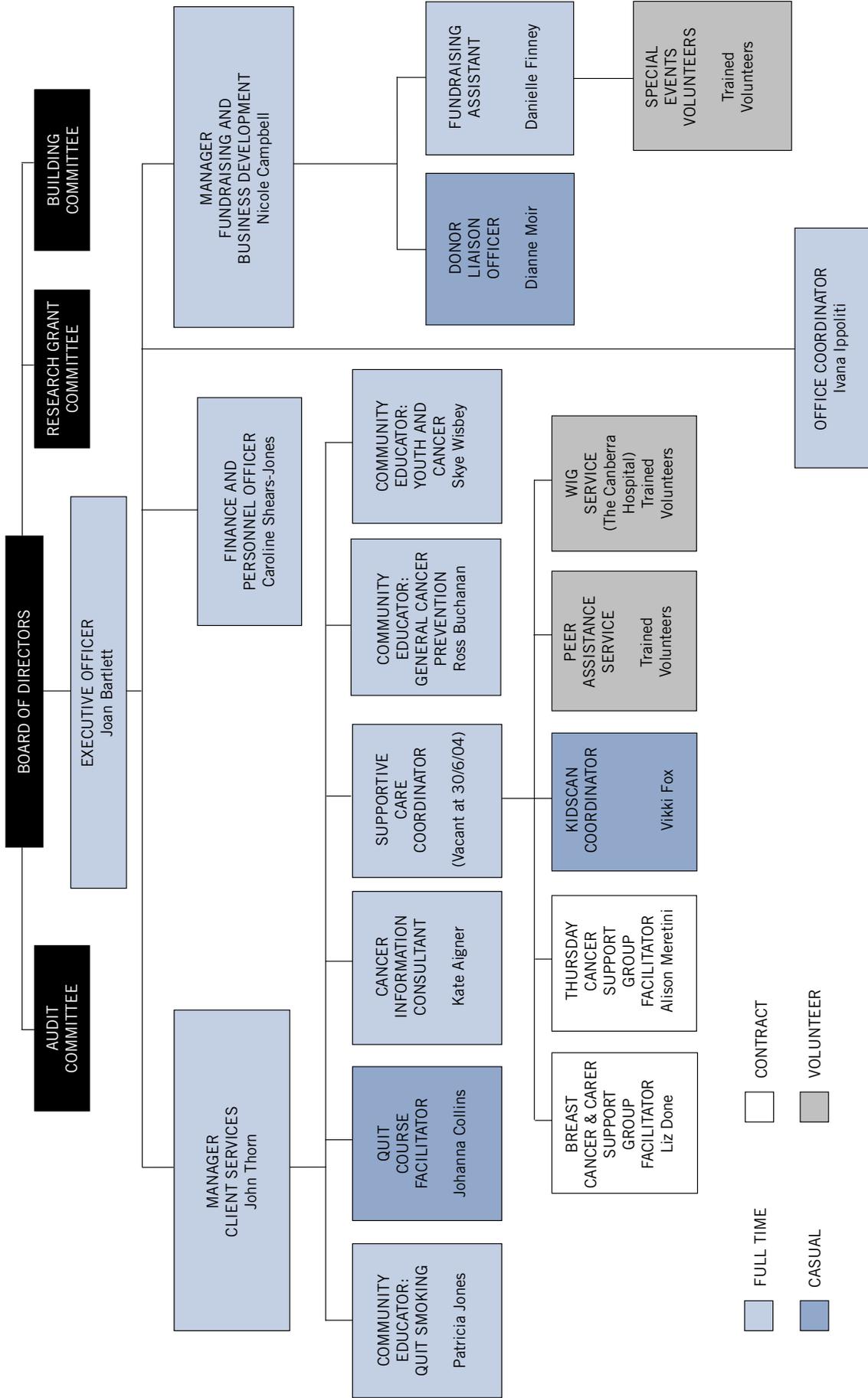
Consultations/Briefing Sessions

Radiation Oncology Jurisdictional Implementation Group (ROJIG) Key Stakeholder Briefing Session, Canberra

Financial Membership of Other Organisations

ACT & Region Chamber of Commerce (till 02/04)
Asian and Pacific Federation of Organisations for Cancer Research and Control
AUSAE — Australian Society of Association Executives Carers ACT
Chartered Secretaries Australia
COSA — Clinical Oncological Society of Australia International Non-Governmental Coalition Against Cancer
International Union for Health Promotion and Education
Public Health Association of Australia
SHOUT
The Cancer Council Australia
UICC — International Union against Cancer
Volunteering ACT

Organisational Chart



Staff and Volunteers

2003/04 Staff

Executive Officer

Joan Bartlett

Client Services

Manager, Client Services

John Thorn

Community Educator: Quit Smoking

Patricia Jones

Quit Course Facilitator

Johanna Collins*

Community Educator: General Cancer Prevention and Early Detection

Ross Buchanan

Community Educator: Youth and Cancer

Skye Wisbey (from 27/8/03)

Cancer Information Consultant

Kate Aigner

Supportive Care Coordinator

Sybilla Kovacs (to 12/5/04)

Thursday Cancer Support Group Facilitator

Alison Meritini*

Breast Cancer Support Group Facilitator

Yvonne Fischer*

Liz Done*

Carer Support Group Facilitator

Liz Done*

Kidscan Coordinator

Vikki Fox*

Special Project Contractors

'Unmet Supportive Care Needs Survey'

Nicole Druhan-McGinn*

'ACT Youth Smoking Prevention Strategy'

Nicole Druhan-McGinn*

Supportive Care Projects

Anita Xian*

Fundraising and Business Development

Manager, Fundraising and Business Development

Nicole Campbell (formerly Stone)

Fundraising Assistant

Lewis Gaha (from 21/7/03 to 6/2/04)

Danielle Finney (from 23/3/04)

Donor Liaison Officer

Dianne Moir*

Shop Manager

Andrea Hoare (to 29/8/03, position made redundant)

Shop Assistants

Kylie Breeze*

Sandra Donda*

Sam Lonard*

Katrina Mackerras*

Minka Schwabe*

Finance and Administration

Accounts and Personnel Officer

Caroline Shears-Jones (formerly Jones)

Office Coordinator

Angela Wallace (from 30/6/03 to 26/2/04)

Ivana Ippoliti (from 2/3/04 as temp,

then permanent from 17/5/04)

Policy and Procedure Manual Project Officer

Estelle Stanton-Yeaman*

Administration Assistant

Minka Schwabe*

* Contract or Casual staff

2003/04 Volunteers

Wig Service

Jackie Burnett
Carol Buttigieg
Diane Carter
Joan Crook
Nola Daley
Anne Dickens
Julia Holden
Enid Ingpen
Eileen Jones
Joanne Jones
Gerda Mark
Mary McDermott
June McDonald
Anne McKernan
Perrie Morris
Miriam Mukojid
Zen Nihill
Linley Slinn
Bridget Smits
Mary Sutherland

Peer Assistance Volunteers

Diane Carter
Alison Cox
Margaret Dando
Emilia Della-Torre
Josie Dichiera
Veronica Dowhy
Tess Falconer
Suna Fehringer
Christine Fraser
Pamela Hickerton
Edith Ingpen
Peter Judd
Robert Kefford
Elizabeth Kennedy
Valerie Lee
Ellen Mathews
June McDonald
Judy McGlynn
Margaret Pentony
Heather Phillips
Jan Purchas
Anna Wellings-Booth

Quit Pack Preparation

Lucy Cripps

Daffodil Day 2003

Greta Adams
Janet Adams
Michael Adams
Mary Aloisi

Pamela Ayson
Gaith Bader
Reza Bahramrad
Kirralee Baker-Newham
Helen Baseden
Kay Beaver
Jennifer Beckman
Rhonda Biedrzycki
G Biendun
Angela Blake
Anne Borger
Win Brassel
Sue Buker
Therese Bully
Jackie Burnett
Jason Campbell
Nicole Canham
Fiona Carlon
Jane Cartledge
Brian Carton
Jing-Ting Chan
Margaret Chaytow
Alistair Coe
Win Collins
Lynne Combe
Ginny Condon
Barbara Court
Allison Cox
Fiona Craine
Lucy Cripps
Nancy Darnes
Michael Deasey
Shirley Dryden
Shirley Egan
Louise Egli
Ivana Faden
Daphne Field
Barbara Finn
Jane Fleming
Sue Franklin
Helen Fyfe
Amy Garlick
Catherine Garlick
John Garner
Sarah Gault
Yvonne Gentry
Shirley George
Beth Gibbs
Linda Giles
Jeanine Godkin
Penny Gosling
Margaret Goyne
Elaine Graham
Jill Graham
Tim Graham

Patricia Gray
Paul Gray
Natalie Griffin
Fiona Guy
Kristen Hannan
Erana Hanson-Pou
Tim Hardy
Judith Harris
Jim Harvey
Julie Harvey
Erin Haskins
Leslie Henshaw
Diane Higgins
Erin Hill
Daphne Hillery
Jennifer Hinch
Jean Hodgson
Grace Holroyd
Karin Huckstepp
Rosemary Huff-Johnston
Enid Ingpen
Rhonda Jamieson
Natalie Jansen
John Jeffery
Edith Jones
Eileen Jones
Karen Jung
Alina Katavaskas
Therese Kelly
Eleanor Kennealy
Nicole Kettmiss
Amanda Kilby
Kim King
Jill Kingston
Christine Kirby
Anna Knight
Clare Knox
Mark Kovacs
Olive Lambie
Gay Lane
John Langdon
Daryl Lawrence
Kelly Linger
Vin Liston
Jeanette Livingstone
Eve Mailath
Gai Marshall
Alexandra Martyniak
Alice Mason
Angie Mason
Mark Mayling
Brenda McFarlane
Celia McKew
Gemma Meers
Robyn Middleton

Suzanne Mitchell
Pauline Moat
Marg Moleirinho
Maria Moleirinho
Pat Mooney
Caroline Morris
Hazel Morris
Ron Morris
Patricia Murphy
Murrays Australia
Wendy Napier Aikman
Marina Neil
Anne Nolan
Adam Nott
Joy O'Connor
Jill Parliament
Kal Peljo
Susan Pfanner
Catherine Pitt
Helen Pitt
Val Pritchard
Anna Pryor
Cheryl Pryor
Bill Quinn
Molly Rand
Mary Rees
Julie Renton
Debbie Robinson
Lorraine Robinson
Kirsten Rodgers
Carole Rowe
Janice Rudd
Lynne Sandland
Liz Scarce
Fleur Scheele
Barbara Schreiner
Jan Schwinghamer
Helen Shawe
Betty Shields
Elizabeth Sloan
Louise Slockwitch
Ebony Smith
Elizabeth Smith
Kathy Smith
Anne Spencer
St George Bank, City
Walk Branch — Staff
Pam Staggs
Judith Stark
Denise Stephens
Brendan Stevenson
Penny Storman
Jim Stubbs
Sydna Stubbs
Mindy Sutherland

Elizabeth Taggart
 Aedon Talsma
 Dianne Talsma
 Helen Taylor
 Judy Taylor
 Sue Taylor
 Naomi Tempany
 Bock Thong
 Pauline Thorneloe
 Fred Thorpe
 Iris Thorpe
 Jade Tieman
 Glenda Tow
 Lorna Vaessen
 Ria Van De Zandt
 Amy Vickers
 Vietnamese Buddhist
 Centre
 Sally Vine
 Oddette Visser
 Mary Wahren
 Kirsten Waldron
 Jan Walker
 Paulina Welbourne
 Janet Wendorf
 Westpac Bank, Petrie
 Plaza — Staff
 Susan White
 Nancy Williams
 Cathie Willis
 Lyn Willson
 Trevor Willson
 Julie Wilson
 Judith Wimbourne
 Phillip Woodward
 Michael Wright
 Angela Yorston
 Janet Zanetti
 Louisa Zardo

**Volunteers for
 the Christmas Card
 Shop 2003**

Elizabeth Broomfield
 Jane Cartledge
 Shirley Dryden
 Rhonda Jamieson
 John Langdon
 Margaret Langford
 Judy McKee
 Maria Moleirinho
 Jill Parliament
 Mark Radford
 Mary Reynolds
 Lynne Sandland

Elizabeth Smith
 Margaret Stone
 Margaret Vidler
 Angela Yorston

Pink Ribbon Day 2003

Janet Adams
 Amanda Alford
 Gaith Bader
 Kirralee Baker-Newham
 Gwen Brown
 Jackie Burnett
 Jane Cartledge
 Jing-Ting Chan
 Margaret Chaytow
 Catherine Coles
 Win Collins
 Fiona Crain
 Lucy Cripps
 Shirley Dryden
 Barbara Finn
 Helen Fyfe
 Shirley George
 Elaine Graham
 Julie Harvey
 Leslie Henshaw
 Peta Hoff
 Enid Ingpen
 Eleanor Kennealy
 Kim King
 Jill Kingston
 Clare Knox
 Olive Lambie
 Jeanette Livingstone
 Gai Marshall
 Alexandra Martyniak
 Suzanne Mitchell
 Pauline Moat
 Pat Mooney
 Wendy Napier Aikman
 Susan Pfanner
 Bill Quinn
 Molly Rand
 Mary Reynolds
 Debbie Robinson
 Carole Rowe
 Louise Slockwitch
 Ebony Smith
 Jim Stubbs
 Sydna Stubbs
 Helen Taylor
 Fred Thorpe
 Iris Thorpe
 Lorna Vaessen
 Amy Vickers

Kirsten Waldron
 Amy Walsh
 Westpac Bank —
 Petrie Plaza
 Susan White
 Nancy Williams
 Judith Wimborne
 Michael Wright
 Angela Yorston
 Louisa Zardo

Relay For Life 2004

Annabel Agafonoff
 Gwen Brown
 Leigh Brennan
 Robert Campbell
 John Carter
 John Cowper
 Fiona Craine
 Jen Cummins
 Elaine Graham
 Stephen Hughes
 Chris Kelaart
 Terry Kyne
 Nathan McDonnell
 Joyce McGuire
 Bill Quinn
 Candice Shultz
 Nicole Van Zomeren
 Emily Worsnop



Christine Brill,
Vice President



Mary Martin,
Secretary



Sue Bacon,
Board Member



Michael Deasey,
Board Member



Gillian Mitchell,
Board Member



Brett Yates,
Board Member



Doug Taupin,
Board Member

Members of the Board of Directors who served The Cancer Council ACT during 2003/04

Attendance at regular board meetings

Name	Attended	Eligible
Dr Kevin White <i>President</i>	7	7
Ms Christine Brill <i>Vice President</i>	4	7
Mr Oliver Lee (until 2/2/04) <i>Treasurer</i>	1	5
A/Professor Robin Stuart-Harris (until 8/9/03) <i>Secretary</i>	1	2
Ms Mary Martin (Secretary from 20/10/03) <i>Secretary</i>	6	7
Ms Sue Bacon (from 20/10/03)	4	5
Dr Carolyn Cho (from 20/10/03)	2	5
Mr Ron Christie (until 8/9/03)	2	2
Mr Michael Deasey	4	7
Ms Gillian Mitchell	6	7
Dr Doug Taupin (from 20/10/03)	5	5
Mr Brett Yeats	6	7

Public Officer Mr Michael Deasey

Committee Membership as at 30 June 2004

Audit Committee

Ms Christine Brill (Chairperson)
All current Board Members of The Cancer Council ACT
Ms Joan Bartlett

Building Committee

Mr Brett Yeats (Chairperson)
Ms Joan Bartlett
Mr Michael Deasey
Dr Kevin White

Research Grant Committee

Dr Kevin White (Chairperson)
Ms Kate Aigner
Ms Joan Bartlett
Ms Christine Brill
Ms Mary Martin

Honorary Life Members

Mrs R. Grantham
Dr Ronald Mendelsohn
Mrs Heather Wain
Professor Malcolm Whyte
Professor John Williams

Patron of The Cancer Council ACT

Her Excellency Mrs Marlena Jeffery

Governance Function: Objectives for 2004/05

- Develop Strategic Plan for period 2004-2007
- Review/develop governance policies as necessary

Ottawa Charter

1st International Conference on Health Promotion

(Ottawa, Canada, November 1986)

The first International Conference on Health Promotion, meeting in Ottawa this 21st day of November 1986, hereby presents this CHARTER for action to achieve Health for All by the year 2000 and beyond. This conference was primarily a response to growing expectations for a new public health movement around the world. Discussions focused on the needs in industrialized countries, but took into account similar concerns in all other regions. It built on the progress made through the Declaration on Primary Health Care at Alma-Ata, the World Health Organization's Targets for Health for All document, and the recent debate at the World Health Assembly on intersectoral action for health.

Health Promotion

Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being.

Prerequisites for Health

The fundamental conditions and resources for health are:

- peace,
- shelter,
- education,
- food,
- income,
- a stable eco-system,
- sustainable resources,
- social justice, and
- equity.

Improvement in health requires a secure foundation in these basic prerequisites.

Advocate

Good health is a major resource for social, economic and personal development and an important dimension of quality of life. Political, economic, social, cultural, environmental, behavioural and biological factors can all favour health or be harmful to it. Health promotion action aims at making these conditions favourable through advocacy for health.

Enable

Health promotion focuses on achieving equity in health. Health promotion action aims at reducing differences in current health status and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential. This includes a secure foundation in a supportive environment, access to information, life skills and opportunities for making healthy choices. People cannot achieve their fullest health potential unless they are able to take control of those things which determine their health. This must apply equally to women and men.

Mediate

The prerequisites and prospects for health cannot be ensured by the health sector alone. More importantly, health promotion demands coordinated action by all concerned: by governments, by health and other social and economic sectors, by nongovernmental and voluntary organization, by local authorities, by industry and by the media. People in all walks of life are involved as individuals, families and communities. Professional and social groups and health personnel have a major responsibility to mediate between differing interests in society for the pursuit of health.

Health promotion strategies and programmes should be adapted to the local needs and possibilities of individual countries and regions to take into account differing social, cultural and economic systems.

Health Promotion action means:

Build healthy public policy

Health promotion goes beyond health care. It puts health on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health.

Health promotion policy combines diverse but complementary approaches including legislation, fiscal measures, taxation and organizational change. It is coordinated action that leads to health, income

and social policies that foster greater equity. Joint action contributes to ensuring safer and healthier goods and services, healthier public services, and cleaner, more enjoyable environments.

Health promotion policy requires the identification of obstacles to the adoption of healthy public policies in non-health sectors, and ways of removing them. The aim must be to make the healthier choice the easier choice for policy makers as well.

Create supportive environments

Our societies are complex and interrelated. Health cannot be separated from other goals. The inextricable links between people and their environment constitutes the basis for a socio-ecological approach to health. The overall guiding principle for the world, nations, regions and communities alike, is the need to encourage reciprocal maintenance — to take care of each other, our communities and our natural environment. The conservation of natural resources throughout the world should be emphasized as a global responsibility.

Changing patterns of life, work and leisure have a significant impact on health. Work and leisure should be a source of health for people. The way society organizes work should help create a healthy society. Health promotion generates living and working conditions that are safe, stimulating, satisfying and enjoyable.

Systematic assessment of the health impact of a rapidly changing environment — particularly in areas of technology, work, energy production and urbanization — is essential and must be followed by action to ensure positive benefit to the health of the public. The protection of the natural and built environments and the conservation of natural resources must be addressed in any health promotion strategy.

Strengthen community action

Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities — their ownership and control of their own endeavours and destinies.

Community development draws on existing human and material resources in the community to enhance self-help and social support, and to develop flexible systems for strengthening public participation in and direction of health matters. This requires full and continuous access to information, learning opportunities for health, as well as funding support.

Develop personal skills

Health promotion supports personal and social development through providing information, education for health, and enhancing life skills. By so doing, it increases the options available to people to exercise more control over their own health and over their environments, and to make choices conducive to health.

Enabling people to learn, throughout life, to prepare themselves for all of its stages and to cope with chronic illness and injuries is essential. This has to be facilitated in school, home, work and community settings. Action is required through educational, professional, commercial and voluntary bodies, and within the institutions themselves.

Reorient health services

The responsibility for health promotion in health services is shared among individuals, community groups, health professionals, health service institutions and governments. They must work together towards a health care system which contributes to the pursuit of health.

The role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services. Health services need to embrace an expanded mandate which is sensitive and respects cultural needs. This mandate should support the needs of individuals and communities for a healthier life, and open channels between the health sector and broader social, political, economic and physical environmental components.

Reorienting health services also requires stronger attention to health research as well as changes in professional education and training. This must lead to a change of attitude and organization of health services which refocuses on the total needs of the individual as a whole person.

Moving into the future

Health is created and lived by people within the settings of their everyday life; where they learn, work, play and love. Health is created by caring for oneself and others, by being able to take decisions and have control over one's life circumstances, and by ensuring that the society one lives in creates conditions that allow the attainment of health by all its members.

Caring, holism and ecology are essential issues in developing strategies for health promotion. Therefore, those involved should take as a guiding principle that, in each phase of planning, implementation and evaluation of health promotion activities, women and men should become equal partners.

Commitment to health promotion

The participants in this Conference pledge:

- to move into the arena of healthy public policy, and to advocate a clear political commitment to health and equity in all sectors;
- to counteract the pressures towards harmful products, resource depletion, unhealthy living conditions and environments, and bad nutrition; and to focus attention on public health issues such as pollution, occupational hazards, housing and settlements;
- to respond to the health gap within and between societies, and to tackle the inequities in health produced by the rules and practices of these societies;
- to acknowledge people as the main health resource; to support and enable them to keep themselves, their families and friends healthy through financial and other means, and to accept the community as the essential voice in matters of its health, living conditions and well-being;
- to reorient health services and their resources towards the promotion of health; and to share power with other sectors, other disciplines and, most importantly, with people themselves;
- to recognize health and its maintenance as a major social investment and challenge; and to address the overall ecological issue of our ways of living.
- The Conference urges all concerned to join them in their commitment to a strong public health alliance.

Call for international action

The Conference calls on the World Health Organization and other international organizations to advocate the promotion of health in all appropriate forums and to support countries in setting up strategies and programmes for health promotion.

The Conference is firmly convinced that if people in all walks of life, nongovernmental and voluntary organizations, governments, the World Health Organization and all other bodies concerned join forces in introducing strategies for health promotion, in line with the moral and social values that form the basis of this CHARTER, Health For All by the year 2000 will become a reality.

The Cancer Council ACT Financial Report

for the Year Ended 30 June 2004

Statement of the Board	47
Statement of Financial Performance	48
Statement of Financial Position	49
Notes to the Financial Statements	50
Independent Audit Report	57
Detailed Statement of Financial Performance	59
Independent Review Report	61

The Cancer Council ACT Incorporated

ABN 51 581 057 949

STATEMENT OF THE BOARD

The names of each person who held a position as a director of the board during the year ended 30 June 2004 or at the date of this statement were:

Kevin White	Carolyn Cho
Sue Bacon	Michael Deasey
Christine Brill	Oliver Lee
Ron Christie	Mary Martin
Robin Stuart-Harris	Doug Taupin
Gillian Mitchell	Brett Yeats

The principal activity of The Cancer Council ACT during the year ended 30 June 2004 was to reduce the incidence and impact of cancer in the Australian Capital Territory. There was no significant change in activities during the financial year.

The net deficit of the Association for the year ended 30 June 2004 was \$10,221 (2003: \$31,211 surplus).

In the opinion of the board of directors, the attached financial report, comprising the statement of financial performance, statement of financial position, statement of cash flows and notes 1 to 20:

- > present fairly the financial position of The Cancer Council ACT as at 30 June 2004 and its performance and cash flows for the year then ended
- > are prepared in accordance with the Associations Incorporation Act 1991 of the Australian Capital Territory, accounting standards and other mandatory professional reporting requirements in Australia

At the date of this statement, there are reasonable grounds to believe that The Cancer Council ACT will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the board.



Kevin White, President

Dated: 6/9/04.

The Cancer Council ACT Incorporated

ABN 51 581 057 949

	Notes	2004 \$	2003 \$
STATEMENT OF FINANCIAL PERFORMANCE			
FOR THE YEAR ENDED 30 JUNE 2004			
REVENUE			
<i>Operating activities:</i>			
Shop sales		194,867	352,932
Grants	3	482,286	305,279
Membership fees		1,320	1,698
Training and education fees		17,216	14,101
Donations		115,374	98,036
Bequests		22,027	–
Special events		656,617	656,308
Other products and services		21,636	15,946
		<u>1,511,343</u>	<u>1,444,300</u>
<i>Non-operating activities:</i>			
Interest		43,734	26,408
Unrealised gain on shares		406	1,455
Royalties		6,681	6,774
Proceeds on disposal of shares		10,868	–
		<u>61,689</u>	<u>34,637</u>
<i>Total revenue</i>		<u>1,573,032</u>	<u>1,478,937</u>
EXPENSES			
Staff costs		(828,786)	(734,647)
Shop merchandise		(134,918)	(176,388)
Events costs		(122,066)	(73,778)
Research grants		(53,453)	(61,216)
Occupancy costs		(35,392)	(56,126)
General costs		(339,624)	(274,023)
Other costs		(652)	(1,088)
Project costs		(38,049)	(44,969)
Cancer Council Australia membership		(30,313)	(25,491)
<i>Total expenses</i>		<u>(1,583,253)</u>	<u>(1,447,726)</u>
<i>Net surplus / (deficit) for the financial year</i>		<u>(10,221)</u>	<u>31,211</u>
<i>Total changes in accumulated surplus</i>		<u>(10,221)</u>	<u>31,211</u>

The accompanying notes form part of these financial statements.

The Cancer Council ACT Incorporated

ABN 51 581 057 949

	Notes	2004 \$	2003 \$
STATEMENT OF FINANCIAL POSITION			
AS AT 30 JUNE 2004			
CURRENT ASSETS			
Cash assets	5	1,038,919	840,031
Receivables	6	20,204	26,573
Inventories	7	43,082	79,699
Other financial assets	8	26,882	37,805
Other	9	23,812	29,211
<i>Total current assets</i>		<u>1,152,899</u>	<u>1,013,319</u>
NON CURRENT ASSETS			
Property, plant and equipment	10	46,724	52,115
<i>Total non current assets</i>		<u>46,724</u>	<u>52,115</u>
<i>Total assets</i>		<u>1,199,623</u>	<u>1,065,434</u>
CURRENT LIABILITIES			
Payables	11	51,993	21,269
Provisions	12	35,229	38,595
Unearned revenue	13	135,761	24,475
<i>Total current liabilities</i>		<u>222,983</u>	<u>84,339</u>
NON CURRENT LIABILITIES			
Provisions	12	11,283	5,517
<i>Total non current liabilities</i>		<u>11,283</u>	<u>5,517</u>
<i>Total liabilities</i>		<u>234,266</u>	<u>89,856</u>
<i>Net assets</i>		<u>965,357</u>	<u>975,578</u>
ACCUMULATED FUNDS			
Retained surplus	14	965,357	975,578
<i>Total accumulated funds</i>		<u>965,357</u>	<u>975,578</u>

STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2004

OPERATING ACTIVITIES			
Receipts from donations, special events and all other income		867,209	807,068
Receipts from sale of merchandise		221,360	387,167
Grants received		652,929	344,625
Payments to suppliers and employees		(1,585,642)	(1,551,796)
Interest received		43,734	26,408
<i>Net cash relating to operating activities</i>	19a	<u>199,590</u>	<u>13,472</u>
INVESTING ACTIVITIES			
Purchases of property, plant and equipment		(11,570)	(31,821)
Proceeds on disposal of shares		10,868	–
<i>Net cash relating to investing activities</i>		<u>(702)</u>	<u>(31,821)</u>
<i>Net movement in cash and cash equivalents</i>		<u>198,888</u>	<u>(18,349)</u>
<i>Cash and cash equivalents at beginning of year</i>		<u>840,031</u>	<u>858,380</u>
<i>Cash and cash equivalents at end of year</i>	5	<u>1,038,919</u>	<u>840,031</u>

The accompanying notes form part of these financial statements.

The Cancer Council ACT Incorporated

ABN 51 581 057 949

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2004

Note 1: Statement of significant accounting policies

This general purpose financial report has been prepared in accordance with Australian accounting standards, Urgent Issues Group Consensus Views and other authoritative pronouncements of the Australian Accounting Standards Board and the requirements of the Associations Incorporation Act 1991. They have been prepared in accordance with the historical cost convention. Cost in relation to assets represents the cash amount paid or the fair value of assets given in exchange. The accounting policies have been consistently applied unless otherwise stated. The following is a summary of significant accounting policies adopted by the Council in the preparation of the financial report.

Income tax

The Council is income tax exempt as a public benevolent institution under sub-division 30-B of the Income Tax Assessment Act 1997.

Inventories

Shop merchandise measured at the lower of cost and net realisable value. Costs are assigned on a first-in first-out basis.

Investments (other financial assets)

Bonds and debentures are carried at the lower of cost or net realisable value. Shares are carried at current market value at balance date with any fluctuations in market value being recognised as unrealised gains or losses on shares (revenue).

Property, plant and equipment

Property, plant and equipment is valued at cost. Depreciation is provided on all property, plant and equipment at rates calculated to allocate the cost less estimated residual value at the end of the useful lives of the assets against revenue over those estimated useful lives. The depreciation methods and rates for each category of property, plant and equipment are:

Furniture, plant and equipment	2.5% – 30% prime cost or 11.25% – 37.5% diminishing value
Motor vehicles	22.5% diminishing value
Building improvements	20% prime cost

Employee entitlements

Provision is made for the Council's liability for employee entitlements arising from services rendered by employees to balance date. Employee entitlements expected to be settled within one year together with entitlements arising from salaries and annual leave that will be settled after one year, have been measured at their nominal amount at the remuneration rates expected to apply at the time of settlement. Other employee entitlements payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those entitlements. Contributions made to employee superannuation funds by the Council are charged as expenses when incurred.

Cash

For the purposes of the statement of cash flows, cash includes cash on hand and in banks, in deposits at call and investments in money market instruments convertible to cash within 45 days, net of outstanding bank overdrafts.

Research grants

Research grants are recognised as expenses at the time the funds are disbursed to the research body.

Revenue recognition

(a) Goods and services

Revenue from the sale of merchandise is recognised upon delivery of the goods to customers. Revenue from the rendering of a service is recognised upon the delivery of the service to the customers.

(b) Donations, bequests and membership fees

Donations, bequests and membership fees are recognised as revenue when received.

The Cancer Council ACT Incorporated

ABN 51 581 057 949

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2004

Note 1: Statement of significant accounting policies

(c) Grants

Operational grants are recognised as revenue progressively over the period of the grant. Operational grants received in respect of future financial years are recognised as income received in advance (liabilities, unearned revenue). Project grants are recognised as revenue to the extent that the monies have been applied in accordance with the conditions of the grant. Project grants received prior to the year end but unexpended as at that date are recognised as unexpended project grants (liabilities, unearned revenue).

(d) Fundraising events

Revenue and costs from fundraising events is recognised as revenue and expense on completion of the event. Income received and expenses incurred prior to event are recognised as income in advance (liabilities, unearned revenue) and prepayments (other current assets) respectively.

Goods and Services Tax

All revenue and expenses are stated net of the amount of goods and services tax (GST).

Comparative information

The classification of comparative figures has been changed where the change improves the understandability of the financial information.

Changes in accounting policies

Prior to the 2002–03 financial year, the amount advanced to the Cancer Council Australia for purchase of Daffodil Day merchandise had been recognised as an expense in the period advanced. In the 2002–03 financial year, the amounts advanced were recognised as a prepaid expense at year end to enable the expenses to be matched against the related revenue, resulting in an increase in other current assets and operating surplus of \$25,495. In addition, prior to the 2002–03 financial year, employee benefits liability was recognised net of employee on-costs and no provision was made for long service leave entitlements. In the 2002–03 financial year, the employee benefits liability incorporates 9% superannuation guarantee contributions and the discounted value of expected long service leave entitlements have been recognised to improve compliance with AASB 1028 'Employee Benefits', resulting in an increase in employee related provisions and a decrease in operating surplus of \$8,704.

Adoption of Australian Equivalents to International Financial Reporting Standards

Background

The Australian Accounting Standards Board ("AASB") has determined that Australian Equivalents to International Financial Reporting Standards ("AEIFRSs") will apply to Australian reporting entities for financial years commencing on or after 1 January 2005. The implications for the Council of first time adoption of AEIFRSs for the 2005–06 financial year include:

- > where different, the new AEIFRSs may require transactions and both opening and closing year end balances to be calculated using a different measurement basis for both the current financial year (2005–06) and the relevant comparative financial year (2004–05); and
- > the format of the financial report will change under the new AEIFRSs.

Management of the transition to AEIFRS's

The Council's management in conjunction with its auditors are assessing the significance of changes resulting from the introduction of AEIFRSs and, where applicable, preparing for their implementation. This includes assessing major changes in accounting policies that will arise from differences between existing Australian Accounting Standards and the new AEIFRSs and, where applicable, reviewing the adequacy of existing systems and implementing revised processes and procedures to ensure that financial reporting requirements under the new AEIFRSs will be met.

Major changes in accounting policies

Management and the auditors have performed a preliminary evaluation of new AEIFRS's and existing Australian Accounting Standards to identify key differences in accounting policies that are expected to arise from adopting the new AEIFRS's. The preliminary assessment indicates that there will be no key differences in accounting policies that are expected to arise from adopting the new AEIFRS's.

The Cancer Council ACT Incorporated

ABN 51 581 057 949

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2004

	Notes	2004 \$	2003 \$
Note 2: Surplus From Ordinary Activities			
Net surplus has been determined after:			
<i>(a) Expenses</i>			
Operating lease rentals — office and shop premises		21,135	49,994
Depreciation of non-current assets:			
> furniture, plant and equipment		12,193	14,954
> building improvements		–	5,323
> motor vehicles		4,768	5,982
Total depreciation		16,961	26,259
Write down of assets:			
> value of shares sold		11,332	–
Total write down of assets		11,332	–

Note 3: Grants Revenue

Funding body:	Grants received during the year (excluding GST)	Grants utilised during the year	Unexpended funds at 30 June
<u>ACT Dept of Health and Community Care:</u>			
> Australian Secondary School Alcohol and Drug Survey 2002	15,722	–	15,722
> Information, Supportive Care and Referral Services	–	85,336	85,336
> Smoking Cessation Program	–	54,560	54,560
> Youth Smoking Prevention Program	–	300,000	226,533
> Adult Quit Smoking	–	75,000	12,706
> Professional Development	–	3,000	3,000
<u>Healthpact:</u>			
> Reducing the initiation and escalation of tobacco in young females	–	17,500	17,500
> Smokefree & Sunsmart Sponsorships	–	58,750	58,750
> Healthlink Journal	8,753	–	3,179 a
<u>The Snow Foundation Limited</u>			
> Wig Service	–	5,000	5,000
	24,475	599,146	482,286
			135,761

(a) Healthlink Journal funds totalling \$5,575 were transferred to the Australian Health Promotion Association during the year.

Note 4: Auditors' Remuneration

Remuneration of the auditor for:		
> Auditing or reviewing the financial report	4,850	3,350
> Other services	1,909	554
> Other services provided by a related practice of the auditor	–	–

Note 5: Cash Assets

Cash on hand	650	528
Cash at bank	740,275	564,847
Deposits at call	297,994	274,656
	1,038,919	840,031

The Cancer Council ACT Incorporated

ABN 51 581 057 949

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2004

	2004 \$	2003 \$
Note 6: Receivables		
CURRENT		
Trade debtors	13,631	19,410
Amounts receivable from TCCA	6,573	1,659
Allowance for doubtful debts	–	–
	20,204	21,069
Other debtors	–	5,504
	20,204	26,573
Note 7: Inventories		
Shop merchandise	43,082	79,699
Note 8: Other Financial Assets		
Share in other corporations — at market value	1,270	12,195
Debentures — at cost	25,612	25,610
	26,882	37,805
Note 9: Other Current Assets		
Prepayments — Daffodil Day	21,869	25,495
Prepayments — other	776	2,549
Security deposit	1,167	1,167
	23,812	29,211
Note 10: Property, Plant and Equipment		
Furniture, plant and equipment — at cost	128,880	117,311
Accumulated depreciation	(101,357)	(89,165)
	27,523	28,146
Motor vehicles — at cost	40,185	40,186
Accumulated depreciation	(23,773)	(19,006)
	16,412	21,180
Building improvements — at cost	49,379	49,379
Accumulated depreciation	(46,590)	(46,590)
	2,789	2,789
Total Property, Plant and Equipment	46,724	52,115

	2004	2004	2004
(a) Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year	Furniture, plant and equipment	Motor vehicles	Building improvements
	\$	\$	\$
Opening Balance	28,146	21,180	2,789
Additions	11,570	–	–
Depreciation expense	(12,193)	(4,768)	–
Closing Balance	27,523	16,412	2,789

The Cancer Council ACT Incorporated

ABN 51 581 057 949

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2004

	2004	2003
	\$	\$
Note 11: Payables		
CURRENT		
Unsecured liabilities:		
Staff costs payable	21,929	15,449
Other creditors and accrued expenses	30,064	5,820
	51,993	21,269
Note 12: Provisions		
CURRENT		
Employee benefits:		
> Annual leave	35,229	38,595
> Long service leave (vested)	–	–
	35,229	38,595
NON-CURRENT		
> Long service leave (non-vested)	11,283	5,517
	11,283	5,517
Total Provisions	46,512	44,112
(a) Aggregate employee benefits liability (including employee payables)	68,441	59,561
(b) Number of employees at year end	10	19
Note 13: Unearned Revenue		
Unexpended project grants	Note 3 135,761	24,475
	135,761	24,475
Note 14: Retained Surplus		
Retained surplus at the beginning of the year	975,578	944,367
Net surplus	(10,221)	31,211
Retained surplus at the end of the year	965,357	975,578

Note 15: Segmental Reporting

The Council operates in the Canberra and surrounding region providing health management and education services.

Note 16: Association Details

The Cancer Council ACT Incorporated is an association incorporated under the Associations Incorporation Act 1991 of the Australian Capital Territory, Association No. A 435. The principal place of business of the association is 159 Maribyrnong Avenue, Kaleen.

The Cancer Council ACT Incorporated

ABN 51 581 057 949

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2004

	2004 \$	2003 \$
Note 17: Commitments for Expenditure		
(a) Research grants commitments		
The Council has entered into a 3 year contract for the performance of a cancer-related scientific research project. The contract specifies funding to be provided progressively during the term of the contract.		
Payable:		
> not later than 1 year	15,950	–
> later than 1 year but not later than 5 years	–	15,950
Minimum lease payments	<u>15,950</u>	<u>15,950</u>
(b) Operating lease commitments		
Non-cancellable operating leases contracted for but not capitalised:		
Rentals payable:		
> not later than 1 year	11,067	16,237
> later than 1 year but not later than 5 years	1,328	6,615
Minimum lease payments	<u>12,395</u>	<u>22,852</u>

General description of leasing arrangements:

The Council has commitments in respect of one lease for rental of premises and one for rental of photocopier:

- > Lease for 159 Maribyrnong Avenue, Kaleen, ACT that expires 30 September 2003, with annual options to renew for one year until the ultimate termination date 30 September 2007.
- > Lease for rental of photocopier that expires 11 October 2005.

Note 18: Related Parties

(a) Directors

The names of the persons who were Directors of the Council during the financial year are:

Kevin White	Carolyn Cho
Sue Bacon	Michael Deasey
Christine Brill	Oliver Lee
Ron Christie	Mary Martin
Robin Stuart-Harris	Doug Taupin
Gillian Mitchell	Brett Yeats

(b) Transactions with director related entities

The Directors did not receive any remuneration directly or indirectly from the Council or any related body corporate for management of the Council, other than reimbursements of expenses incurred on behalf of the Council. With the exception of the transactions listed below, there were no transactions during the year with entities that were related to directors:

- > The Council is a member of The Cancer Council Australia. This involves the Council and other membership organisations in each state and territory contributing annual membership fees, purchasing fundraising merchandise and receiving net fundraising income from the Cancer Council Australia.

The Cancer Council ACT Incorporated

ABN 51 581 057 949

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2004

	2004 \$	2003 \$
Note 19: Cash Flow Information		
(a) Reconciliation of net cash relating to operating activities to operating surplus		
Operating surplus	(10,221)	31,211
Non-cash flows in operating surplus:		
Unrealised gain on shares	(406)	(1,455)
Gain on sale of shares	464	–
Depreciation and amortisation	16,961	26,259
Changes in assets and liabilities:		
Receivables	6,366	(8,086)
Inventories	36,617	(15,503)
Other current assets	5,399	(25,605)
Payables	30,724	(2,473)
Unearned revenue	111,286	8,015
Provisions	2,400	1,109
Net cash relating to operating activities	199,590	13,472

(b) Non-cash transactions

There were no non-cash transactions during the financial year.

(c) Unused credit facilities

The Council maintains a business card facility for the Executive Officer. The credit card has a limit of \$4,000.

Note 20: Financial Instruments

(a) Interest rate risk

Interest rate risk is the risk that the value of a financial asset or liability will change due to interest rate fluctuations. The interest rate applicable to each class of financial asset and liability are as follows:

- > Variable rate cash deposits at the average rate of 3.66%.
- > Fixed rate deposits maturing within one year at the average rate of 4.94%.

(b) Credit risk

The maximum exposure to credit risk at balance date to recognised financial assets is the carrying amount as disclosed in the statement of financial position and notes to the financial statements. With the exception of cash deposits with the Commonwealth Bank of Australia totalling \$1,021,010, the Council does not have any material credit risk exposure to any single debtor or group of debtors.

(c) Net fair values

The net fair value of financial assets and liabilities approximates the values shown in the statement of financial position and the notes thereto.



1st Floor, 2 Napier Close
Deakin ACT 2600

INDEPENDENT AUDIT REPORT

To the Members
The Cancer Council ACT Incorporated ABN 51 581 057 949

Scope

The financial report and board's responsibility

The financial report comprises the statement of the board, statement of financial performance, statement of financial position, statement of cash flows and accompanying notes 1 to 20 for The Cancer Council ACT Incorporated, for the year ended 30 June 2004.

The Board of the Association is responsible for the preparation and true and fair presentation of the financial report in accordance with the *Associations Incorporation Act 1991* of the Australian Capital Territory and the constitution of the Association. This includes responsibility for the maintenance of adequate accounting records and internal controls that are designed to prevent and detect fraud and error, and for the accounting policies and accounting estimates inherent in the financial report.

Audit approach

We conducted an independent audit in order to express an opinion to the members of the Association. Our audit was conducted in accordance with Australian Auditing and Assurance Standards, in order to provide reasonable assurance as to whether the financial report is free of material misstatement. The nature of an audit is influenced by factors such as the use of professional judgement, selective testing, the inherent limitations of internal control, and the availability of persuasive rather than conclusive evidence. Therefore, an audit cannot guarantee that all material misstatements have been detected.

We performed procedures to assess whether in all material respects the financial report presents fairly, in accordance with the *Associations Incorporation Act 1991* of the Australian Capital Territory, Accounting Standards and other mandatory financial reporting requirements in Australia, a view which is consistent with our understanding of the Association's financial position, and of its performance as represented by the results of its operations and cash flows.

We formed our audit opinion on the basis of these procedures, which included:

- examining, on a test basis, information to provide evidence supporting the amounts and disclosures in the financial report, and
- assessing the appropriateness of the accounting policies and disclosures used and the reasonableness of significant accounting estimates made by management and the Board.

While we considered the effectiveness of management's internal controls over financial reporting when determining the nature and extent of our procedures, our audit was not designed to provide assurance on internal controls.



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Independence

In conducting our audit, we followed applicable independence requirements of Australian professional ethical pronouncements.

Qualification regarding donations and fundraising revenue

As is common for organisations of this type, it was not practical to maintain an effective system of internal control over the completeness of revenue from donations and fundraising until its initial entry into the accounting records. Accordingly, our audit in relation to donations, bequests and special events (fundraising) revenue totalling \$794,018 for the financial year was limited to the amounts recorded as being banked.

Audit Opinion

In our opinion, except for the effects on the annual financial report of the matter referred to in the qualification paragraph above, the annual financial report of The Cancer Council ACT Incorporated:

- gives a true and fair view of the financial position of the Council at 30 June 2003, and of its performance for the year ended on that date, and
- is presented in accordance with the Associations Incorporation Act 1991 of the Australian Capital Territory, Accounting Standards and other mandatory professional reporting requirements in Australia.

ASCENT AUDIT
Chartered Accountants

A handwritten signature in black ink, appearing to read "Eric Hummer". The signature is fluid and cursive, written over a white background.

Eric Hummer
Partner

Dated 8 September 2004

The Cancer Council ACT Incorporated

ABN 51 581 057 949

DETAILED STATEMENT OF FINANCIAL PERFORMANCE FOR THE YEAR ENDED 30 JUNE 2004

(To be read in conjunction with the attached Independent Review Report)

	2004	2003
	\$	\$
REVENUE		
OPERATING ACTIVITIES		
Shop sales	194,867	352,932
Grants	482,286	305,279
Membership fees	1,320	1,698
Training and education fees	17,216	14,101
Donations	115,374	98,036
Bequests	22,027	–
Special events	656,617	656,308
Other products and services	21,636	15,946
	<u>1,511,343</u>	<u>1,444,300</u>
NON-OPERATING ACTIVITIES		
Interest	43,734	26,408
Unrealised gain on shares	406	1,455
Royalties	6,681	6,774
Proceeds on disposal of shares	10,868	–
	<u>61,689</u>	<u>50,583</u>
<i>Total revenue</i>	<u>1,573,032</u>	<u>1,478,937</u>
EXPENSES		
STAFF COSTS		
FBT Expense	1,669	1,578
Workers compensation insurance	7,544	15,435
Professional development	37,661	30,237
Wages & Salaries	593,980	541,482
Temp staff	22,085	49,762
Contract staff	107,288	35,178
Superannuation	51,683	48,087
Provision for annual leave	2,400	4,810
Provision for long service leave	–	(3,701)
Recruitment fees	4,476	11,780
Total Staff Costs	<u>828,786</u>	<u>734,647</u>
SHOP MERCHANDISE		
Shop merchandise	134,918	176,388
Total Shop Merchandise	<u>134,918</u>	<u>176,388</u>
EVENTS COSTS		
Fundraising purchases of services	59,494	47,203
Fundraising merchandise	62,572	26,575
Total Events Costs	<u>122,066</u>	<u>73,778</u>
OCCUPANCY COSTS		
Electricity	14,257	6,132
Rent	21,135	49,994
Total Occupancy Costs	<u>35,392</u>	<u>56,126</u>
RESEARCH GRANTS		
Grants for cancer research	53,453	61,216
Total Research Grants	<u>53,453</u>	<u>61,216</u>

The Cancer Council ACT Incorporated

ABN 51 581 057 949

DETAILED STATEMENT OF FINANCIAL PERFORMANCE FOR THE YEAR ENDED 30 JUNE 2004

(To be read in conjunction with the attached Independent Review Report)

	2004	2003
	\$	\$
GENERAL COSTS		
Advertising & promotion	99,803	35,507
Staff and Committee amenities	2,873	3,827
Volunteers amenities	935	519
Audit & accounting	6,759	3,904
Bank charges	5,557	7,432
Capital equipment	426	190
Cleaning, supplies & services	11,430	11,974
Computer software	1,632	2,519
Consultancy fees	15,210	11,242
Depreciation	16,960	26,259
Freight & postage	15,888	17,810
IT support	7,982	-
Legal	2,418	4,718
Local travel	9,046	9,776
Major meetings	8,968	6,563
Memberships & subscriptions	4,971	6,503
Miscellaneous	80	-
Motor vehicle	10,410	7,557
Other insurance	17,841	16,283
Photocopier	10,400	5,249
Printing	44,970	51,216
Repairs & maintenance	7,327	10,135
Stationery	11,659	11,653
Telephone & fax	14,747	23,187
Value of shares sold	11,332	-
Total General Costs	339,624	274,023
OTHER COSTS		
Discretionary	652	1,088
Total Other Costs	652	1,088
PROJECT COSTS		
Cancer information & support services merchandise	10,794	6,618
Health promotion giveaways	8,878	16,821
Library supplies, tapes & printed support materials	5,006	6,583
Nicotine Replacement Therapy	-	429
Other products & services	11,025	12,384
Resources	2,346	2,135
Total Project Costs	38,049	44,969
TCCA MEMBERSHIP FEES		
The Cancer Council Australia membership fees	30,313	25,491
Total TCCA Membership Fees	30,313	25,491
<i>Total expenses</i>	1,583,253	1,447,726
<i>Net surplus for the financial year</i>	(10,221)	31,211



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INDEPENDENT REVIEW REPORT

To the Members
The Cancer Council ACT Incorporated ABN 51 581 057 949

Scope of Review

We have reviewed the detailed statement of financial performance of The Cancer Council ACT Incorporated for the year ended 30 June 2004. The management of the Association are responsible for the preparation and presentation of the detailed statement of financial performance and the information contained therein. We have performed the review of the detailed statement of financial performance in order to state whether, on the basis of the procedures described, anything has come to our attention that would indicate that it is not presented fairly in accordance with the accounting policies adopted in the annual financial report of the Association.

The detailed statement of financial performance has been prepared for distribution to the members of the Association. We disclaim any assumption of responsibility for any reliance on this review report or on the detailed statement of financial performance to which it relates to any person other than the members of the Association.

Our review has been conducted in accordance with Australian Auditing and Assurance Standards applicable to review engagements. A review is limited primarily to inquiries of Association personnel and analytical procedures and limited sample testing applied to the financial data. These procedures do not provide all the evidence that would be required in an audit, thus the level of assurance provided is less than given in an audit. We have not performed an audit on the detailed statement of financial performance and, accordingly, we do not express an audit opinion.

Statement

Based on our review, which is not an audit, nothing has come to our attention that causes us to believe that the detailed statement of financial performance of The Cancer Council ACT Incorporated for the year ended 30 June 2004 does not present fairly the financial performance of the Association for the year then ended in accordance with the accounting policies adopted in the annual financial report of the Association.

ASCENT AUDIT
Chartered Accountants

A handwritten signature in black ink, appearing to read "Eric Hummer". The signature is fluid and cursive, written over a white background.

Eric Hummer
Partner

Dated 8 September 2004

Two foundation members remember the early days of the ACT Cancer Society

By CRISPIN HULL

It was 1967. Carola Mendelsohn, a 24 year old woman, was working as a nurse at Canberra Hospital, then housed on Acton Peninsula. She discovered lumps in her breast. At first she tried to ignore them. In those days education about cancer and the advantages of early detection and treatment was poor — more so in Canberra which then was little bigger than a country town.

Carola was diagnosed with breast cancer. Again, Canberra's size meant there was not much in the way of treatment or much in the way of more detailed diagnostics. Patients were faced with the Sydney or Melbourne option which meant separation from family. There were no support groups. There were few people to turn to for information. Moreover, Canberra was a place of young families. Most had moved to Canberra quite recently from elsewhere as the Federal Government moved to build the new capital. So health questions were dominated by children and young mothers. Obstetrics, gynaecology and paediatrics were seen as more important specialties than oncology.

Cancer was seen as a disease of the aged and at that time the ACT had the youngest population of any jurisdiction in Australia. It was something not to be talked about; a death sentence. That was true nationwide those days, but more so in youthful Canberra. It meant, of course, that things were more difficult for Canberra patients and their families.

Carola died of her cancer. Her father, Dr Ron Mendelsohn, an academic in the social sciences, was determined to do something.

"My wife and I realised — I am not exactly sure how — that there was no cancer society in Canberra," he said in an interview. "So I began to conceive the idea of a cancer society. . . As so frequently happens people say 'I would like to do something'. In a sense they like to try to appease their own grief in some way."

He set to it with a passion and energy, marshalling whatever help he could get. "At that stage I was a Freemason and I used those colleagues in freemasonry who were prepared to help," he said. "We gradually got others to help, too. I was able to get a constitution for the Society written by Professor Leslie Zines of the Australian National University Law School.

"Things went along, I think, rather limpingly. I was able to get a good deal through persistence, but the

fact I was not a scientist and did not have a medical background I found to be a considerable handicap. I realised after a time that I wasn't really the perfect person to run such an organisation. Someone with greater prestige in a technical field was needed. The organisation was continuing, but it was limping quite a bit."

Enter Dr John Williams. Williams came to Canberra in 1974 to take up the chair in biochemistry at the Australian National University. Before that he had been in the faculty of biochemistry at the School of Medicine at the University of New South Wales working on cancer, among other growth processes.

Williams was invited, along with virologist Peter Cooper of the John Curtin School of Medical Research to address the annual general meeting of the society in 1975. Cooper had applied for a small grant from the society. The aim was for them, as scientists, to explain to a lay audience the nature of cancer and the causes of human cancer.

Williams recalls: "To this day I have no idea how but I walked out of that meeting being elected chairman of that society and Peter was elected deputy. How on earth we got dobbed in and nominated and voted on I'll never know because neither of us was very well known in Canberra at all." Others suspect that the determination of Mendelsohn to get some scientific and medical expertise into the society had much to do with it.

Mendelsohn recalls: "John, of course, realised that the Society was limping. And the reason was because... up to that stage I had not been able to attract technical people — people who understood about cancer. I was a social scientist and I approach things from that point of view. I did not have the necessary background. When John came on he brought an entirely different attitude and ability. He understood far more. He had a good deal of personal strength and ability which he brought to the nascent society."

Williams said, "Essentially we inherited the committee which Ron had assembled. It was a good committee."

Among key people were Dr Edith Clements, a government medical officer, who advised cancer sufferers as to what they could expect if they went to either Sydney or Melbourne, if their treatment demanded that.

Canberra had some diagnostic facilities and facilities for the treatment of leukaemia and some chemotherapy. Canberra's cancer treatment was

quite sophisticated and well advanced, but with a small focus of specialisation. Dr Richard Pembrey, who specialised on diseases of the blood, including cancers, joined our committee.

Williams describes him as “a lovely man, quiet, a delight, effective. He formed the bridge we needed and with the medical specialties.”

Heather Wain was a social worker. Mendelsohn describes her as “a saintly person. She was extremely important in the community generally.” She knew a lot about the Canberra scene and was later president of the Australian Cancer Society. The ACT has provided two presidents to the national body. The other was John Williams.

Robyn McEwen was a pharmacist at Canberra Hospital and was very supportive and helpful. Gwen Leonard was appointed by Williams as the Society’s first secretary. Williams describes her as “much more than someone who just did the record keeping. She was part of the driving force.” Peter Cooper and George Hartnell, a Mason and school teacher, were the other key people.

The Constitution had been drawn up, but the Society could only function by raising money. And to raise money from the public it had to be incorporated. But to be incorporated would usually require legal fees.

Williams remembers the way around it: “Peter Cooper, bless him, had acted as his own lawyer in setting up the Society of Microbiology and so knew some of the tricks. He was able to put together the form of words and documents to get the approval of the Registrar... The Society had only \$500 in the kitty. Clearly we had to raise some money well before we come to anything at all. But we also had to have some sort of ranking of what our primary aims were.”

In this, the ACT Cancer Society took a different path. In doing so it perhaps helped far more people than otherwise possible. They were radical for their time. Shortly before US President Richard Nixon had declared “a war on cancer.” He and others believed that if you threw enough money at it a cure would be found -- like tuberculosis or diphtheria. But cancer is a very different thing. The ACT Cancer Society was instrumental in changing public attitudes and perceptions about cancer.

Williams: “The first thing that struck us was to proceed with an education policy which could do something to make the general population of Canberra — a young population — aware of the incidence of cancer in the general population — 25 per cent. It was 25 per cent then and it is 25 per cent now. What were the consequences of this? What were the varieties of diagnoses, prognoses and treatments?”

Mendelsohn: “When I began everyone was talking about cancer research. They did not understand the sort of money we could get together. The Society

had to change its direction from doing something about cancer research to doing something about cancer education and cancer treatment. If the Society had attempted to concentrate on getting funds for research we would have got virtually nowhere. It would have been a drop in the ocean.”

In 1967, when Carola Mendelsohn was diagnosed, Canberra was smaller but had many similarities to Canberra today — leafy suburbs and a fairly affluent and well-educated population. But in one respect Canberra in 1967 was very different from today. It was a desert when it came to education and knowledge about cancer and its treatment. Then and in the ensuing decade or more there was — to use Williams’s deliberate pun — a deathly silence about cancer.

“Canberra was a young community then,” he says. “Young people do not need to think about cancer. Usually their only contact is if their aged parents get it and in the case of Canberra in the 1970s the vast majority of those aged parents did not live in the city. They were diagnosed and treated elsewhere. And it was the cultural climate of the time not to talk about cancer. People who had cancer were kept away from others. There was a deathly silence (pardon the pun) about the disease. There was undoubtedly a presumption of death. If you had a diagnosis purely and simply you would last anything from six weeks to five years at the most. That was also the view of a lot of medicos at the time.”

The doctors did their best, but there was little in the way of diagnostic or treatment facilities in the early 1970s in Canberra. People had to go to Sydney or Melbourne. The Society helped those people in many ways.

Ron Mendelsohn says: “It was a social organisation rather than a technical one although it was very well technically informed. The sorts of things that would be done, for example, were a wig library for people on chemotherapy who lost their hair. Anti-tobacco campaigns became extremely important for the Society. Then sunscreen, the campaigns against skin cancer were started and the Society began its shop, selling hats, suncream and sunglasses. The Society became a treatment, prevention and support group.”

“You had women, who had lost a breast, who were in danger of dying within a few years and they needed support. And then you have got children with cancer so we set up Canteen — more support.”

“The education front was largely handled by Elizabeth Skilbeck. She became the public face of the Society. She set up a tent at the Canberra Show, for example, which continues to run. There began to be a community awareness and a community organisation. It moved out into the community and became a community organisation.”

“Before Elizabeth, Pauline Marsh was the education officer. Elizabeth went into schools, she wrote articles in The Canberra Times and became the public face of the society. She was always available. She had the knowledge to talk quite sensibly to people who had just received a diagnosis and would add to whatever information their specialist had given them. But frequently the specialist would only spend a very short time with them. They would come out of the specialist consultation bewildered and dismayed and asking the question, What now? It was a critical time to intervene and help. And this is a large part of what happened.

“Sometimes they would get an idea of the next stage of treatment and the general practitioner was informed. But there it would stop. There was no additional information about what would happen if that treatment did not work. There was a pleading for plain ordinary human sympathy through to answers to specific questions on the basis of what if something happens, what would happen after that, because quite often the doctors do not tell you the next stage of treatment.”

“Women with breast-cancer were the largest numerical group. A diagnosis could affect her whole ethos her whole outlook on life. There is the fear and the loss.”

The initial Constitution had four main aims:

1. Education.
2. Help alleviate suffering.
3. Promote cancer treatment and diagnosis.
4. Be involved in programs of research in cancer.

“We talked about the last but never with a point of view of funding much because it would be just a drop in the ocean,” Mendelsohn says.

There never was much in the way of government money in the early days, so the Society was in a pitiful financial position if it wanted to achieve its main aims: education and the alleviation of suffering.

But what the nascent society lacked in money it made up for in determination and passion and a huge response from the Canberra community.

“In no time at all we went from \$500 to \$10,000,” Mendelsohn said. “It helped that we had Major General Bob Hay join us as fundraiser. He was very well known and a man of great stature in the community. He had been Commandant of Royal Military College Duntroon. He just had that polish. He put together a plan to do a letter box drop in one area. When that produced quite a bit of money he did a general letterbox drop throughout Canberra. Then we started to get big bequests and gifts from families touched by cancer.”

The ACT Cancer Society, later to become The Cancer Council ACT, was on its way.

The Society helped patients and their families. One of its early successes was getting a palliative radiation machine at Canberra Hospital in 1976. Before that patients had to go to Sydney. The large therapeutic machine came in 1981.

“The Society went for the smaller, palliative machine first,” Williams said. “Because if we had gone for the bigger machine there would have been all sorts of excuses not to get it and we wanted to make a start. We had to raise the money, we had to argue the issue with the Health Commission and I had to talk to the Legislative Assembly. It was such a profoundly large subvention to them and could have disturbed the main thrust of the money which was going to the hospital.”

Williams did the full cost-benefit analysis in an attempt to persuade them. “After a time I thought, blow this,” he said. “We have got the freedom as a society to publish the costings and reasoning so I published it in the Cancer Journal. The article outlined the case for having palliative radiation care in Canberra.”

The article and other persuasive work by society members did the job. But there was still much to do. Getting treatment hardware was just one task. Williams: “There was widespread ignorance in the community and a desperate need for education. The medicos weren’t educating, they were too busy. There was an immediate need for information under the general heading ‘The Causes of Human Cancer’. A recently diagnosed person needed to know this. It was more than just wearing a hat, or having the right diet, or taking exercise, or staying away from ionising radiation and so on. In the end I prepared a very large article on the causes of human cancer which became a 20 page booklet.”

“Elizabeth Stilbeck became education officer and she could use this in talking to patients and their families. She became better and better educated with her passion for this issue — cancer education and prevention- — she gathered a lot of volunteers around her and eventually she became a paid officer of the Society.”

The passion, dedication and hard work of the early members of the ACT Cancer Society laid the foundations for broad work done by The Cancer Council ACT today. The most important element in that work is not pouring money into research done far away, but direct help to cancer patients and their families in Canberra and district — providing knowledge and understanding of the disease and its treatment, support, sympathy and practical needs.

Prevention and educating people about early detection are other important elements of The Council’s work — work so presciently seen in the early days of the ACT Cancer Society.

How You Can Support The Cancer Council ACT

You can make a real contribution to reducing the incidence and impact of cancer in the ACT by supporting The Cancer Council ACT.

You can support The Cancer Council ACT by:

- > Making a regular donation
- > Taking part in one of our fundraising events
- > Making a bequest in your will
- > Enlisting as a volunteer
- > Becoming a member

For further information or to make a donation visit www.actcancer.org or please call The Cancer Council ACT on (02) 6262 2222.

I would like to support The Cancer Council ACT by making the following donation:

Amount (please enter) \$.....

Please make Cheque/Money Order payable to THE CANCER COUNCIL ACT or charge my:

Bankcard Mastercard Visa AMEX

Card No:

Expiry Date:..... / / Signature

Name:

Address:

Thank you for your kind donation. Your tax deductible receipt will be sent to you.

Please forward your donation to:

The Cancer Council ACT
PO Box 84
Jamison Centre ACT 2614

The Cancer Council ACT
159 Maribyrnong Ave
Kaleen ACT 2617

Phone: (02) 6262 2222
Fax: (02) 6262 2223
www.actcancer.org

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www.actcancer.org

Simple Steps to Preventing Cancer

Avoid tobacco smoke

- > Quit smoking
- > If a non-smoker, try to avoid other people's smoke

Protect your skin from the sun

- > Minimise direct exposure to the sun between 10am and 2pm (11am and 3pm during daylight saving)
- > Slip on a long sleeved collared shirt, and protect your skin with clothes when outside
- > Slap on broad spectrum SPF 30+ sunscreen 20 minutes before going outside and reapply every two hours
- > Slap on a hat with a wide brim to cover your neck, face and ears
- > Wrap on sunglasses to protect your eyes. They should be close fitting, wrap-around and conform to the Standards Association of Australia standard (AS 1067)
- > Use shade to protect yourself from the sun when outside

Maintain a healthy body weight by:

Eating a healthy diet and

- > Lots of fruit and vegetables
- > Eat plenty of breads and cereals preferably wholegrain
- > Drink alcohol in moderation, if at all
- > Limit the amount of processed meat and avoid charred meat
- > Less fat and salt

Exercising regularly

- > Aim to have at least 30 minutes of moderate physical activity daily, if currently inactive then any increase is beneficial

Early Detection

- > Be aware of the signs of bowel cancer: bleeding or a change in usual bowel pattern persisting for more than two weeks. If you have any unusual bowel symptoms, see your doctor immediately.
- > Men and women 50 years and over should talk to their doctor about having a FOBT test for bowel cancer every two years.
- > Check your body for any new skin spots, or a spot that has changed in size, colour or shape. See your doctor if you notice any changes.

Women

- > Have a Pap test every two years
- > Become familiar with the normal look and feel of your breasts, and talk to your doctor if you notice any new change
- > Have a screening mammogram every two years if you are over 50

Men

- > Check for any changes (a lump or anything unusual) in your testicles. Talk to your doctor if you notice anything or have any concerns.
- > Talk to your doctor about any persistent urinary problems

Street address

159 Maribyrnong Avenue KALEEN ACT 2617

Postal address

PO Box 84 JAMISON CENTRE ACT 2614

Phone: (02) 6262 2222 **Fax:** (02) 6262 2223

Email: reception@actcancer.org **Website:** www.actcancer.org

