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Published April 2015

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Cancer Council 13 11 20

Printed in Australia by Southern Colour. Printed on 100% recycled paper.
Who we are
Cancer Council Victoria is a non-profit organisation involved in cancer research, support, prevention and advocacy. Our singleness of purpose – improved cancer outcomes – drives us, and will always be balanced by our deep connection with the experience of cancer patients and their families.

Our mission
To reduce the impact of all cancers for all Victorians.

Our values
Excellence, integrity and compassion.

About this report
This report is designed to give our stakeholders an insight into the diversity of the services delivered by Cancer Council Victoria. It provides details of our activities during the 2014 calendar year.

The audited 2014 financial reports are contained within a separate document, which is available on our website (www.cancervic.org.au). A summary of the financials is contained within this report.
2014 was a chance for us to connect globally, cement ongoing national partnerships and form new local links. We also worked to develop a new governance structure, which will enable Cancer Council Victoria to continue to provide leadership in cancer control.

The World Cancer Congress, organised by the Union for International Cancer Control and hosted by Cancer Council, allowed us to link with other experts to discuss advancements and strategies. Our McCabe Centre continued to build capacity in the use of law to prevent and control cancer, and we connected the world to Australia’s work in plain packaging.

It’s never been more important for us to partner locally with government and other organisations to deliver the best research, prevention and support we can to improve cancer outcomes. Programs such as Quit and SunSmart rely on the Victorian Government’s support and collaboration with VicHealth.

In a new Government funded initiative, Cancer Council partnered with the Heart Foundation to introduce LiveLighter, to encourage people to reduce weight to cut their cancer risk.

We continue to rely on our dedicated volunteers. We have thousands of supporters and volunteers across the state helping us to raise funds, provide support for cancer patients, and deliver our services. I was honoured to again present the annual President’s Awards in recognition of some outstanding contributions in the past year.

It was also a pivotal year for how we will deal with cancer in the future with the passing of the Improving Cancer Outcomes Act 2014, which will come into operation by 1 October 2015. Victoria will have a more modern framework to aid efforts to reduce cancer incidence and death, and to support those affected by the disease. The Act updates how we collect and use cancer data, and requires a four-year cancer plan to be developed.

It will also mean a change in our governance which will bring us into line with other Cancer Councils. We will convert from a body constituted under the Cancer Act 1958 to a Company Limited by Guarantee by 1 October 2015. The main change will be to the make-up of our Board and Council. Currently Council membership is determined by the Cancer Act 1958 and most appointments need to be approved by the Minister. Under the new arrangements, the Cancer Council itself will determine membership and be responsible for appointing members.

We will continue to update our supporters through the transition period, and look forward to continuing our work with the many other organisations who remain vital partners in our endeavours.

In particular, I would like to thank the Board Chair, Andrew Roberts, for his assiduous shepherding of these developments throughout 2014, and also Maria Trinci for continuing as a most reliable and attentive Chair of the Finance, Risk, Audit and Compliance Committee.
Each year we are seeing improvements in cancer control – from advances in research, improvements in cancer detection and increases in five-year survival rates.

With the number of cancer diagnoses expected to double in the next decade, we must act now to develop the infrastructure and programs required to support people through their cancer journey; from a diagnosis, through treatment and beyond.

In order to do this, we must keep evaluating and updating our range of support services. In 2014 we added to our suite of pro bono programs by introducing a legal service to assist patients with issues such as employment and superannuation. We are also expanding our Gene Connect program, which provides a support service for people affected by an inherited gene that increases cancer risk.

These programs complement our existing services including our psychosexual counselling service, Holiday Break Program and information and support line, Cancer Council 13 11 20.

It’s also critical that we invest in research that will reduce the impact of cancer on future generations. This is why we decided to offer a second round of our Venture Grants Scheme, an innovative program that supports higher risk/higher reward research which has the potential to discover the next major cancer breakthrough. Our four successful projects would not have been eligible to apply for conventional funding schemes. It is only through the generous support of our visionary donors that it has been possible to back such visionary researchers.

We also have an eye to the future with our Forgotten Cancers Project and our Australian Breakthrough Cancer Study. These two studies will lead us to better understand the causes of cancer, and will provide us with data that will be used for decades to come.

Our behavioural scientists continue to play a vital role in our understanding of cancer risk factors like smoking, obesity, and alcohol. They are also leading the way on the evaluation of the impact of plain packaging legislation, with the full benefits of this landmark move not expected to be fully understood for several years. What we do know is that this legislation has generated a global movement to reduce smoking rates with Ireland, the United Kingdom, New Zealand and Norway among the countries that are have introduced or are investigating similar legislation.

I would like to thank all our donors, fundraisers, volunteers, supporters, researchers, clinicians and employees for their support in 2014 as without you we would not have achieved what we did.

This year has reinforced that there is hope beyond cancer, and we have so many opportunities to further reduce the impact of cancer on the Victorian community for future generations.
Highlights of 2014

January
- Cancer Council’s Dr Anna Boltong develops a new classification system, Boltong’s Taxonomy of Taste, which identifies specific elements of tastes.

March
- Associate Professor Dr Sherene Loi is awarded the $1.5 million five-year Colebatch Clinical Research Fellowship to explore how new targeted therapies can be tailored to an individual’s breast cancer.
- The Ethnic Communities’ Council of Victoria and Cancer Council Victoria sign a Memorandum of Understanding to improve cancer outcomes in culturally and linguistically diverse communities, and to guide development of future programs and research initiatives.

April
- Cancer Information Support Services launch a new pro-bono legal referral service to help cancer patients navigate issues such as wills, superannuation and employment.
- As part of Brain Cancer Action Week, people with brain cancer, their loved ones and medical specialists gather at a free Action on Brain Tumours forum hosted by Cancer Council Victoria – the first of its kind for Melbourne.

May
- The Federal Government announces it will implement the full National Bowel Screening program as part of its Budget.
- An experiment that uses white blood cells to target breast cancer is one of 11 new research projects to share in $3.4 million from Cancer Council Victoria’s Grants-in-Aid program.

June
- SunSmart recommends Victorians get some midday sun to help with low vitamin D levels after data from the Australian Bureau of Statistics reveals only one in two (49%) Victorian adults have sufficient vitamin D levels in winter, compared to 80% in summer.
- A new Cancer Council Victoria study, which surveyed more than 4000 Victorians, finds 21.5% of Victorians said they would visit cafes and restaurants more often if a ban on smoking in outdoor dining areas was introduced.

July
- In the lead-up to November’s state election, Cancer Council Victoria calls on political parties to commit to taking action on cancer and releases 15 election priorities covering cancer research, ongoing funding for prevention campaigns, and improvements to support services.

August
- Cancer Council Victoria, in partnership with the Heart Foundation, launches a new Victorian Government funded public education campaign, LiveLighter to encourage Victorians to eat well, be physically active and maintain a healthy weight.
- Thanks to 1478 volunteers, 1386 supporters and 517 sponsors, Cancer Council’s flagship event, Daffodil Day raises $1.9 million.
September

- Quit Victoria launches Triggers (pictured), a new campaign to assist smokers to recognise and effectively respond to, the impulse to smoke. It’s the first ever animated anti-smoking campaign about how to quit for good.
- As part of a new partnership between the AFL Players’ Association and Cancer Council Victoria, AFL footballers challenge footy fans to have the harder conversations with the men in their lives to ensure they’re around in the future to make more memories.

October

- In partnership with childhood cancer experts, Cancer Council Victoria launches new online resources to ensure everyone affected by childhood cancer gets the right information and support.
- Continuing to be the timeliest registry in the world, the Victorian Cancer Registry publishes its annual report Cancer in Victoria: Statistics and Trends 2013.
- 3485 Girls’ Night In hosts raise $1.3 million, helping Cancer Council Victoria reach its $10 million fundraising goal since the campaign began a decade ago.

November

- In a world first, a study led by Cancer Council Victoria researchers prove women who carry a gene fault (or mutation) that increases cancer risk are well placed to help their peers cope in the wake of the same diagnosis.

December

- We recognise Cancer Council Victoria’s dedicated supporters and volunteers with our annual President’s Awards.
- Cancer Council Victoria says goodbye to two giants of cancer research and cancer control; one of Victoria’s leading cancer researchers Professor Donald Metcalf AC and public health pioneer and former Cancer Council Victoria director Dr Nigel Gray AO.
- New data released in the lead-up to the state ban on commercial solariums shows Victorians are ready to ditch the deadly machines, with 83% of Victorian adults supporting the incoming ban on solariums, which will be in place in Victoria and most other states and territories by 1 January 2015.

Two studies receive National Health and Medical Research Council funding: Allison Hodge, Dallas English and Graham Giles for Molecular epidemiology of gastric cancers, and Roger Milne, Dallas English and Graham Giles for A prospective study of the influence of health-related lifestyle factors on DNA methylation.
Help available to navigate legal minefield

Having cancer can often raise legal issues for patients and their families, which is why Cancer Council Victoria now offers a free legal support service for eligible patients.

The Pro Bono Legal Referral Service complements Cancer Council’s other free referral services including financial planning advice, workplace advisory service and advice for small business owners.

It’s hoped the new service will help reduce the stress that patients can experience during treatment, particularly when they are struggling financially.

Health professionals can refer patients to the service, or patients can request it by calling Cancer Council 13 11 20 or visiting the website. The service is free to those who qualify via a means test, and paid assistance is also available.

Lawyers donate their time to provide advice on:

- End-of-life legal matters, including wills, powers of attorney and making arrangements for terminally ill clients with children.
- Legal matters relating to financial hardship, including early access to superannuation, insurance claims and disputes, mortgage hardship and other credit and debt issues.
- Employment issues and other disputes, including discrimination and tenancy matters.

The service, developed by Cancer Council New South Wales, is also available to those who speak languages other than English via an interpreter.

The most common legal issues experienced by those affected by cancer relate to wills, powers of attorney and enduring guardianship. Once established, it’s anticipated this service will assist about 600 people per year.

Patients who have sought legal advice through this service interstate:

- Susan, 45, a breast cancer survivor who was denied an insurance payout. The insurance company argued that her cancer was a “pre-existing condition” because Susan’s family had a history of breast cancer – even though Susan had had a mammogram before taking out the policy that gave her the all clear.
- Mark, 24, who wanted to access his superannuation early after being diagnosed with lymphoma only to discover his employer had not been making contributions. He tried to negotiate this directly with his employer but after getting nowhere sought legal advice.

Acting out boosts volunteer skills

Cancer Council Victoria began the roll out of a communication skills program to better equip Victorian volunteers working with cancer patients in hospital-based support lounges and wellness centres.

Developed by the Education and Training team within our Cancer Information and Support Service, the program enables volunteers to practice their communication skills and to receive feedback from an actor portraying emotions commonly encountered in a hospital setting.

Topics covered included: what is cancer; the impact of cancer; support available from Cancer Council; effective communication and responding to emotional cues; and boundaries and self-care.

Eight videos showing correct and incorrect ways of dealing with a variety of patient care scenarios were used as key training resources. The training was provided to 19 participants from Peter MacCallum Cancer Centre and Ballarat Regional Integrated Cancer Centre.

It has received excellent feedback from participants who said they welcomed the opportunity to share experiences with other volunteers, to practice new communication skills, and to improve their confidence.

The program is supported by the Ian Rollo Currie Estate Foundation, managed by Perpetual, and will be rolled out to other regions in 2015.

We have 165 support groups across Victoria

241 wigs were fitted by our Wig Service

1 in 3 Victorians will develop a cancer by the age of 75
We had 591 referrals to our pro bono programs.

131 trained Cancer Connect volunteers provided telephone support.

We worked with 26 agencies to provide over 1400 people with financial assistance totalling $232,560.

Research proves telephone support reduces stress

A team of researchers led by staff at Cancer Council assessed the effectiveness of a telephone-based peer support program in reducing distress among women carrying a mutation in either the BRCA1 or BRCA2 genes.

The trial involved trained volunteers, also mutation carriers, contacting female support recipients multiple times over four months to provide information, and emotional and practical support for those with an inherited gene that increases cancer risk.

Genetic testing for mutations in the BRCA1 and 2 genes is an increasingly routine part of medical care for women with a strong family history of breast and/or ovarian cancer.

Women who have a genetic mutation face complex risk management decisions, and research has identified gaps in the information and social support available to these women.

Social support has been found to help reduce the impact of stressful events, increase information and improve coping.

After completing a questionnaire, 207 participants were identified as being interested in talking to other women with a BRCA1 or BRCA2 mutation. These women were randomised to receive either the intervention or usual care.

Researchers found that those in the intervention group which had the extra support felt less stressed immediately after the program and this continued, although to a lesser extent, two months later. The intervention was also effective in reducing unmet information needs, although this effect also reduced over time.

This study is the first to investigate whether a peer-support program for female gene mutation carriers is effective in reducing stress.

Despite some limitations, the study suggests that for women with a mutation in either of the BRAC1 or 2 genes interested in talking to other such women, a peer-support program may be effective at reducing distress and unmet information needs.

More work is needed to identify strategies that could extend the positive intervention effect and to determine the effectiveness of alternate ways of delivering support.

Gene Connect

Cancer Council Victoria provides a support service for people affected by an inherited gene that increases cancer risk.

Gene Connect is a free and confidential telephone peer support program linking people to a trained volunteer who has the same genetic risk factor.

Peer support volunteers offer emotional and practical support, not advice. This type of peer support has been shown to reduce stress and anxiety and to increase confidence when talking to and asking questions of health professionals.

In 2014, the Gene Connect program matched 18 women with a volunteer who made up to six peer support telephone calls.

Over the past seven years, the program has been supported by a small number of trained volunteers who are BRCA 1 or 2 positive and made the decision to have prophylactic surgery. The majority of calls have been about decision making, types of surgery and reconstruction experiences.

In 2015, the program will be expanded to cater for:

1. Women who have had breast or ovarian cancer and have tested gene positive
2. Women who have had extensive testing but with no gene identified
3. People who are gene positive for bowel cancers (FAP and Lynch Syndrome)
McCabe Centre training provides worldwide benefits

How to best use the law to prevent and control cancer was the focus of the McCabe Centre for Law and Cancer’s inaugural Intensive Legal Training Program in 2014. Held in collaboration with the Secretariat to the WHO Framework Convention on Tobacco Control and WHO’s Regional Offices for Africa and the Western Pacific, 27 government and non-governmental representatives from 22 countries took part. Participants were mostly lawyers from low- and middle-income countries working in Health and Attorney General departments.

The program builds capacity in developing countries in the use of law to prevent and control cancer and other non-communicable diseases. It covers legal issues across the cancer field including prevention, treatment and supportive care.

Beginning in 2015, the program will be conducted twice a year. It will consist of a two-week course of presentations, discussion, group work, case studies and practical exercises, followed by a third week, during which participants work on priority projects for their country and/or region.

There are also follow-up activities of information-sharing and technical support.

A new funding commitment by the Australian Department of Foreign Affairs and Trade will enable 90 government officials from developing countries in the Indo-Pacific Region to participate in the program over the next three years.

The McCabe Centre also conducts training in conjunction with the World Cancer Congress and World Cancer Leaders’ Summit, and supports its partners to conduct training in their own countries and regions.

McCabe Centre training provides worldwide benefits

Advocating to improve the cancer experience

In 2014, Cancer Council’s Clinical Network was focused on helping to improve survival and the cancer experience for patients.

Clinicians helped develop a number of the priorities that made up Cancer Council Victoria’s State Election Platform, including supporting patients to navigate complex health services. A pilot project to study the effectiveness of cancer care coordinators with a specific patient group is being developed, and if successful, it’s hoped this program will be rolled out more widely.

Another priority for the Network was continuing to advocate for improvements to the Victorian Patient and Transport Assistance Scheme (VPTAS). The Network partnered with other health and allied organisations to successfully lobby the Victorian government to commit to improving the scheme. In the 2014 budget an extra $13.8 million was announced.

The Network continued its work on improving clinical trials, with extra funds allocated to 16 sites to test whether this would increase patient recruitment, and improving access to information with each website now listing the most appropriate co-ordinator contact for each trial.

Clinicians also helped develop statements on topical issues affecting cancer patients, including medical cannabis use in cancer care, and on the proposed Medicare co-payment.

Cancer Council Victoria Annual Review 2014

500+ cancer clinicians & health professionals took part in our educational events
Venturesome research backed by donors

Four of Victoria’s leading cancer researchers will begin their potentially game-changing projects in 2015 after being awarded a Cancer Council Victoria Venture Grant.

It’s only the second time Cancer Council Victoria has offered the Venture Grants Scheme, with 89 applications received – up from the 37 submitted in the first round. Wholly funded by donors, this scheme is unique in that it is designed to support innovative researchers with courageous ideas who would not be able to attract conventional funding.

In choosing the final projects (below), an extensive peer-review process was carried out by the Venture Grants Scientific Committee, headed by Professor Joe Trapani. The Committee applied criteria of excellence, feasibility, and a genuine belief that the research can potentially lead to big advances in cancer control. The high risk nature of the selected projects will be mitigated by strict milestones.

Identification of new therapeutic strategies for aggressive breast cancer: Professor Roger Daly, Monash University

Identify ways to treat a highly aggressive subtype of breast cancer that constitutes up to 2000 Australian diagnoses yearly.

Discovering new therapies to eradicate cancer stem cells: Associate Professor Mark Dawson, Peter MacCallum Cancer Centre

Develop treatments to eradicate leukaemia stem cells to assist those diagnosed with an aggressive form of the disease.

New treatments for multiple myeloma: Professor Ricky Johnstone, Peter MacCallum Cancer Centre

Discover new proteins and pathways that allow for the growth and survival of cells in order to find new treatments.

Novel method to find genes that control cancer development: Professor Andreas Strasser, Walter and Eliza Hall Institute of Medical Research

Use an exciting new technology to find the specific genes that stop cancer from developing.

The four researchers will be known as Metcalf Venture Grant Recipients in honour of the late Professor Donald Metcalf, a ground-breaking cancer researcher for 60 years.

In memory of Professor Donald Metcalf AC 1942 – 2014

Professor Donald Metcalf AC’s painstaking and dedicated research over six decades contributed significantly to how we understand and treat cancer.

Named as the Cancer Council Victoria Carden Fellow in 1954 at The Walter and Eliza Hall Institute, he is most recognised for discovering, isolating and producing agents called Colony Stimulating Factors.

While he officially “retired” in 1996, Don continued to devote his life to cancer research.

For this work, Don received more than 20 of the highest honours in contemporary science around the world. He was appointed an Officer of the Order of Australia in 1976 and a Companion of the Order of Australia in 1993.

His loss will be felt by the cancer research community both in Australia and overseas.

89 applicants for our Venture Grants Scheme

Most common cancers are:

- Prostate
- Breast
- Bowel
- Lung
- Melanoma

Victorian cancer mortality rates have been declining steadily since 1982
New study has potential for future breakthroughs

Participants complete questionnaires about their health, diet, lifestyle and the history of cancer in their family. A small saliva sample is also collected so that DNA can be extracted and the genetic bases of disease explored.

Launched in November, more than 1500 people from across Australia had registered to take part in the ABC Study by the end of 2014. The Study follows on from an earlier Cancer Council study called Health 2020. More than 40,000 Victorians joined Health 2020 in the 1990s and, nearly 25 years on, the information and samples they provided continue to contribute to cancer prevention around the world.

Health 2020 has produced more than 400 scientific papers and provided valuable data to researchers looking into cancer and many other diseases. The ABC Study, and the many Australians taking part in it, will provide the next generation of data. With the benefit of advances in genetic research technologies, the study has the potential to lead to breakthrough discoveries in the causes of cancer.

Colebatch Fellow targets therapies

Associate Professor Sherene Loi will look at targeted therapies for breast cancer as the recipient of Cancer Council Victoria’s prestigious 2014 Colebatch Clinical Research Fellowship.

She will carry out world-first clinical trials into how targeted therapies can be used in combination with immunotherapies to treat breast cancer. If successful, these trials could be “practice changing” within the next five years.

A medical oncologist and scientist at the Peter MacCallum Cancer Centre, Associate Professor Loi expects her results to be of interest to breast cancer patients and clinicians both in Australia, and world-wide.

Worth $1.5 million over five years, the Fellowship was made possible thanks to a generous bequest from the Reg Geary Estate.
Mortality rates still high

Aboriginal Victorians continue to die of cancer at a significantly higher rate than non-Aboriginal Victorians, according to the Victorian Cancer Registry’s report: Cancer in Victoria: Statistics & Trends 2013.

Each year there are more than 100 new diagnoses of cancer among Aboriginal and Torres Strait Islander Victorians, and more than 40 cancer-related deaths.

The most common cancer types among Aboriginal Victorians were lung, bowel, breast, prostate, lymphoma, melanoma, head and neck, and kidney. Higher incidence rates for some cancers are associated with tobacco use, alcohol consumption, and infection with human papilloma virus (HPV).

Greater mortality rates may be linked with diagnoses occurring at more advanced disease stage, which may reflect problems around timely access to treatment and insufficient participation in cancer screening services.

In working to improve cancer outcomes for Aboriginal communities, Cancer Council will introduce its first Reconciliation Action Plan (RAP) in 2015. The RAP provides a framework in which Cancer Council will continue to build relationships with, demonstrate respect, and create opportunities for Victorian Aboriginal communities. A survey of Cancer Council staff revealed that out of 157 respondents, more than 88% supported the development of a RAP.

Survey shows students aren’t physically active enough

Students are not meeting the recommended physical activity levels according to findings from a national survey led by Cancer Council Victoria behavioural scientists.

The National Secondary Students’ Diet and Activity (NaSSDA) survey tracks the body weight, and dietary and physical activity behaviour of Australian adolescents.

Results from the survey will form a report on the prevalence of overweight/obesity among Australian secondary school students and their adherence to national physical activity and sedentary behaviour guidelines.

Obesity is a risk factor for breast, bowel, oesophageal, pancreas, uterine, kidney, gallbladder and thyroid cancers.

Researchers surveyed 8888 secondary school students in years 8-11 from 196 schools across Australia. Data on the students’ dietary and physical activity behaviour was collected via a web-based survey.

Measurements of students’ height, weight and waist circumference were taken by trained researchers in a confidential setting, and an audit of the school food and activity environment also conducted.

Overall, the survey found 23% of students were overweight or obese, with prevalence higher among males than females. The proportion of students categorised as overweight or obese has remained relatively stable since the same study was done in 2009-10.

The survey also found that just 18% of students reported meeting physical activity recommendations over a week, with males more likely to be doing more than females. Only a minority of students met the recommendations for using electronic media for entertainment during the school week (23%) and on the weekend (11%), with females more likely than males to use electronic media less.

Students who exceed the recommended amount of screen time are more likely to have low physical activity levels.

The 2012-13 NaSSDA survey was jointly funded by state Cancer Councils through Cancer Council Australia, by the National Heart Foundation of Australia, and by state and territory government health departments.

MORTALITY RATES ARE HIGHER FOR ABORIGINAL VICTORIANS THAN FOR NON-ABORIGINAL VICTORIANS

23% of students are overweight or obese, with higher prevalence among males than females.

400 data requests were processed by the Victorian Cancer Registry.
Prevention

Cats help smokers kick the habit

Quit Victoria teamed up with the Geelong Cats and Healthy Together Geelong to tackle the city's high smoking rates.

While the average smoking rate across Victoria has fallen to a record low 13.3%, more than 20% of adults in Geelong still smoke.

To encourage smokers to quit and stay quit, Cancer Council Victoria staff developed a Cats Don’t Smoke mobile app. It was officially launched at the Geelong Cats v North Melbourne game on May 23 in front of more than 27,000 fans.

The app enables people to receive supportive messages from Cats' captain Joel Selwood and the rest of the team, track how the body is recovering after quitting, and calculate how much they’ve saved since quitting. Research shows partnering with sporting clubs is an effective way of encouraging smokers to quit.

The partnership is one element of the Geelong Football Club's broader commitment to create a healthier Geelong, which includes making Simonds Stadium a smokefree venue.

Triggers the focus of new Quit campaign

Quit Victoria’s new animated campaign was designed to help smokers recognise triggers and cope with the impulse to smoke.

The Triggers campaign was based on Cancer Council Victoria data, which showed women were more likely than men to identify stress (83% v 74%) and phone calls (30% v 18%) as a trigger, while men rated work breaks as theirs.

While research shows graphic and emotional ads have been influential in driving down smoking rates, smokers also need to be supported in their efforts to quit, hence the more positive tone of the Triggers campaign.

In memory of Dr Nigel Gray AO 1928–2014

Dr Nigel Gray was a pioneer of tobacco control, both in Australia and internationally.

He was director of Cancer Council Victoria from 1968 until 1995, and President of the Union for International Cancer Control from 1990 to 1994.

Nigel dedicated his life’s work to tobacco control, galvanising cancer societies and others into a worldwide campaign on smoking. He instigated the use of forceful anti-smoking ads, pressed for health warnings, led public education and advocacy, helped establish robust behaviour research, and played a crucial role in the Australian ban on tobacco advertising.

His tobacco and cancer control models have been adopted around the world, and adapted for other major health issues, such as alcohol and obesity. He leaves a legacy that will be remembered and admired for many decades to come.
Screening initiative targets Victoria’s newest residents

Newly arrived immigrant and refugee communities are being better supported in accessing cancer screening information and services thanks to a joint initiative by Cancer Council Victoria, PapScreen Victoria and BreastScreen Victoria with funding from the Victorian Government.

The initiative, now in its second year, enables support workers from migrant resource centres and other agencies to access free professional development. Free workshops, run over two days, provide workers with information about the importance of cancer screening with a focus on breast, bowel and cervical cancer. Workers are also instructed on how to run a community education session.

Participants are encouraged to apply for a community grant to run a local event and to educate newly arrived communities about the importance of cancer screening. Many services also provide orientation tours so community members become familiar with their local cervical screening or mammography clinic.

This great initiative has built sustainable partnerships and pathways to ensure that all communities have access to equitable and effective preventative health services.

Pap test video aims to ease fears

With just 47% of young women having regular cervical screening, PapScreen Victoria and Cancer Council Victoria released a humorous video to help relieve some of the anxiety young women feel about having a Pap test.

About 90% of cervical cancers can be prevented through regular Pap tests, but fear and embarrassment mean many younger women avoid having them. National guidelines recommend that all women aged 18 to 70 who have been sexually active should have a Pap test every two years.

The How to prepare for a Pap test video was promoted via digital advertising and social media, with women encouraged to share the video with the women in their lives.

It is also available as a resource for health professionals and community workers, such as nurse cervical screening providers and GPs, to help raise awareness.

PapScreen Victoria is funded by the Victorian Department of Health as part of the National Cervical Screening Program and is coordinated by Cancer Council Victoria.

Helping Victorians LiveLighter

To combat the rise in overweight and obesity, Cancer Council Victoria and the Heart Foundation launched a new education campaign that encourages Victorians to eat well, be physically active and maintain a healthy weight.

The LiveLighter mass media campaign includes television commercials which graphically portray the damage that unhealthy weight, poor diet and physical inactivity can cause to internal organs.

Nearly two thirds of Victorians are overweight and obese, increasing their risk of heart disease, type 2 diabetes and some cancers.

The campaign explains why fat around the waist and visceral fat around internal organs is bad for overall health, and also provides plenty of practical tips, tools, and resources for maintaining a healthy weight.

There is also an easy-to-use website which provides even more information, resources and tools, including an online meal and activity planner with healthy recipes. Nearly 6000 people have signed up to the planner since its launch.

First implemented in Western Australia in 2012, LiveLighter was rolled out here as a Victorian Government-funded initiative under Healthy Together Victoria. The campaign is funded until June 2015 and will be evaluated by Cancer Council’s behavioural researchers.

About 90% of cervical cancers can be prevented through regular Pap tests.

5% of all cancers are linked to long-term chronic alcohol use.
Advocacy

Advocating for better cancer outcomes

In the lead up to the November state election, Cancer Council Victoria worked with our supporters and those passionate about improving cancer outcomes to take action on cancer, and to have our voice heard.

Cancer Council developed 15 state election priorities across the cancer control spectrum of support, prevention and research. We then surveyed our supporters on which cancer issues were most important to them. More than 2400 people filled in the survey, with 98% of respondents saying cancer control should be a priority for the next government.

The top issues identified for our supporters were: surviving all types of cancer; excellence in research; helping people cut their cancer risk (through public education); improving access for regional and rural Victorians; and committing to bowel screening.

More than 900 people also chose to share their personal stories with us about how cancer has affected their lives. These stories help illustrate the devastating effects cancer has on the community.

During the campaign, supporters highlighted these issues to their local Member of Parliament and in the media.

During the election campaign, all three major political parties promised to take action on cancer in the areas of prevention, research and support.

For example, both the Victorian Liberal Party and the Victorian Greens committed to banning smoking in outdoor dining areas. This is an issue that Cancer Council has campaigned for over many years.

We also welcomed a commitment from both the Coalition Government and Labor State Opposition to introduce new laws that will make it easier for career and volunteer firefighters with cancer access compensation in this state. Such successes in advocacy are only possible by taking action together with our supporters.

Image above: Erica Ruck, who has pancreatic cancer, spoke about the importance of investment in research into high-mortality cancers as part of our advocacy in the lead up to the November state election.

Global focus on Melbourne

Cancer Council Victoria staff were heavily involved in the 2014 World Cancer Congress, which took place in Melbourne in December.

Organised by the Union for International Cancer Control and hosted by Cancer Council Australia, the Congress gathered cancer control experts, practitioners and advocates together to discuss the latest cancer information.

One of the key objectives of the Congress was to give delegates the tools available to enable them to make a difference now in the global fight against cancer.

More than 2700 cancer advocates from 115 countries attended the four-day event to discuss topics as diverse as the cost of cancer care, innovation in rural cancer service delivery, alcohol marketing in a digital age, and the debate about e-cigarettes.

Some of the big media stories included the release of draft guidelines around the use of prostate cancer testing to help maximise benefits for patients while minimising harms, and the launch of the American Cancer Society, all-new Cancer Atlas, which compiles 184 countries worth of research and data into a “one-stop shop” for cancer research.

Cancer Council Victoria staff spoke at the event, assisted in organising, liaised with media, presented abstracts, hosted attendees and volunteered.
Fundraising

Girls’ Night In reaches $10 million milestone

Nearly 3500 hosts got their friends and family together for a Girls’ Night In in 2014, helping Cancer Council Victoria reach its goal of raising $10 million since the campaign began a decade ago.

The 2014 campaign raised $1.2 million to help the more than 5000 Victorian women who face a breast or gynaecological cancer diagnosis each year.

To hold a Girls’ Night In, hosts simply have to register an event, invite their family and girlfriends around for a fun night in and ask them to donate what they would have spent on a night out.

Events can be big or small and range from a casual dinner party, a movie night or a pampering session.

Money raised from the campaign goes to supporting women with cancer through Cancer Council services such as our wig library, psychosexual counselling, and legal and financial assistance.

Cancer Council also uses the funds for research into women’s cancers, and to promote screening programs to encourage women to get a mammogram and Pap test.

Over the past 20 years, five-year survival for breast cancer has increased from 73% to 90% in Victoria.

There have also been improvements in the detection and treatment of gynaecological cancers, which include uterine, ovarian and cervical.

Image above: 112 dedicated Girls’ Night In hosts were treated to a pampering session at a VIP event. The aim of such nights is to thank our highest fundraisers and longest-serving hosts and inspire them to continue being involved.

A better Relay experience

Relay For Life launched a new website nationally in 2014 to improve recruitment of participants, increase fundraising and make it easier to manage teams.

The new website and fundraising platform was created with the help of feedback from Relay managers, staff and committee members.

TeamRaiser is a powerful fundraising tool that allows teams to recruit more easily while maximising fundraising before and after each event. The website is built on a “peer-to-peer” fundraising model, which allows Relayers to connect with their networks and turn the average participant into a top fundraiser. Each person can set and track goals as well as personalise their profile.

Mobile compatible, the website has social sharing functions and can be fully customised by the participant to improve their Relay experience.

The website features standardised reporting and tracking tools and an integrated email system to recruit and coach teams to reach their fundraising potential. The new platform will also provide insights for other fundraising campaigns.

Cancer Council is one of only two organisations in Australia using the TeamRaiser platform. This gives Relay a competitive advantage, and it’s anticipated that Relay fundraising and recruitment rates will benefit.

45,222 VICTORIANS PARTICIPATED IN

68 RELAY FOR LIFE EVENTS RAISING $6.1 MILLION

939 Victorians took part in a Challenge or I Will For Cancer event

was raised by 6654 hosts holding a morning tea
1258 volunteers contributed more than 19,100 hours in 2014, saving half a million dollars.

1090 corporate volunteers from 26 organisations volunteered 5411 hours.

103 new volunteers, including 9 interns.

16 volunteers at the warehouse in Laverton.

32 community speakers attended 66 events, reaching 9295 people.

27 volunteers in the volunteer workroom completed 257 jobs.

25 regional volunteer groups raised $400,000.

131 Cancer Connect volunteers provided information and support.

Volunteers and staff answered 20,006 calls to the Supporters Hotline. They made 24,801 calls.

165 Cancer Council Victoria recognised Cancer Support Groups provided supportive care across Victoria.

667 registered Relay For Life volunteers.

A long-time volunteer, a budding cyclist, and an inspiring family were all recognised for their dedication at the 2014 President’s Awards.

Held at Cancer Council Victoria headquarters, the Awards event was a chance for CEO Todd Harper and President Margaret Hamilton to thank supporters for their help and generosity throughout the year. About 200 volunteers, fundraisers and donors attended.

On the night an individual President Award went to Cancer Council volunteer Dorothy Yiu who has been instrumental in promoting cancer health messages to the Chinese community. A founding member of the Chinese Cancer Society of Victoria, Dorothy has also worked as a bilingual health facilitator on prevention programs since 1991.

At the moment, Dorothy is helping promote breast health awareness and Quit messaging, and has worked as a Living With Cancer Education Program facilitator for almost 10 years.

The second individual award went to Kieren Devisser, who at the age of just 16 completed an impressive 2700 kilometre bike ride in 26 days between Uluru and Melbourne. Along the way he raised more than $10,000 for Cancer Council Victoria.

Kieren was inspired to take on the I Will For Cancer challenge as a way of encouraging others to not only be aware of living a healthy lifestyle to cut their cancer risk, but also to get out there and make a difference. He has since trained as a community speaker, allowing him to share his story and inspire others.

The group President’s Award went to the Jacobs family for their dedicated involvement in the Hawthorn Relay For Life. In 2006, Graeme and Gill’s daughter Tiffany was diagnosed with oesophageal cancer at the age of 27 and passed away just three months later. Within six weeks Graeme, Gill and a group of friends got the first Hawthorn Relay up and running. During their time with the Hawthorn Relay, Graeme and Gill have assisted in raising more than $1 million.

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Image above: President’s Award recipients Kieren Devisser, Dorothy Yiu, and Graeme and Gill Jacobs.
By the numbers

Fundraisers
- 45,222 Victorians in 2285 teams participated in Relay For Life, raising $6.1 million.
- $1.9 million was raised for Daffodil Day thanks to 1478 volunteers, 1386 supporters and 517 sponsors.
- On Pink Ribbon Day, 285 volunteers helped raise more than $70,000 at 75 sites.
- 439 I Will For Cancer supporters raised $622,542 their own unique way.
- 500 supporters undertook a Challenge Event, raising $260,000.
- 6654 Australia’s Biggest Morning Tea hosts helped raise over $2.6 million.
- 3485 Victorians hosted a Girls’ Night In, raising $1.3 million.
- 120 people chose to donate in lieu of gifts for their special occasion, raising over $31,000, while 275 couples donated $129,000 in lieu of traditional bonbonniere.

Donors
- 24,000 individuals made a cash donation.
- 44 individual trusts made financial contributions in 2014.
- $11.5 million was received in bequests.
- 954 supporters included Cancer Council Victoria in their Will.
- 7576 people made regular gifts through our Breakthrough program.

Shop
- 6200 customers bought items from our store.
- 6400 litres of sunscreen, 13,300 hats and 10,100 pairs of sunglasses were sold.
- 20,900 orders were dispatched from our mail order and online fulfilment area.
- Our online sales totalled $1.27 million compared to $1.17 million in 2013.

Staff
- There were 460 Cancer Council Victoria employees, with 378 women and 82 men.
- Per head, there were 258 full-time, 131 part-time and 71 casual employees.
- 2014 People Matters Survey showed that of the 240 participants, 31% of staff members were born overseas and 20% spoke a language other than English at home.

Our donors
Like many of us, Jean Drury’s (pictured) life has been touched by cancer with several family members diagnosed with the disease.

Jean began donating to Cancer Council Victoria more than 35 years ago. Now living in an aged care home, the 95-year-old’s philanthropy continues thanks to her cousins, Rosemary and Neville Castles.

“We know that Jean would have liked to continue donating to Cancer Council,” Neville said. “It’s nice to know that her money is going to a worthy cause.”

Jean has provided a majority of her support over the past three years through various donor appeals.

Thanks to Jean’s support, we’ve been able to fund a number of Victorian researchers. In 2015, her donations will help fund world-class research, including into melanoma and breast cancer through the Grants-in-Aid program. She is also supporting Cancer Council’s Forgotten Cancers Project.
Governance and Finance

Cancer Council Victoria is the business name of the Anti-Cancer Council Victoria.

The Council

President
Professor Margaret Hamilton, AO

Chief Executive Officer
Mr Todd Harper

Committees

Executive Committee
Chair, Professor Andrew Roberts

Executive Sub Committee
Ms Maria Trinci
Chair, Professor Andrew Roberts
President, Professor Margaret Hamilton, AO

Appeals Committee
Finance, Risk, Audit and Compliance Committee
Chair, Ms Maria Trinci

Human Research Ethics Committee
Chair, Professor Richard (Dick) Fox, AM

Medical and Scientific Committee
Chair, Professor Joseph Trapani

Institutional Research Review Committee
Chair, Dr Nigel Gray, AO

Venture Grants Committee
Chair, Professor Joseph Trapani

Enabling Services

Chief Operating Officer
Priscilla Hinds

Programs

Cancer Epidemiology and Intelligence Division
Head of Division
Professor Graham Giles

Victorian Cancer Registry
Helen Farrugia

Behavioural Science Division
Head of Division
Professor Melanie Wakefield

Cancer Strategy and Support Division
Head of Division
Nicola Quin

Cancer Information and Support Service (CISS)
Dr Anna Boltong

Clinical Network
Rachel Whiffin

Research Management Unit
Nicola Quin

Victorian Cancer Biobank
Audrey Partanen

Fundraising and Communication Division
Head of Division
Andrew Buchanan

Prevention Division
Head of Division
Craig Sinclair

Quit Victoria
Dr Sarah White

McCabe Centre for Law and Cancer
Director
Jonathan Liberman

Nigel Gray Fellowship
Professor Ron Borland

Organisation structure
Executive Committee (Board) Members

**Professor Andrew Roberts**  
Chair  
MBBS, FRACP, FRCPath, PhD  
A Clinical Haematologist at the Royal Melbourne Hospital, Head of Clinical Translation at the Walter and Eliza Hall Institute of Medical Research, and Principal Fellow, Faculty of Medicine, Dentistry and Health Sciences at The University of Melbourne. He has been an Executive Committee Member since 2004, appointed by the Medical and Scientific Committee.

**Dr Stewart A Hart, AM**  
MBBS, FRACS  
A Surgical Oncologist in private practice specialising in breast disease. He is the former Head of the Breast Surgical Service at Monash Medical Centre, Southern Health and Foundation Director of the Monash BreastScreen program. Currently Stewart continues as a Consultant Surgeon to the Peter MacCallum Cancer Centre, Breast Service and Monash Cancer Centre, Southern Health. He has been an Executive Committee Member since 2003, and is appointed by the Medical and Scientific Committee.

**Professor Peter Fuller, AM**  
MBBS, BMedSc (Hons), PhD, FRACP  
A National Health and Medical Research Council Senior Principal Research Fellow and Associate Director at Prince Henry’s Institute of Medical Research, Director of the Endocrinology Unit at the Monash Medical Centre/Southern Health, and an Adjunct Professor in Medicine and Biochemistry at Monash University. He has been an Executive Committee Member since 2003, appointed by the Medical and Scientific Committee.

**Mrs Avis Macphee, AM**  
AAIMS  
A retired Medical Scientist, is the founder and coordinator of the Bone Marrow Donor Institute Breast Cancer Support Group of the Fight Cancer Foundation. Her current appointments include Membership of the Victorian Breast Cancer Research Consortium Board and Scientific Committee and membership of the Victorian Cancer Biobank Committee. She also represents the Breast Cancer Network Australia and the Breast Cancer Action Group. She is a Member of the Walter and Eliza Hall Institute of Medical Research. She has been an Executive Committee member since 2006.

**Ms Onella Stagoll, OAM**  
BA, DipSocStuds (Melb), MSW (Columbia)  
Inaugural CEO of BreastScreen Victoria and held that post from 1992 until 2002. She has had a long-standing and successful career in the health field. With a strong interest in public sector service provision, women’s health and consumer participation in decision-making, her experience has spanned federal and state governments, the not-for-profit and private sectors and community development organisations.

**Professor Joe Trapani**  
MBBS, FRACP, PhD, FFSc (RCPath)  
Executive Director of Cancer Research and Head of the Cancer Immunology Program at the Peter MacCallum Cancer Centre in Melbourne. Joe is a Professorial Fellow and Head of the Sir Peter MacCallum Department of Oncology at The University of Melbourne, and an honorary Adjunct Professor in the Department of Biochemistry and Molecular Biology at Monash University. He has been a Member since 2007 and is appointed by the Medical and Scientific Committee.

**Ms Maria Trinci**  
BComm, BA, CA  
A Partner at KPMG, she has over 12 years experience in financial services, focusing particularly in the banking sector. Maria has extensive project management experience and has worked internationally with a focus on financial institutions. Maria has been an Executive Committee Member since 2010 and Chair of the Finance, Risk, Audit and Compliance Committee.

**Adjunct A/Professor Jeremy Millar**  
BMedSc, MBChB, FRANZCR, FACHPM  
Past Director of the Southern Melbourne Integrated Cancer Service (SMICS) and currently Director of Radiation Oncology at Alfred Health in Melbourne. He oversees both an academic radiation centre in metropolitan Melbourne, as well as Alfred Health’s satellite regional centre in Gippsland. He leads the Radiation Oncology Genito-Urinary cancer group at Alfred Health. He is an adjunct Associate Professor at the Monash and RMIT Universities. A/Prof Millar is the current Chair of Cancer Council Victoria’s Clinical Network. He has been an Executive Committee Member since 2013.

**Mr Michael O’Bryan, SC**  
LLB (Hons), BSc (Melb)  
Barrister at the Victorian Bar, practising in the areas of corporate and commercial law, competition law and administrative law. He has been an Executive Committee Member since 2003.

**Mr David Gibbs**  
BComm, FCA, FAICD, CTA, STEP  
A practising Chartered Accountant and Consultant with a career in financial matters spanning some 35 years. David is a committed supporter and office bearer of numerous community based and youth organisations. He has been an Executive Committee Member since October 2012, appointed by the Finance Committee.
Executive Committee report

The Executive Committee (Board) of Cancer Council Victoria approves strategic directions, the organisational structure, policies and processes required to implement our corporate objectives. It meets six times a year.

New location
The Board was pleased to oversee the transition from our two locations in Carlton to the new headquarters on St Kilda Road. The new building offers the chance for the organisation to work more collaboratively and effectively across divisions. The move has seen an increase in staff satisfaction with their working environment, and the new building provides a welcoming and comfortable space for use by the community.

Governance
Senior management reports
The Board received regular reports on internal matters as well as external events relevant to the operations of Cancer Council Victoria from CEO Todd Harper, who also reported against the strategic objectives. COO Priscilla Hinds provided regular reports to the Board and to the Finance, Risk, Audit and Compliance (FRAC) Committee on the business and risk management of the organisation. Throughout the year the Board also received reports from Division Heads.

Cancer Council Research
In December the Board approved the allocation of $3.4 million into 13 new research projects under its Grants-in-Aid program, to commence in 2015.
It also supported Round 2 of the Venture Grants Scheme, a visionary approach to research funding. This scheme is wholly donor funded, with $1 million already raised before the projects had begun.

Board membership
On behalf of the Board, I would like to acknowledge Glenys Fraser who stepped down in April. Glenys made important contributions, bringing views from both the legal and community perspectives to the decision-making table. I would also like to pay tribute to former board member Bruce Ward who passed away at the beginning of 2014. A highly respected, admired and long serving advocate for the cancer cause, Bruce was a passionate board member since April 2011, and on the Appeals Committee from August 2010.

Relationships with committees
The Board continued to receive advice and regular reports from the Human Research Ethics, Medical and Scientific, and the FRAC committees. With the sad passing of Mr Bruce Ward who chaired the Appeals Committee, the Executive Committee took on the responsibility of that committee for much of 2014. The Human Research Ethics Committee provided reports on projects approved, as well as the annual certification of compliance with the National Statement of Ethical Conduct in Human Research.

The Cancer Act
The Victorian Parliament passed the Improving Cancer Outcomes Act 2014, meaning a change in governance for Cancer Council Victoria from a body constituted under the Cancer Act 1958 to a Company Limited by Guarantee. This is due to come into effect by 1 October 2015.
The Board supports this move as it will bring us into line with other state and territory Councils. Under the new arrangements, Cancer Council will be responsible for determining membership of its Council, and the Council will be responsible for appointing Cancer Council’s Board members.

Collaborative relationships
Cancer Council Australia
Cancer Council participated in Cancer Council Australia initiatives and policy discussions, with Ms Onella Stagoll OAM and Ms Jane Fenton AM continuing to represent us on the Board of Cancer Council Australia.

Australian Government
Cancer Council Victoria received support from the Australian Government for the Centre for Law and Cancer to continue its work in delivering training to developing countries. We also welcomed an announcement that the Government would widen its National Bowel Cancer Screening Program to include 70 and 74 year olds.

State Government
The Government announced it would increase funding to the Victorian Patient Transport and Assistance Scheme, with an additional $13.8 million over four years. Accommodation support has been increased to $41 and petrol reimbursement is now 20c per kilometre.
We also welcomed a commitment for the introduction of new laws that will make it easier for career and volunteer firefighters with cancer to access compensation in Victoria.
The Government also funded Cancer Council Victoria and the Heart Foundation’s new healthy living campaign, LiveLighter.

VicHealth
In 2014 VicHealth continued to fund a number of Cancer Council Victoria initiatives, including Quit, SunSmart, the Obesity Policy Coalition and the Alcohol Policy Coalition.

Farewells
The Board was saddened to hear of the passing of Professor Donald Metcalf AC and Dr Nigel Gray AO. Both men played truly transforming roles in cancer research and control, and millions of lives have been saved as a result of their work. Cancer Council Victoria is enormously proud of their contributions to humanity, and is inspired by their examples to achieve even more in reducing the impact of cancer on our community.

Professor Andrew Roberts
Chair
Finance, Risk, Audit and Compliance Committee report

A committee of the board, its primary function is to oversee financial matters, internal and external audits and compliance with appropriate legislation, regulations and standards.

Under the leadership of Maria Trinci, the committee met regularly throughout 2014 to receive reports relating to accounting, risk management and financial matters.

The key matters considered by the committee during the year included:

- Review and approval of the annual financial statements, liaison with representatives from the Victorian Auditor-General’s Office and its audit.
- Oversight of action taken in response to the matters raised by the Auditor-General in its management letter relating to the financial report for 2013.
- Review of the internal audit undertaken by Ernst & Young and others, and oversight of the action taken in response to the matters.
- Oversight of the financial position of the Council, including the investment portfolio and budgeting process.
- Review of material risks highlighting mitigation strategies, incident management and control issues.

Income

In 2014 our total income decreased by 12.5%, or $9.2 million to $64.5 million.

Charitable support decreased by $9.6 million, this includes the following:

- Bequests decreased by $10.4 million. 2013 included an unusually large bequest for $11 million.
- Relay For Life income decreased by 7.3% or $0.5 million. The 2013 result included biannual events not held in 2014. On a like for like basis Relay For Life income decreased by 1.4%;
- Donations increased by $1.4 million, which includes returns for the first year of Face-to-Face acquisitions, and increased funding received for the Venture Grants Scheme.

Expenditure

During 2014 total expenditure increased by 11.9%, or $7.4 million.

$24.6 million was applied to research, which is $1.7 million more than last year. This includes the awarding of new research grants and the commencement of the ABC Study.

$20.7 million was applied to prevention, early detection and support programs. This is $1.1 million more than 2013, and includes increased spending for the new Live Lighter program.

In 2014 Cancer Council Victoria’s fundraising costs were $12.7 million. This is an increase of $2.7 million and includes investment in the Face-to-Face program (designed to increase Regular Donors), additional event advertising and the National Relay program.

Full time equivalent staffing levels decreased 1% in 2014 from 319 in 2013 to 316.

Financial result

The operational net result was a deficit of $5.2 million.

There were also total gains on the investment portfolio of $1.3 million resulting in a comprehensive net deficit of $3.9 million.

Cash flow and outlook for 2015

At the end of 2014, the cash balance was $1.1 million, and there were $73.9 million of investment funds available to fund Cancer Council Victoria’s operating activities.

Investments

UBS Wealth Management continued as Cancer Council Victoria’s Fund Manager in 2014.

Ms Maria Trinci
Chair, Finance, Risk, Audit and Compliance Committee
Key financial results

A committee of the board, its primary function is to oversee financial matters, internal and external audits and compliance with appropriate legislation, regulations and standards.

Accountability

1. Who is Cancer Council Victoria accountable to?
   Cancer Council Victoria is accountable for its performance to Parliament, regulators, stakeholders and the community.

2. How do we know Cancer Council Victoria is wisely spending its money?
   Accountability mechanisms include annual reporting to Parliament, program and grant reporting to funding agencies, surveys and evaluations with stakeholder groups, a policy framework and adherence to legislation including the Cancer Act, best practice and industry guidelines.

3. How does Cancer Council Victoria decide where to spend the money it gets?
   Each year the Executive Committee and Cancer Council Victoria management agree on a complete financial plan. Monthly performance against this plan for income and expenditure is reported to the Finance, Risk, Audit & Compliance Committee.

4. Where can I find a full set of the accounts?
   Cancer Council Victoria publishes its statutory accounts on its website at www.cancervic.org.au. The accounts are tabled in parliament and can also be sourced from its library.

5. What are Cancer Council Victoria’s accounting practices?
   The financial statements for Cancer Council Victoria are prepared under the Australian equivalent to International Reporting Standards and the accounting policy statements are published in the notes to the financial statements, which are available on our website.

6. Who audits the financial statements of the organisation?
   Each year the financial statements are audited by the Victorian Auditor General’s Office. These statements, accompanied by the Auditor-General’s Report, are included in the Annual Report to Parliament.
Key financial results 2008–2014

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<th>$M</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
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<td>Income from transactions</td>
<td>52.1</td>
<td>57.9</td>
<td>55.4</td>
<td>62.8</td>
<td>67.4</td>
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<td>64.5</td>
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<td>Expenses from transactions</td>
<td>(54.4)</td>
<td>(53.3)</td>
<td>(56.9)</td>
<td>(63.6)</td>
<td>(64.1)</td>
<td>(62.3)</td>
<td>(69.7)</td>
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<td>Other economic flows</td>
<td>(0.2)</td>
<td>5.3</td>
<td>0.2</td>
<td>(4.3)</td>
<td>2.7</td>
<td>12.5</td>
<td>1.3</td>
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<td>Net result from continuing operations</td>
<td>(11.5)</td>
<td>9.9</td>
<td>(1.3)</td>
<td>(5.1)</td>
<td>6.0</td>
<td>23.9</td>
<td>(3.9)</td>
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<td>Total Assets</td>
<td>46.0</td>
<td>60.1</td>
<td>58.7</td>
<td>57.2</td>
<td>62.2</td>
<td>92.2</td>
<td>88.5</td>
</tr>
<tr>
<td>Net Assets</td>
<td>29.7</td>
<td>42.5</td>
<td>41.2</td>
<td>36.1</td>
<td>42.1</td>
<td>66.0</td>
<td>62.1</td>
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<tr>
<td>Accumulated Surplus</td>
<td>7.2</td>
<td>16.7</td>
<td>13.2</td>
<td>9.4</td>
<td>9.2</td>
<td>14.5</td>
<td>17.0</td>
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<td>Reserves</td>
<td>22.5</td>
<td>25.8</td>
<td>28.0</td>
<td>26.7</td>
<td>32.9</td>
<td>51.5</td>
<td>45.1</td>
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<tr>
<td>Total Equity</td>
<td>29.7</td>
<td>42.5</td>
<td>41.2</td>
<td>36.1</td>
<td>42.1</td>
<td>66.0</td>
<td>62.1</td>
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<td>Cash Flow ($ movement)</td>
<td>(4.4)</td>
<td>2.4</td>
<td>2.2</td>
<td>(0.2)</td>
<td>3.0</td>
<td>2.7</td>
<td>(5.5)</td>
</tr>
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The above are based on the reports prepared on the 17th of February, 2015.

Please note: Cancer Council Victoria is exempt from income tax and is endorsed as a deductible gift recipient under the Income Tax Assessment Act 1997.
Charitable income and retail gross profit for 2014 was $35.2 m. A GROWTH OF 8% FOR RETAIL MAIL/ONLINE ORDER was raised by Major Gifts and Trusts.

The success of our fundraising programs depends on the generosity and goodwill of many thousands of Victorians. It is their ongoing support that makes it possible for us to continue our vital work in reducing the impact of cancer on all Victorians.

The total gross charitable income and retail gross profit for 2014 was $35.2 million. Of this result, $33.0 million was charitable income and retail gross profit was $2.2 million. Overall this was a shortfall on planned budget of $1.5 million or 4%.

**Donor Programs**
The cash appeals program generated $2.4 million in 2014.
Income from Regular Givers was $1.3 million, 72% higher than 2013 due to the introduction of the Face-to-Face donor acquisition program.
Bequests income reached $11.5 million 2014.
There were outstanding results in Major Gifts and Trusts, raising $1.3 million and $1.0 million respectively.

**Events**
The Events portfolio, including Community Fundraising, generated $8.0 million in 2014, a decrease from $8.1 million.
Australia’s Biggest Morning Tea raised $2.6 million in comparison to the $2.8 million raised in 2013 due to a drop in new supporter numbers. This trend was reflected nationally.
Community Fundraising raised $1.6 million, up from $1.5 million in 2013.

**Retail Services**
The total trading income for Retail Services was $2.5 million, consisting of $2.1 million from Online/Mail order and $0.4 million from the St Kilda Road shop.
For online/mail order there was a growth of 8% on gross profit compared to 2013.

**Future of Appeals Committee**
With the sad passing of former Appeals Committee Chair Bruce Ward, the Executive Committee took on the responsibility of the committee for much of 2014.
The Appeals Committee will be disbanded in 2015 and fundraising will be reported directly to the Finance, Risk, Audit and Compliance Committee of the Board.

Professor Andrew Roberts
Chair, Executive Committee
(in the absence of the Appeals Committee chair)

Mr B Ward
(Chair, until February 2014)

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Cancer Council Victoria
Annual Review 2014
Medical and Scientific Committee report

Under the Cancer Act 1958, the Medical and Scientific Committee is responsible for advising the Executive Committee on the nature, scope and method of research.

The great value and prestige of Cancer Council grants has been a perennial feature of the cancer research landscape for many decades, but never more so than in 2014, when the success rates for funding by the National Health and Medical Research Council (NHMRC) and other national funding agencies fell to a historically low ebb.

The success rate for NHMRC project grants fell to around 16%, meaning that many grants that would otherwise have been highly competitive missed out on funding.

Cancer Council’s ongoing support means that highly talented Victorian cancer researchers have been able to continue their superb work, and more young researchers have been encouraged into research on various aspects of cancer control.

Medical and Scientific Committee members are appointed by leading Victorian hospitals, universities, medical research institutes and medical specialist colleges. A full list of 2014 members can be found on the following pages.

We also introduced the Venture Grants Scientific Committee to assist in evaluating the 89 applications received, developing a short list, and eventually choosing the four successful projects detailed on page 9.

In 2014, the committee’s Standing Subcommittee on Research reviewed the progress of 36 research projects that were already receiving funding. These projects have already generated 35 scientific publications and 51 oral presentations, with 19 presented internationally. All of the projects were considered to be progressing satisfactory.

Vacation studentships
Undergraduates at any Victorian university can apply to enrol in a six-week laboratory-based summer studentship conducted at a university, hospital or independent medical research institution. There were 13 studentships awarded in 2014.

Postdoctoral research fellowships
Researchers who have just completed their PhD can apply for a postdoctoral research fellowship, a scheme that is unique to Cancer Council. The scheme aims to permit PhD research projects to come to their full potential with the assistance of a further 12 months’ salary support allowing an extension of fruitful projects and submission of final manuscripts. Six emerging researchers were supported in 2014.

Grants-in-Aid
An extra $200,000 was allocated to the funding scheme this year, which is the mainstay of extramural Cancer Council grant support for Victorian cancer researchers. A total of $3.4 million was allocated to cater for the high number of excellent cancer grants that failed to be funded by NHMRC and the overall quality of projects which was extraordinary.

Grants-in-Aid support projects for one to three years, with a maximum budget of $100,000 p/a. There were 13 grants awarded in 2014, with details on page 37.

Grants may be awarded for studies into any type of cancer, but most projects focus on the causes and prevention of cancer, or on clinical research into new ways to detect and treat cancer.

Venture Grants Scheme
We were proud to select four research projects as part of our unique Venture Grants Scheme, which aims to support research ideas that would not be funded under conventional schemes. After a competitive peer-review process, four very exciting projects were recommended to the Executive for funding, for between three and five years. The scheme is wholly donor funded, with $1 million raised so far. In honour of one of Victoria’s leading cancer researchers Professor Donald Metcalf, who was Cancer Council’s Carden Fellow for 60 years, the researchers will be known as Metcalf Venture Grant Recipients.

Colebatch Fellowship
The Colebatch Clinical Research Fellowship was awarded to Associate Professor Sherene Loi who will use the prestigious $1.5 million fellowship to greatly enhance her world-leading work into targeted treatments for breast cancer. The fellowship was made possible through the generous bequest of the Reg Geary Estate. It’s the second cancer research fellowship named in memory of Dr John Colebatch AO.

Tracking progress
All researchers report their scientific progress annually in writing, including details of publications and patent applications arising from Cancer Council funded grants. A lay report is also developed to help Cancer Council communicate its research to our donors and the general public.

We couldn’t possibly support this number of researchers and important studies into the detection and treatment of cancer without the wonderful support of our fundraisers and volunteers.

Professor Joseph A Trapani
Chair Medical & Scientific Committee
Council

The Council is our peak governing body. The Cancer Act, which established Cancer Council Victoria in 1936, determines the composition of Council with provision for a membership of 52. It meets annually.

President
Prof Margaret HAMILTON, AO
BA, DipSocStuds (Melb), MSW (Mich)

Vice President
Dr Stewart A Hart, AM
MBBS, FRACS
Monash Health

Immediate Past President
Prof Richard (Dick) M FOX, AM
Bsc (Med), MBBS, FRACP, PhD
(until April 2013)

The Minister for Health
The Honourable Jill HENNESSY, MP

Vice-Chancellors of the
Universities of Monash,
Melbourne, La Trobe and Deakin
Prof Margaret GARDNER, AO
DSc, MD, MBA, FRCAP, FRACP, FRCP (Lond)
Monash University

Prof Glyn C DAVIS, AC
BA (Hons)(UNSW), PhD (ANU), DUniv (Griffith), FASSA, FIPPA
University of Melbourne

Prof John DEWAR
BCL, MA (Oxford), PhD (Griffith)
La Trobe University

Prof Jane den HOLLANDER
BSc (Hons), MSc Wits, PhD (Wales)
Deakin University

The Lord Mayor of Melbourne
Mr Robert DOYLE
BA, Bed (Monash), MLitt (New England)

The Secretary,
Department of Health
Dr Pradeep PHILIP
BAppSc (Med Rad), MBBS, FRANZCR, AU, FIPPA

Nominated members
People nominated by medical research institutes, hospitals, universities and medical specialist colleges.

Dr Anthony BARTONE
BM, FRACGP, MBA
Australasian Medical Association (Victorian Branch)

Prof Jonathan CEBON
MBBS, FRACP, PhD
Royal Australasian College of Physicians

Dr Caroline CLARKE
BM, MRCP (UK), FRACP, DM (Southampton), FRACMA
Royal Victorian Eye and Ear Hospital

Dr Michael J DALLY
BSc, MBChB, FRANZCR
Royal Australian and New Zealand College of Radiologists

Prof Stephen B FOX
BSc (Hons), FRCPA, MBChB, DPhil, FRCPath, FFSc
Royal College of Pathologists of Australasia

A/Prof Jörg HEIERHORST
MD
St Vincents Institute of Medical Research

Prof Douglas HILTON
BSc (Hons), PhD (University of Melbourne),
The Walter and Eliza Hall Institute of Medical Research

A/Prof Thomas W JOBLING
FRCOG, FRANZCOG, COG, CGO, MD
Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Dr Pearly Y L KHAW
BAppSc (Med Rad), MBBS, FRANZCR,
Australian Medical Association (Victoria Branch)

Mr David LLOYD
BA (Hons), MPA
Baker Heart Research Institute

A/Prof Bruce E LOVELAND
BSc (Hons), PhD (University of Melbourne)
Burnet Institute (formerly Austin Research Institute)

Dr Francoise MECHINAUD
MD, FRACP
Royal Children’s Hospital

Miss Orla McNALLY
MB BAO BCh, FRCSI, MRCOG, RANZCOG,
Royal Women’s Hospital

A/Prof Paul L R MITCHELL
BHB, MBChB, MD, FRACP
Austen Health

Prof Mark A ROSENTHAL
MBBS, PhD, FRACP
Melbourne Health

Mr Nicholas J RUTHERFORD
MBBS (Melb), B.D Sc (Melb), FRACDS (OMS)
Australian Dental Association (Victorian Branch)

A/Prof Raymond D SNYDER
MBBS, M.Med, FRACP
St Vincent’s Health

Dr David SPEAKMAN
MBBS, FRACS
Peter McCallum Cancer Centre

Prof Robert J S THOMAS, AOM
MBBS, MS, FRACS, FRCS (UK)
Royal Australasian College of Surgeons
Committee Chairs
Prof Andrew ROBERTS
Prof Joseph TRAPANI
Maria TRINCI

Committees
Finance, Risk, Audit and Compliance Committee
Ms Maria TRINCI, Chair
Ms Deirdre BLYTHE
Mr Bernard GASTIN
Mr David GIBBS
Ms Michelle WRIGHT

Appeals Committee
The Appeals Committee helps to raise funds and obtain other assistance.

Medical and Scientific Committee
The Medical and Scientific Committee provides advice to the Executive Committee on the promotion of research into the causes, prevention and treatment of cancer, which includes recommendations on the allocation of research funding. Committee members are appointed by Victorian universities, hospitals, medical research institutes and medical specialist colleges.

Executive Committee
Prof Andrew ROBERTS, Chair
Mr David GIBBS
Prof Peter FULLER, AM
Mrs Avis MACPHEE, AM
Mr Michael O’BRYAN, SC
A/Prof Jeremy MILLAR
Prof Peter TRAPANI
Ms Maria TRINCI

Executive Sub Committee
Prof Andrew ROBERTS, Chair
Prof Margaret HAMILTON, AO
Ms Maria TRINCI

Previous members
Sandy Murdoch, Michael Dally and Louise Milne-Roch retired from the Board in April 2013.

A/Prof Arun CHANDU
BDSc, MBBS (Hons), MDSc, FDSRCS (Eng), FRACDS (OMS)
Dental Health Services Victoria

A/Prof Paul B COUGHLIN
FRACP, PhD
Senior Medical Staff Association, Eastern Health – Box Hill Hospital

Prof Roger DALY
BSc (Hons), PhD
Monash University – Faculty of Medicine, Nursing and Health Sciences

Dr Peter DOWNIE
MBBS, FRACP
Royal Australasian College of Physicians

Prof Peter R EBELING, AM
MBBS, MD, FRACP
Royal Australasian College of Physicians

Dr Farshad FOROUDI
MBBS, MPA, FRANZCR
Royal Australian & New Zealand College of Radiologists

Prof Stephen B FOX
MBBS (Hons), FRCPA, MBChB, DPhil, FRCPath, FFSc
Royal College of Pathologists of Australasia

Dr Geoffrey GILLESPIE
PhD, BSc (Hons)
Prince Henry’s Institute

A/Prof Simon HARRISON
MBBS, MRCP(UK), FRCPPath(UK), FRACP, PhD
Peter MacCallum Cancer Centre

Dr Stewart HART, AM
MBBS, FRACS
Vice-President of Council, Executive Committee member

Dr John HEATH
MBBS, BMedSci, MS, PhD, FRACP
(untill April 2014) Royal Australasian College of Physicians (Paediatrics Division)

A/Prof Jorg HEIERHORST
MD
St Vincent’s Institute of Medical Research

Prof John HOPPER, AM
BSc (Hons), MSc, PhD, BA
University of Melbourne, Faculty of Medicine, Dentistry and Health Sciences

Dr Thomas KARAGIANNIS
PhD
Baker IDI Heart and Diabetes Institute
Dr Pearly KHAW
BAppSci (Medical Radiations), MBBS, FRANZCR
Australian Medical Association (Vic Branch)
A/Prof Lisa MARTIN
PhD, BSc (Hons)
Monash University, Faculty of Science
A/Prof Andrew METHA
BSc, BSc (Optom), PostgradCertOccTher, PhD
University of Melbourne, Faculty of Science
Adjunct A/Prof Jeremy MILLAR
BMedSc, MBChB, FRANZCR, FAcHPM, Grad Certs (Biostats & Health Econ)
The Alfred Senior Medical Staff Association, Alfred Health
Prof Don PHILLIPS
BSc (Hons), PhD
La Trobe University, Faculty of Science, Technology and Engineering
Prof Geoffrey PIETERSZ
BSc (Hons), PhD
Burnet Institute
Prof Gail RISBRIDGER
PhD
Monash University, Faculty of Medicine, Nursing and Health Science
Prof Andrew ROBERTS
MBBS, FRACP, FRCPA, PhD
Melbourne Health – Royal Melbourne Hospital Senior Medical Staff Association
Medical and Scientific Committee appointee to the Board
Dr Richard SAFFERY
BSc (Hons), PhD
Murdoch Childrens Research Institute
Prof Melissa C SOUTHEY
BSc (Hons), PhD, GradDipLaw, FHGSA, FFSc (RCPA)
University of Melbourne, Faculty of Medicine, Dentistry and Health Sciences
A/Prof David THOMAS
PhD, FRACP
Peter MacCallum Cancer Centre
Prof Robert THOMAS, OAM
MBBS, MS, FRACS, FRCS (UK)
Appointed by Minister for Health
Prof Joseph A TRAPANI, Chair
MBBS, FRACP, FFSc (RCPA), PhD
Medical and Scientific Committee appointee to the Board
Prof Jane VISVADER
BSc (Hons), PhD
Walter and Eliza Hall Institute of Medical Research
Mr David WREDE
MA, MB BChir(Cantab), FRCS (Eng), MRCPG, FRANZCOG
Royal Women's Hospital
Senior Medical Staff Association,
Women's and Children's Health
Dr Nicole YAP
FRACS, MBBS (Melb)
Royal Australasian College of Surgeons
Appointments still to be made by University of Melbourne, Faculty of Science;
Royal Australian and New Zealand College of Obstetricians and Gynaecologists;
Southern Health–Monash Medical Centre Senior Medical Staff Association;
St Vincent's Hospital Senior Medical Staff Association.

Standing Subcommittee on Research
Prof David ASHLEY
MBBS, PhD, FRACP
Prof Chris CHRISTOPHII, AM
MBBS, MD, FRACS
Prof Ian D DAVIS
MBBS (Hons), PhD, FRACP, FAcHPM
Prof Ashley R DUNN
MPhil, PhD, FAA
Prof Jon EMERY
MBchB, DPhil, FRACGP, MRCGP, MA
Prof Peter FULLER AM, co-opted for one meeting
BMedSc, MBBS, PhD, FRACP
Prof Matthew GILLESPIE
PhD, BSc (Hons)
Prof Dale GODFREY
PhD
Prof Joan HEATH, co-opted for one meeting
BA(Hons) MA Cambridge PhD CNAAN
Prof Mark JENKINS
BSc, PhD
Prof Ricky JOHNSTONE
BSc, PhD
Prof Grant McARTHUR
MBBS, BMedSci, PhD, FRACP
Prof Catriona McLEAN
BSc, MBBS, FRCPA, MD, FFSc (RCPA)
A/Prof Raymond SNYDER
MBBS, MMed, FRACP
Prof Melissa C SOUTHEY
BSc (Hons), PhD, GradDipLaw, FHGSA, FFSc (RCPA)
Prof Tony TIGANIS
PhD
Prof Joseph A TRAPANI, Chair
MBBS, FRACP, FFSc (RCPA), PhD
Prof Jane VISVADER
BSc (Hons), PhD
A/Prof Victoria WHITE
BA (Hons), MA, PhD

Human Research Ethics Committee
The Human Research Ethics Committee reviews research projects to ensure ethical standards are met and that the confidentiality of participants' information is protected.
Prof Richard (Dick) FOX, AM, Chair
BSs (Med), MBBS, FRACP, PhD
Mr David COLDREY
BCom, FREI
Layperson
Dr Jeanette HENDERSON
MBBS, FRANZCOG
Medical practitioner
Revd Tat Hean LIE
BAppSc, GradDipAppInfoSyst, BTh, DipMin Minister of religion
Prof Marilyn PITTARD
LLB (Hons), BEc (Hons)
Barrister and Solicitor of the Supreme Court of Victoria, Lawyer
Prof Christopher REID
BA, DipEd, MSc, CertHealthEcon, PhD
Researcher, epidemiologist
Ms Zena ROSLAN
BBus, MProfEthics
Layperson
A/Prof Meredith TEMPLE-SMITH
BSc, DipAppChildPsychol, DipMovement&Dance, MPH, DHSc
Researcher, behavioural scientist

Membership of the Institutional Research Review Committee
This committee reviews the scientific quality of projects conducted by internal research units via an external review process. It also ethically reviews low-risk research projects.
Dr Nigel GRAY, AO, Chair
MBBS, FRACP, FRACMA, Hon LLD (Mon), Hon LLD (Melb)
Prof Ron BORLAND
BSc, MSc, PhD
Nigel Gray Distinguished Fellow for Cancer Prevention, Victorian Centre for Tobacco Control
Prof Graham GILES, AM
BSc, MSc, PhD
Head, Cancer and Intelligence Division
Mr Todd HARPER
B.Ec, PostGrad Health Promotion, M Health Econ
Chief Executive Officer, Cancer Council Victoria
Prof James ST JOHN, AM
MB, BS (Melb), MD (Melb), FRCP (Lond), FRACP, AGAF
Honorary Senior Associate, Cancer Prevention Centre
Prof Melanie WAKEFIELD
BA, Dip Appl Psych, MA (Appl Psych), PhD
Director, Centre for Behavioural Research in Cancer

Dr Farshad FOROUDI
MBBS (Hons 1), MPA, FRANZCR
Director Uro-Oncology, Peter MacCallum Cancer Centre

Prof Peter HUDSON
RN (Hons), PhD
Director, Centre for Palliative Care, St Vincent’s Hospital

A/Prof Michael JEFFORD
MBBS, MPH, MHealthSc, MPhJ, GCertInTeach Melb, GAICD, FRACP
Medical Oncologist, Deputy Head, Department of Medical Oncology, Peter MacCallum Cancer Centre; Director, Australian Cancer Survivorship Centre – a Richard Pratt legacy; Senior Clinical Consultant, Cancer Council Victoria

Prof Meirin KRISHNASAMY
BA, BSc, Dip N, MSc, PhD
Executive Director Cancer Nursing and Allied Health, Peter MacCallum Cancer Centre

A/Prof Paul McMURRICK
MBBS (Hons), FRACS, FASCS
Frolich-West Chair, Cabrini Monash University Department of Surgery

A/Prof Gary RICHARDSON
MBBS, FRACP
Director of Cabrini Academic Haematology & Oncology Service, Cabrini Medical Centre

Dr Craig UNDERHILL
MBBS, FRACP
Medical Oncologist, Border Medical Oncology

A/Prof Andrew WEI
MBBS, FRACP, FRCPA, PhD
Consultant haematologist, The Alfred Hospital

Clinical Network Committee Chairs

Dr Richard DE BOER
MBBS, FRACP
Medical Oncologist, Royal Melbourne Hospital Lung Cancer Committee

Dr Jayesh DESAI
MBBS, FRACP
Medical Oncologist, Peter MacCallum Cancer Centre Sarcoma Advisory Committee

Mr Simon DONAHOE
MBBS, FRACS
Plastic Surgeon, Peter MacCallum Cancer Centre Skin Cancer Committee

Dr Anthony DOWLING
MBBS, FRACP, DMedSc
Medical Oncologist, St Vincent’s Hospital Neuro-Oncology Committee

Mr Ian FARAGHER
MBBS, FRACS, FCSSANZ, FRCS (Ed)
Colorectal Surgeon, Western Health Gastrointestinal Cancer Committee

Ms Alison HOCKING
BSW, MAASW
Head of Social Work, Peter MacCallum Cancer Centre Psycho-Oncology Committee

A/Prof Lara LIPTON
MBBS, FRACP, PhD
Medical Oncologist, Western Hospital Cancer Genetics Advisory Committee

Mr Greg MITCHELL
MBBS, FRACS
Surgeon, Geelong Hospital Breast Cancer Committee

Dr William RENWICK
MBBS, FRACP, FRCPath
Haematologist, Western Health Haematology-Oncology Committee

A/Prof Shomik SENGUPTA
MS, MD, FRACS
Urological Surgeon, Epworth Freemasons Director of Training & Research, Urology Unit, Austin Health

Dr Odette SPRUYT
MBChB, DipObs, FRACP, FRCPath
Director of Pain & Palliative Care, Peter MacCallum Cancer Centre Palliative Medicine Committee

Ms Anne WOOLLETT
RN B Ed
Manager Research Strategy and Education, Barwon Health Clinical Research Professionals Committee

Honorary Research Associates

In order to acknowledge individuals who have made a significant contribution to Cancer Council’s work, Honorary Research Associates are appointed. In 2013, the honorary researchers were:

- Mr Davide BONDAVALLI
- Dr Emily BRENIN
- Dr Maree BRINKMAN
- Prof Simon CHAPMAN, AO
- Prof David CRAWFORD
- Prof Michale DAUBE
- Dr Sally DUNLOP
- Miss Alicia HEATH
- Prof David John HILL, AO
- Prof John HOPPER, AM
- Miss Amelia KARAHALIOS
- Mr William KING
- Dr Carolin MILLER
- Dr David MULLER
- Dr Kerin O’DEA, AO
- Dr John PEDERSEN
- Prof Robert SANSON-FISCHER
- Dr Cathy SEGAN
- A/Prof Gianluca SEVERI
- Prof Melissa SOUTHEY
- Dr Mark SPITTAL
- Dr Justin TSE
- Prof Claire VAHDIC
- Dr Elizabeth WILLIAMSON
- Prof Ingrid WINSHIP
- Dr Nicole WONG DOO
- Dr David YOUNG
The research we fund

From cervical and brain to stomach and leukaemia, we fund research into all cancers for all Victorians. The following pages list research projects conducted in 2014, funded either by Cancer Council Victoria or by external funding bodies.

Researchers may be working in several cancer areas, so some entries may appear more than once. In the case of some larger grants, discrete projects within that grant are listed separately. The Cancer Information and Support Service (CISS) does not fund any research but remains actively involved in and committed to a range of research in supportive care.

The following abbreviations relate to programs or units run by Cancer Council Victoria:

- BSD  Behavioural Science Division
- CEC  Cancer Epidemiology Centre
- CISS  Cancer Information & Support Service
- CPC  Cancer Prevention Centre
- CTO  Clinical Trials Office
- CN  Clinical Network
- VCR  Victorian Cancer Registry
- VCTC  VicHealth Centre for Tobacco Control

All cancer

Are direct apoptosis inducers less mutagenic than chemotherapy drugs?
Dr Christine Hawkins, A/Prof David Curtis, Dr Elizabeth Algar (Department of Biochemistry, La Trobe University)
Cancer Council Victoria Research Grant 2012–2014

How does apoptosis regulate growth in cancer cells?
A/Prof Helena Richardson, Dr Alexey Veraksa (The Sir Peter MacCallam Department of Oncology, The University of Melbourne)

How does anti-cancer therapy cure tumour cells?
Prof Andreas Strasser, Dr John Silke (Molecular Genetics of Cancer Division, Walter and Eliza Hall Institute of Medical Research)
Cancer Council Victoria Research Grant 2013–2015

Identifying new pathways driving cell growth which is fundamental to cancer initiation and progression
Dr Leonie Quinn, Dr David Levens (Anatomy and Cell Biology, The University of Melbourne)
Cancer Council Victoria Research Grant 2014–2016

Inflammation and cancer
Dr Jeffrey Babon, Dr Nadia Kershaw (Cancer and Haematology, Walter and Eliza Hall Institute of Medical Research)
Cancer Council Victoria Research Grant 2014–2016

Pilot clinical audit: pathophysiology of malignant ascites and the efficacy and complications of paracentesis (VCOG PM 2-06): currently recruiting
Dr Tamsin Bryan, Dr Kate Jackson, Deborah Howell (CTO), VCOG Palliative Medicine Committee Collaborators: Austin Health, Barwon Health, Bethlehem Hospital, Cantas Christi Hospice, Gandarra Palliative Care Unit Ballarat, Melbourne Health, Mercy Hospital Werribee, Northern Health, Peter MacCallum Cancer Centre, Southern Health McCulloch House, St Vincent's Health, Wantirna Health Palliative Care, Western Health

PRoSPECT program (Patient Responses: an Ongoing Survey of People Experiencing Cancer Treatment)
A/Prof Victoria White, Prof Melanie Wakefield, Prof Graham Giles, Prof David Hill, Helen Farrugia (BSD, CEC, VCR) Collaborator: Dr Mariko Carey

The Forgotten Cancers Project
A/Prof Gianluca Severi, Prof Graham Giles, Dr Fiona Bruinisma

Various trusts, funded through Community Relations and Fundraising

The molecular basis of cancer development and drug resistance
Dr Walter Fairlie, Dr Erinnia Lee, Dr Daniel Gray (Structural Biology, Walter and Eliza Hall Institute of Medical Research)
Cancer Council Victoria Research Grant 2014–2016

Treating cancer by arresting cancer cell growth
A/Prof Richard Pearson, Dr Katherine Hannan (Sir Peter MacCallum Department of Oncology, The University of Melbourne)
Cancer Council Victoria Research Grant 2014–2016

Upstream signalling in the Hippo tumour suppressor pathway
A/Prof Kieran Harvey (Cancer Research, The University of Melbourne)
Cancer Council Victoria Research Grant 2014–2016

Determining the mechanism of cell suicide pathway
Prof David Vaux, Dr Wendy Cook (Cell Signalling and Cell Death Division, Walter & Eliza Hall Institute of Medical Research)
Cancer Council Victoria Research Grant 2013–2015

How does deregulation of cell shape regulators lead to cancer
A/Prof Helena Richardson, Dr Alexey Veraksa (The Sir Peter MacCallam Department of Oncology, The University of Melbourne)

How does anti-cancer therapy cure tumour cells?
Prof Andreas Strasser, Dr John Silke (Molecular Genetics of Cancer Division, Walter and Eliza Hall Institute of Medical Research)
Cancer Council Victoria Research Grant 2013–2015

How does deregulation of cell shape regulators lead to cancer?
A/Prof Helena Richardson, Dr Alexey Veraksa (The Sir Peter MacCallam Department of Oncology, The University of Melbourne)

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Dr Leonie Quinn, Dr David Levens (Anatomy and Cell Biology, The University of Melbourne)
Cancer Council Victoria Research Grant 2014–2016

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Cancer Council Victoria Research Grant 2014–2016

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Dr Tamsin Bryan, Dr Kate Jackson, Deborah Howell (CTO), VCOG Palliative Medicine Committee Collaborators: Austin Health, Barwon Health, Bethlehem Hospital, Cantas Christi Hospice, Gandarra Palliative Care Unit Ballarat, Melbourne Health, Mercy Hospital Werribee, Northern Health, Peter MacCallum Cancer Centre, Southern Health McCulloch House, St Vincent’s Health, Wantirna Health Palliative Care, Western Health

PRoSPECT program (Patient Responses: an Ongoing Survey of People Experiencing Cancer Treatment)
A/Prof Victoria White, Prof Melanie Wakefield, Prof Graham Giles, Prof David Hill, Helen Farrugia (BSD, CEC, VCR) Collaborator: Dr Mariko Carey

The Forgotten Cancers Project
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Various trusts, funded through Community Relations and Fundraising

The molecular basis of cancer development and drug resistance
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Cancer Council Victoria Research Grant 2014–2016

Treating cancer by arresting cancer cell growth
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Cancer Council Victoria Research Grant 2014–2016

Upstream signalling in the Hippo tumour suppressor pathway
A/Prof Kieran Harvey (Cancer Research, The University of Melbourne)
Cancer Council Victoria Research Grant 2014–2016

Determining the mechanism of cell suicide pathway
Prof David Vaux, Dr Wendy Cook (Cell Signalling and Cell Death Division, Walter & Eliza Hall Institute of Medical Research)
Cancer Council Victoria Research Grant 2013–2015
Collaborative Family Registry for colorectal cancer studies
Prof John Hopper
Collaborator: Prof Graham Giles (CEC) CCV Clinical Network
US National Institutes of Health

Discovery of new colon cancer genes predictive for outcome
Dr Oliver Seiber, Prof Robyn Ward (Systems Biology and Personalised Medicine, Walter and Eliza Hall Institute of Medical Research)
Cancer Council Victoria Research Grant 2014–2016

DNA methylation as a risk factor for colorectal cancer.
Prof Dallas English (CEC), Prof Joanne Young, Dr Daniel Buchanan, Dr Laura Baglietto, Danell Schmidt, Enes Makalic, Elisabeth Williamson
National Health & Medical Research Council

Effects of increased colonic butyrate on inherited colon cancer.
Prof Finlay Macrae (Colorectal Medicine and Genetics, Melbourne Health), A/Prof Alex Boussiotas, Dr Julie Clarke, Dr David Topping, Dr Shusuke Toden, Prof Patrick Lynch, Prof Allan Spigelman, Dr Mark Appleyard, Dr Paul Hollington, Dr Hoci Ee, Prof Don Cameron
Cancer Council Victoria Research Grant 2011–2014

Familial CIN colorectal cancer
A/Prof Ian Campbell, Dr Alison Trainer, A/Prof Lara Lipton, A/Prof Paul James, Dr Maria Doyle (Research Division, Peter MacCallum Cancer Centre)
Cancer Council Victoria Research Grant 2012–2014

identifying factors influencing treatment decisions
Rebecca Bergin, A/Prof Victoria White, Ruth Bollard, John Emery
Department of Health Victoria

inhibiting the growth factor proGRP to treat gastrointestinal cancers
Prof Arthur Shulkes, Prof Graham Baldwin (Department of Surgery – The University of Melbourne, Austin Health)
Cancer Council Victoria Research Grant 2013–2015

International Cancer Benchmarking Project (Module 4): Root causes of diagnosis and treatment delays
A/Prof Victoria White, Ashley Farrelly (BSD), Nicola Quin (CCV)
Department of Health Victoria

siRNA Therapies for Colorectal Cancer
Prof Andrew Scott, Dr Vinochani Pillay, A/Prof John Mariadason, A/Prof Niall Tebbutt (Tumour Targeting Program, Ludwig Institute for Cancer Research)
Cancer Council Victoria Research Grant 2012–2014

Brain cancer
Glioma Management Survey
Prof Graham Giles (CEC), Vicky Thursfield (VCR) A collaboration between CEC and CN Neuro-Oncology Committee

Identifying new pathways driving cell growth which is fundamental to cancer initiation and progression
Dr Leonie Quinn, Dr David Levens (Anatomy and Cell Biology, The University of Melbourne)
Cancer Council Victoria Research Grant 2014–2016

INTERPHONE – Brain tumour risk in relation to mobile telephone use
Prof E Cardis (IARC), Prof Graham Giles (CEC), International Collaborators.

Risk and prognostic factors for glioma in Australia.
A/Prof Gianluca Severi (CEC), Dr Claire Vajdic, Dr A Nowak, Dr M Rosenthal, Dr K Drummond, Dr D Walker, Dr R Jefree.
Cancer Australia 2012–2015

Breast cancer
Advancing personalised medicine for breast cancer patients
A/Prof Sherene Loi (Department of Medical Oncology and Haematology, Peter MacCallum Cancer Centre)
Cancer Council Victoria Colebatch Fellowship 2014-2018

Automated Screening Measures Associated with Risk and Treatment (SMART) for Breast Cancer
Linh Nguyen, Dr Carmel Apicella, Dr Enes Makalic, Dr Daniel Schmidt
Collaborator: Prof Graham Giles (CEC)
Breast Cancer Association Consortium (BCAC)

Prof Douglas Easton (University of Cambridge, UK), Prof Paul Pharoah, Prof Graham Giles (CEC), Dr Laura Baglietto (CEC), A/Prof Gianluca Severi (CEC), Prof John Hopper (University of Melbourne), Prof Melissa Southey (University of Melbourne)
Building immunity to cancer with radio-immunotherapy combinations
Dr Nicole Haynes (The Sir Peter MacCallum Department of Oncology, The University of Melbourne)
Cancer Council Victoria Research Grant 2012–2015

Cancer specific nanoparticles for improved chemotherapy
Dr Suzanne Cutts, A/Prof Paul Pigram, Prof Geoff Pietersz, Dr Carleen Cullinan (Department of Biochemistry, La Trobe University)
Cancer Council Victoria Research Grant 2013–2015 – Girls’ Night In

Collaborative Family Registry for Breast Cancer studies
Prof John Hopper Collaborators: Prof Graham Giles (CEC), Dr Margaret McCredie US National Cancer Institute Collaborative Oncological Gene-environment Study
Prof Graham Giles (CEC), Prof Judith Clements (Queensland University of Technology), Prof Dallas English, Dr Vanessa Hayes (Children’s Cancer Institute Australia)
National Health & Medical Research Council – EU (504715) 2009–2013

Collaborative phase II trial of neo-adjuvant docetaxel and doxorubicin in patients with locally advanced breast cancer (VCOG BR 1-99)
Dr Mitchell Chipman, Helen Farrugia (CTO), Follow-up of 215 patients continued in 2013. Collaborators: The Alfred, Monash Medical Centre, Royal Melbourne Hospital, St Vincent’s Hospital, Western Hospital

Discovering human breast cancer risk genes guided by prior publications on the mouse
Dr Daniel Park, Prof David Goldgar, Dr Bernard Pope, Dr Tu Nguyen-Dumont, A/Prof Andrew Lonie (Pathology, The University of Melbourne)

Exploring the potential of the combination of old and new radioprotecting drugs to reduce normal tissue damage in cancer radiotherapy patients
Dr Pavel Lobachovsky, Prof Roger Martin, Dr Olga Martin (Trescowthick Research Laboratories, Peter MacCallum Cancer Centre)
Cancer Council Victoria Research Grant 2012–2015 – Girls’ Night In

Mammographic density of young women and their relatives
Prof John Hopper, Dr Jennifer Stone, Dr Carmel Apicella, Dr Enes Makalic, Dr Daniel Schmidt, Dr Rob Macinnis (The Centre for MEGA Epidemiology, The University of Melbourne)
Cancer Council Victoria Research Grant 2012–2014 – Girls’ Night In

Methylation as a risk and prognostic factor for breast cancer
Dr Laura Bagletto (CEC), Prof Melissa Southey, Prof Dallas English
National Health & Medical Research Council (1011618) 2011–2013

PROSPECT (Post-operative Radiotherapy Omission in Selected Patients with Early breast Cancer Trial)
Prof Bruce Mann, Dr Anita Skandarajah, Dr Allison Rose, Dr Boon Chua, Prof John Forbes (The Breast Service, Melbourne Health)
Cancer Council Victoria Research Grant 2011–2014

Prospective, randomised, open label, parallel group trial to determine whether (neo)adjuvant treatment with zoledronic acid is superior to (neo)adjuvant treatment alone in improving disease free and bone metastasis free survival of patients with stage II/III breast cancer (VCOG BR 2-03); the 252 patients are now in follow-up phase
A/Prof Richard Bell, Jennifer Petersen (CTO), VCOG Breast Trials Sub-Committee
Collaborators: The Alfred, Austin Health, Ballarat Oncology and Haematology Services, Barwon Health, Border Medical Oncology, Box Hill Hospital, Freemasons Hospital, Maroondah Hospital, Mercy Private Hospital, Monash Medical Centre, Peninsula Health, Peter MacCallum Cancer Centre, Royal Melbourne Hospital, St John of God Geelong, St Vincent’s Health, Western Hospital and 16 additional hospitals throughout Australia
Novartis Pharma Australia

Risk factors for breast cancer
Dr Laura Bagletto, Prof Dallas English, Prof Graham Giles, Dr Allison Hodge, Dr Robert Macinnis, Dr Julie Simpson (CEC)
Collaborators: Prof John Hopper, Dr Dorota Gertig
Val Secomb Fellowship

Risk of recurrence after diagnosis of invasive breast cancer by molecular subtype as defined by ER, PR and HER2 status
Dr Laura Bagletto, Prof Dallas English (CEC)
National Health & Medical Research Council (1029903) 2012–2014

Testing the effectiveness of a web-based program involving quality of life and reducing anxiety for younger women with breast cancer: a randomised controlled trial
A/Prof Victoria White, Ashley Farrelly (BSI), Prof David Hill, Dr Amanda Hordern (CISS), Prof Ron Borland
Collaborators: Dr Maniko Carey, A/Prof Michael Jefford, Caroline Nehill, Meron Pitcher, Prof Robert Sanson-Fisher
National Breast Cancer Foundation, Beyond Blue, Cancer Australia 2009–ongoing

Turning the immune system against cancer
A/Prof Michael Kershaw, A/Prof Phil Darcy
(Cancer Research, The University of Melbourne)
Cancer Council Victoria Research Grant 2014–2016

Gynaecological cancer
Evaluation of the PapScreen Communication and Recruitment program
Robyn Mullins, Kate Scalzo (BSD)
PapScreen Victoria
Exploring the potential of the combination of old and new radioprotecting drugs to reduce normal tissue damage in cancer radiotherapy patients
Dr Pavel Lobachovsky, Prof Roger Martin, Dr Olga Martin (Trescowthick Research Laboratories, Peter MacCallum Cancer Centre)
Cancer Council Victoria Research Grant 2012–2014

Improvement of ovarian cancer models to support preclinical development of new therapies for ovarian cancer
A/Prof Clare Scott (Walter & Eliza Hall Institute of Medical Research)
Cancer Council Victoria Dunlop Fellowship 2012–2016

PI3K inhibitors for the treatment of ovarian cancer
Dr Kathryn Kinross (The Sir Peter MacCallum Department of Oncology, The University of Melbourne)
Cancer Council Victoria Research Grant 2013–2015

Ovarian Cancer Association Consortium (OCAC)
Prof Andy Berchuck (Duke University Medical Centre, USA), Dr Paul Pharoah (University of Cambridge), Australia – Prof Graham G Giles (CEC), Dr Laura Bagletto (CEC), A/Prof Gianluca Severi (CEC), Melissa Southey (University of Melbourne)

Kidney cancer
A platform to study early-onset and familial kidney cancer: CONFIRM (the CONsortium For Inherited Renal Malignancies)
A/Prof Gianluca Severi (CEC) Collaborators: Dr Mark Jenkins, Prof Melissa Southey, Dr Rob Carroll, Dr Michael Bogwitz, Prof David Goldgar, A/Prof Ian Davies, A/Prof Michael Jefford, Dr Nick Pachter, Dr James Kearsley, Dr Tracy Dudding, Dr Kathy Tucker
Liver cancer
Determining the role of the gene ZBTB11 in causing liver cancer
Prof Graham Lieschke, Dr Cristina Keightley, Prof Zhiyuan Gong (Australian Regenerative Medicine Institute (ARMI), Monash University)
Cancer Council Victoria Research
Grant 2013–2015

Identifying new pathways driving cell growth which is fundamental to cancer initiation and progression
Dr Leonie Quinn, Dr David Levens (Anatomy and Cell Biology, The University of Melbourne)
Cancer Council Victoria Research
Grant 2013–2015

Lung cancer
A large international epidemiological study to identify novel molecular markers of lung cancer risk and survival
A/Prof Gianuca Severi (CEC), Dr M Johnansson (ARC, France),
National Health & Medical Research Council (1050198) 2013–2015

Defining the role of RBMS gene in lung cancer
Dr Duangporn Jamsai, Prof Moira O’Bryan (Anatomy and Developmental Biology, Monash University)
Cancer Council Victoria Research Grant 2014–2016

Exploring the potential of the combination of old and new radio-protecting drugs to reduce normal tissue damage in cancer radiotherapy patients
Dr Pavel Lobachevsky, Prof Roger Martin, Dr Olga Martin (Trescowthick Research Laboratories, Peter MacCallum Cancer Centre)
Cancer Council Victoria Research Grant 2014–2016

Patients with lung cancer and their carers: providing support through novel information models
A/Prof Michael Jefford, Tina Thomas, Amanda Spillare (CISS), Linda Mileshkin (Peter MacCallum Cancer Centre)
Cancer Council Victoria Research Grant 2012–2014

Inflammation and cancer
Dr Jeffrey Babon, Dr Nadia Kershaw (Cancer and Haematology, Walter and Eliza Hall Institute of Medical Research)
Cancer Council Victoria Research Grant 2014–2016

Investigation into tumour recognition by Natural Killer T cells
Prof Jamie Rossjohn, Prof Dale Godfrey (Biochemistry and Molecular Biology, Monash University)
Cancer Council Victoria Research Grant 2013–2015

Melanoma
Building immunity to cancer with radio-immunotherapy combinations
Dr Nicole Haynes (The Sir Peter MacCallum Department of Oncology, The University of Melbourne)
Cancer Council Victoria Research Grant 2013–2015

Developing a new class of anti-cancer drugs
Prof Andrew Roberts, Prof David Huang (Walter and Eliza Hall Institute of Medical Research)
Cancer Council Victoria Research Grant 2013–2015

Mesothelioma
A collaboration to drive clinically meaningful research into mesothelioma
Dr Thomas John, A/Prof Paul Mitchell, Dr Vinod Ganju, Prof Jonathan Cobon, Mr Simon Knight (Medical Oncology, Ludwig Institute for Cancer Research / Olivia Newton-John Cancer and Wellness Centre)
Cancer Council Victoria Mesothelioma Grant 2014–2015

Multiple myeloma
Investigation into tumour recognition by Natural Killer T cells
Prof Jamie Rossjohn, Prof Dale Godfrey (Biochemistry and Molecular Biology, Monash University)
Cancer Council Victoria Research Grant 2013–2015

Multiple Myeloma Cohort Consortium
Prof Graham Colditz, Prof Graham Giles (CEC)
The epidemiology of multiple myeloma in Australia
Prof Graham Giles (CEC), Dr Claire Vajdic, (UNSW), Dr D Joshua, Dr L Campbell, A/Prof Miles Prince, A/Prof S Harrison
National Health & Medical Research Council (1029885) 2012–2016

Nutrition and exercise
ACT LiveLighter Campaign Evaluation
Philippa Niven, Dr Belinda Morley, Dr Helen Dixon, Prof Melanie Wakefield (BSD), Jane Martin (GPC)
The ACT Division of the National Heart Foundation of Australia 2014–2015

Development and evaluation of tools for dietary epidemiology
Prof Graham Giles (CEC), Dr Allison Hodge

Diet and Nutrition Assessment Program
Prof Graham Giles, Prof Dallas English (CEC), Dr Allison Hodge

Food marketing with movie character toys: effects on young children’s preferences for healthy and unhealthy fast food meals
Dr Helen Dixon, Maree Scully, Philippa Niven (BSD) 2014–2015
Lifestyle media message testing: Finding the keys to successful public health campaigns promoting healthy weight and lifestyle.
Dr Helen Dixon, Dr Sarah Durkin (BSD), Trish Colter (Cancer Institute NSW), Blyth O’Hara (NSW Department of Health), Prof Melanie Wakefield, Dr Emily Brennan (University of Pennsylvania), Chris Rissel (University of Sydney). Australian National Preventative Health Agency 2012–2014

National Secondary Diet and Activity Survey
Dr Belinda Morley, Maree Scully, Philippa Niven, Dr Helen Dixon, Prof Melanie Wakefield, A/Prof Victoria White (BSD) Collaborators: Technical Advisory Group national members, chaired by Prof Louise Baur
Cancer Council Australia, National Heart Foundation of Australia, All State Governments

Sugary Drinks Tax Messaging
Dr Belinda Morley (BSD), Jane Martin (CPC), Philippa Niven (BSD)

Obesity Policy Coalition
The independent and combined effects of front-of-pack food labelling systems and health claims on consumers’ food-related beliefs and behaviours
Prof Simone Pettigrew (Curtin University of Technology), Dr Bridget Kelly, Prof Kylie Ball, Prof Bruce Neal, Dr Caroline Miller, Clare Hughes, Dr Helen Dixon (BSD), A/Prof Trevor Shilton.

ARC Linkage Grant 2014–2016

Victorian LiveLighter Campaign Evaluation
Dr Belinda Morley, Dr Helen Dixon, Prof Melanie Wakefield, Philippa Niven (BSD), Jane Martin (CPC)

Vic Department of Health
WA LiveLighter Campaign Evaluation
Dr Belinda Morley, Dr Helen Dixon, Prof Melanie Wakefield, Philippa Niven, Jane Martin (CPC)

Heart Foundation Western Australia

Pancreatic cancer
Dietary factors and risk of pancreatic cancer in the Pooling Project
Prof Jeanine Gankinger (Georgetown University, School of Medicine, Washington USA) Collaborators: Prof Graham Giles, Prof Dallas English, A/Prof Gianluca Severi

Patient support
A nurse-led psychosocial intervention with peer support to reduce psychosocial needs in women with gynaecological cancer
Dr Penny Schofield, Prof Sanchia Aranda, I Juraskova, Linda Mileszkin, M Krishansamy, L Webb, A Hocking, D Bernshaw, Doreen Akkerman (CISS), S Penberthy, R Bergin, Suzi Grogan, K Sharkey

Cancer Chat: evaluation of a facilitated online and telephone support group
Prof Annette Street (La Trobe University), Dr Amanda Hordern (CISS)

IMPROVE (Improving Management by Participatory Research in Oncology: a Victorian Experiment)
Prof Graham Giles (CEC), A/Prof Victoria White (BSD), Prof Michael Coory, A/Prof Jeremy Millar, A/Prof Damen Bolton, A/Prof Ian Davis, A/Prof Ingrid Winship, Dr Ian Roos, Prof Melissa Southey, A/Prof Gianluca Severi (CEC), Prof Michael Prince, Prof Simon Harrison, A/Prof Michael Jefford, Prof David Hill, Victorian Cancer Agency

Integration of Cancer Council Support Services into usual care – A pilot study
David Marco (BSD), Dr Anna Bolton (CISS), A/Prof Victoria White (BSD) 2014–2016

Multiple perspectives on sexuality and intimacy post-cancer, leading to the development and evaluation of supportive interventions
Dr Amanda Hordern (CISS) for ARC grant led by Prof Jane Usher

Cancer Australia Collaborative Cancer Support Networks project leader for Cancer Council Victoria

Patients with lung cancer and their carers: providing support through novel information models
A/Prof Michael Jefford, Tina Thomas, Amanda Spillane (CISS), Linda Mileszkin (Peter MacCallum Cancer Institute)

Cancer Australia

Patterns of care and experiences of care for adolescents and young adults with cancer
Prof Michael Coory, A/Prof Victoria White (BSD), Dr A Anazodo, Dr R Pinkerton, Dr K Thompson, Dr W Nicholls, Helen Bibby (BSD)

National Health & Medical Research Council 2011–2015

Peer support program for cancer gene mutation carriers
A/Prof Victoria White, Ashley Farrelly (BSD) Collaborators: Mary-Anne Young, A/Prof Michael Jefford (CISS), Dr Bettina Meiser, Prof Ingrid Winship, Dr Katherine Tucker (NBFDC) National Breast Cancer Foundation 2008–2014

Psychological morbidity, unmet needs, quality of life and patterns of care in migrant cancer patients: the first year
A/Prof Michael Jefford (CISS), P Butow Cancer Australia

Testing the effectiveness of a web-based program involving quality of life and reducing anxiety for younger women with breast cancer: a randomised controlled trial
A/Prof Victoria White (BSD), Ashley Farrelly (BSD), Prof David Hill, Dr Amanda Hordern (CISS), Prof Ron Borland (VCTC) Collaborators: Dr Mariko Carey, A/Prof Michael Jefford, Caroline Nehill, Meron Pitcher, Prof Robert Sanson-Fisher

National Breast Cancer Foundation, Beyond Blue, Cancer Australia 2009–ongoing

VCCCP GAM module and clinical guidelines
A/Prof Michael Jefford, Dr Penny Schofield, Sue Hegarty (CISS)

Prostate cancer
A case-control study of risk factors for aggressive prostate cancer
Prof Graham Giles, A/Prof Gianluca Severi (CEC), A/Prof Damen Bolton, A/Prof Jeremy Millar, Prof Malcolm Sim, Dr Geza Benke
National Health & Medical Research Council (623204) 2010–2014

A whole genome association study to identify common susceptibility alleles for prostate cancer
A/Prof Ros Eeles, Prof Doug Easton (Cambridge UK) Collaborators: Prof Graham Giles, Prof John Hopper, A/Prof Gianluca Severi (CEC)
Cancer Research UK

ACTANE (Anglo-Canadian-Texan Australian-Norwegian-EU biomedical) Consortium. Search for high/moderate risk prostate cancer predisposition genes in the Cancer Research UK/British Prostate Group Familial Prostate Cancer Study, and ACTANE
Prof Graham Giles (CEC) Collaborators: A/Prof Ros Eeles, Prof John Hopper, et al.
US National Institutes of Health

Exploring the potential of the combination of old and new radioprotecting drugs to reduce normal tissue damage in cancer radiotherapy patients
Dr Pavel Lobachovsky, Prof Roger Martin, Dr Olga Martin (Trescowthick Research Laboratories, Peter MacCallum Cancer Centre)

Cancer Council Victoria Research Grant 2012–2014

Identifying biomarkers associated with clinically significant and fatal prostate cancer through genome wide mRNA expression and methylation analyses.
Dr Liesel Fitzgerald (CEC).

Prostate Cancer Foundation Australia 2013–2014

International Consortium for Prostate Cancer Genetics
Prof Graham Giles (CEC) Collaborators: Prof William Isaacs, Prof John Hopper, Dr Liesel FitzGerald (CEC), et al.

US National Institutes of Health
Prospective, randomised, open label, parallel group trial to determine if earlier versus delayed intervention with androgen deprivation treatment improves survival in prostate cancer patients with biochemical relapse as indicated by a rising PSA (VCOG PR 2-03): currently recruiting participants
Prof Gillian Duchesne, Prof Henry Woo, Helen Farrugia (CTO)

We are following up 252 patients.

Collaborators: The Alfred, Barwon Health, Peter MacCallum Cancer Centre and 27 other sites in Australia and New Zealand

Trans Tasman Radiation Oncology Group, Royal Australian College of Radiologists, National Health & Medical Research Council

Prostate cancer Association group to investigate Cancer Associated alterations in the genome (PRACTICAL)
Investigators: Prof Ros Eeles, Prof Zsofia Kote-Jarai, Prof Douglas Easton, Australia – Prof Graham G Giles (CEC), John Hopper (University of Melbourne), Dallas English (CEC), Gianluca Severi (CEC), Dr Liesel FitzGerald (CEC), Melissa Southey (University of Melbourne)

Prostate Cancer Family Study
Prof Graham Giles, Prof Dallas English (CEC)
Collaborators: Prof John Hopper, Prof Margaret McCredie
E J Whitten Foundation

Radical Prostatectomy Register
Prof Graham Giles

Victorian Early Onset Prostate Cancer Family Study
Prof Graham Giles, Prof Dallas English (CEC)
Collaborator: Prof John Hopper
E J Whitten Foundation

Sarcoma
Prof Graham Giles (CEC), Vicky Thursfield (VCR), A collaboration between CEC and CN Sarcoma Advisory Committee

Skin cancer and sun protection
National study of sun protection behaviours and related attitudes
Dr Suzanne Dobbinson, Prof David Hill, Prof Melanie Wakefield (BSD), Craig Sinclair (CPC), Angela Volkov (BSD). Collaborators: Interstate colleagues, Cancer Council Australia, Cancer Australia, state and territory Cancer Councils, Commonwealth Department of Health and Ageing

Norms and the built environment: use of shade in US and Australian city parks
Prof David Buller, Dr Mary Buller, Dr Suzanne Dobbinson (BSD), Prof Dallas English (CEC), Prof Melanie Wakefield (BSD), Dr Gary Cutter, Dr Ross Brownson, Prof Karen Emmons, Jody Simmons (BSD)

National Institutes of Health

Shade Plus: improving park facilities in disadvantaged neighbourhoods to promote Community Health Behaviour
Dr Suzanne Dobbinson (BSD), De Jenny Veitch, Prof Jo Salmon, Prof Melanie Wakefield (BSD), A/Prof Petra Staiger, Dr Robert MacInnis, Jody Simmons (BSD)

National Health & Medical Research Council Project Grant in partnership with Brimbank Council 2013–2016

Sun protection behaviours and related attitudes of Victorians
Dr Suzanne Dobbinson, Prof Melanie Wakefield, Charles Warne (BSD), Prof David Hill

SunSmart Program evaluations
Kimberley Dunstone, Dr Suzanne Dobbinson (BSD)

Smoking cessation and tobacco use
Corporate political activity of tobacco, alcohol and Gambling Companies in Australia
A/Prof Peter Miller, Prof Linda Hancock, Prof Melanie Wakefield (BSD), A/Prof Kypros Kypri, Dr Charles Livingstone, Prof Michael Daube, Ma Caterina Giorgi, A/Prof Peter Adams, Dr Jim McCambridge

Australian Research Council Linkage Grant 2014–2017

E-cigarette advertising study
Dr Sarah Durkin, Prof Melanie Wakefield, Megan Bayly (BSD) 2014–2015

Effects of current and plain cigarette package design on smokers' cigarette evaluation
Prof Melanie Wakefield (BSD), Dr Dave Hammond, Prof Marvin Goldberg, Dr Sarah Durkin, Prof Simon Chapman, Gemma Skaczkowski

National Health & Medical Research Council Project Grant 2010–2015

Effects of smoking and quitting on quality of life
Prof Jeff Richardson (Monash University), Prof R Cummins (Deakin University), Prof Ron Borland (VCTC)

National Health & Medical Research Council Project Grant 2011–2014

Evaluating population-wide efforts to reduce tobacco use: continuation of the ITC Four Country cohort in Australia
Prof Ron Borland, Dr Hua Yong (VCTC), Dr Sarah Durkin (BSD)

National Health and Medical Research Council (1005922) 2011–2014

Helping smokers with a history of depression quit smoking safety
Dr Catherine Segan (University of Melbourne and VCTC), Prof Ron Borland (VCTC), Suzie Stillman, Ian Ferretter (Quit Victoria)

Beyond Blue
Identifying levels and types of emotion that maximise effectiveness of anti-smoking ads, especially in low SES smokers
Dr Sarah Durkin, Prof Melanie Wakefield (BSD), Dr Lois Biener (University of Massachusetts)

National Health & Medical Research Council (1016419) in partnership with VicHealth 2011–2015

International Tobacco Control Policy Evaluation Study: China and Korea
Prof Geoffrey Fong (University of Waterloo), Dr Jiang Yuan (China CDC)
Collaborators: Dr Hua Yong, Dr Lin Li, Prof Ron Borland (VCTC)

Chinese CDC, Canadian Institutes of Health Research. Based at University of Waterloo, Canada

International Tobacco Control Policy Evaluation Study: Four Countries
Prof Ron Borland (VCTC), Dr K Michael Cummings (Roswell Park Cancer Institute), Prof Geoffrey Fong, Prof M Thompson (University of Waterloo), Prof Gerard Hastings (Stirling University and The Open University), Prof Ann McNeill (University of Nottingham)
Collaborators: Dr Hua Yong, Dr David Young, Prof Melanie Wakefield (VCTC, BSD)

National Health & Medical Research Council, US National Institutes of Health, Canadian Institutes of Health Research

International Tobacco Control Policy Evaluation Study: Product Studies
Dr Richard O’Connor, Dr Michael Cummings (Roswell Park Cancer Institute), Dr David Hammond (University of Waterloo), Dr David Ashley (US Centers for Disease Control)
Collaborators: Prof Ron Borland, Bill King (VCTC)

National Institutes of Health

International Tobacco Control Policy Evaluation Study: South East Asia
Prof Ron Borland (VCTC), Prof Geoffrey Fong (University of Waterloo) Collaborators: Dr Omar Mazirau (Universiti Sains Malaysia), Dr Buppha Sriussaneewan (Mahidol University), Prof Mary Thompson, Dr David Hammond (University of Waterloo), Dr Hua Yong (VCTC)

National Institutes of Health, Canadian Institutes of Health Research

Maximising the effectiveness of standardised packaging
Prof Ron Borland (VCTC), Fiona Sharkey (Quit Victoria, Cancer Council Australia)
Media influences on tobacco use
Prof Melanie Wakefield (BSD)
National Health & Medical Research Council Principal Research Fellowship Award 2011-2015
MERMAID: Melbourne Tobacco Retail Monitoring Audit
Megan Bayly, Dr Michelle Scollo, Prof Melanie Wakefield (BSD)
Quit Victoria
National Tobacco Plain Packaging Tracking Survey of Smokers and Recent Quitters
Prof Melanie Wakefield, Dr Sarah Durkin (BSD), Dr Michelle Scollo, Dr Kerri Coomber, Meghan Zacher (BSD)
Commonwealth Department of Health & Ageing 2012–2015
Quit or substitute: the acceptability of smokeless alternatives to cigarettes for cessation of substitution
Dr Coral Gartner (University of Queensland), Prof Ron Borland (VCTC) Collaborators: Dr Chris Bullen, Dr Natalie Walker (University of Auckland, NZ)
Quit Research and Evaluation Studies
Linda Hayes, Dr Sarah Durkin, Emily Bain, Meghan Zacher, Prof Melanie Wakefield (BSD)
Quit Victoria
Reducing smoking in socially disadvantaged groups: a trial of a financial counselling intervention with NRT
R Mattick, K Martire, M Farrell (University of NSW), Ron Borland (VCTC), B Bonevski, C Doran (University of Newcastle), W Hall (University of Queensland)
NHMRC
Silent Salesman study: Monitoring personal tobacco pack display
Megan Bayly, Dr Emily Brennan, Meghan Zacher, Joanne Domo, Dr Caroline Miller, Dr Sarah Durkin, Dr Michelle Scollo, Prof Melanie Wakefield (BSD)
Cancer Council SA, South Australian Health and Medical Research Institute, and Quit Victoria 2011-2015
Social network sites for ambivalent socialisers: the case of smoking cessation
Dr Wally Smith, A/Prof Steve Howard, Dr Jon Pearce (University of Melbourne), Prof Ron Borland (VCTC)
Australian Research Council Linkage Grant with Quit Victoria
The effect of point-of-sale tobacco marketing on smoking cessation
Prof Mohammad Siahpush (University of Nebraska Medical Center), Dr K Michael Cumming, Dr Lorraine Reitzel, Dr Michael Dodd, A/Prof Ge Lin, Prof Leslie Carlson, Prof Melanie Wakefield (BSD), Dr Andrew Hyland
National Institutes of Health 2013–2016
The effectiveness of tobacco control policies in high versus low income countries. Tobacco packaging and labelling policies: expanding the evidence on novel policies
Dr Dave Hammond, Prof Geoffrey Fong (University of Waterloo) Collaborators: Prof Melanie Wakefield (BSD), Prof Ron Borland (VCTC)
National Institutes of Health, via University of Waterloo 2009–2014
Tobacco, alcohol and illicit substance use among Australian secondary school students – Follow up study
A/Prof Victoria White, Tahlia Williams, Dr Denise Azar (BSD), Prof David Hill, Agatha Faulknner (BSD)
Commonwealth Department of Health and Ageing
Tobacco, alcohol and illicit substance use amongVictorian secondary school students
A/Prof Victoria White, Tahlia Williams, Prof Melanie Wakefield, Agatha Faulknner (BSD)
Victorian Department of Health
Victorian Population Surveys to measure impact of Quit campaign and trends in smoking behaviours
Linda Hayes, Dr Sarah Durkin, Emily Bain, Prof Melanie Wakefield (BSD)
Quit Victoria
Young Adults Quit Smoking Project
David Buller (KleinBunandel, US) Collaborators: Prof Ron Borland (VCTC), Dr Gil Woodall (University of New Mexico), Dr Abigail Halperin (University of Washington), Dr Herb Severson (Oregon Research Institute)
US National Institutes of Health, NCI
Stomach and oesophageal cancer
Role of the TLR2 gene in stomach cancer
A/Prof Brendan Jenkins, Prof Patrick Tan MMR-Phi Institute of Medical Research Cancer Council Victoria Research Grant 2014–2016
Targeting the PI3K/mTor pathway in inflammation-linked disease
Dr Michael Buchert, A/Prof Matthias Ernst (Colon Molecular and Cell Biology, Ludwig Institute for Cancer Research) Cancer Council Victoria Research Grant 2012–2014
Upper gastro intestinal tract genome wide association study
NCI cohort consortium, A/Prof Gianluca Severi, Prof Graham Giles (CEC)
US National Institutes of Health, National Cancer Institute
Helen Farrugia (VCR), Vicky Thursfield (VCR)
Other
Research into diseases other than cancer sometimes results from our major epidemiological studies and is funded by or done in collaboration with other agencies.
Asia Pacific Cohort Studies Collaboration: cardiovascular disease in the Asia Pacific region
Prof Stephen MacMahon Collaborators: Dr Xian Zang, Prof Mark Woodward, Prof Graham Giles (CEC)
Collaboration on obesity/overweight and cancer (to examine and quantify the relationship between BMI and various disease and mortality endpoints within the NCI-sponsored Cohort Consortium) Prof Geoffrey Tobias (National Cancer Institute US) Collaborators: Prof Graham Giles, A/Prof Gianluca Severi, Dr Robert Maciniss (CEC)
Development and evaluation of business rules to support the national collection of Cancer Stage Data from existing registry data sources.
Helen Farrugia (VCR), Vicky Thursfield (VCR)
Cancer Australia 2014–2015
Development and validation of appropriate methods for the prediction of risk of future cardiovascular events in the contemporary Australian population: analyses of the Melbourne Collaborative Cohort Study (MCCS), Australian Diabetes, Obesity and Lifestyle (AusDiab) and Atherosclerosis Risk in Communities (ARIC) studies
Lei Chen, Prof Andrew Tonkin, Prof Dallas English (CEC)
Dietary and genetic risk factors for age-related macular degeneration
Dr Robyn Guymer, L Robman, P Baird, A Islam, Dr Julie Simpson
Dietary calibration study
Dr Allison Hodge, Prof Dallas English, Prof Graham Giles (CEC)
Dietary factors and risk of pancreatic cancer in the Pooling Project
Prof Jeanine Genkinger (Georgetown University, School of Medicine, Washington US) Collaborators: Prof Graham Giles, Prof Dallas English, A/Prof Gianluca Severi (CEC)


Dietary questionnaire for epidemiological studies – online questionnaire
Dr Allison Hodge, Prof Graham Giles (CEC)

Do retinal vascular measures predict structural change at the knees? A longitudinal study
Prof Flavia Cicuttini (Monash University)
Collaborators: Prof Dallas English, Prof Graham Giles (CEC)

Effect of dietary calcium intake on bone and vascular events: a population-based longitudinal cohort
Prof Peter Ebeling (Melbourne University)
Collaborators: Prof Dallas English, Prof Graham Giles (CEC)

Effect of physical activity in preventing osteoarthritis
Dr Flavia Cicuttini
Collaborators: Prof Graham Giles, Prof Dallas English (CEC)

Epidemiology of age-related macular degeneration in Health 2020
Dr Luba Robman
Collaborator: Dr Robyn Guymer

Epidemiology of hereditary haemochromatosis
Dr Dorota Gertig
Collaborators: Prof Graham Giles, Prof Dallas English (CEC), Dr Allison Hodge, Prof John Hopper

Ethnicity, cardiovascular disease risk factors and cardiovascular disease mortality
Dr Kevin Rowley, Laima Brazionis, Prof Kerin O’Dea, Prof Andrew Tonkin, Prof Graham Giles (CEC)

International Collaboration for a Life Course Approach to Reproductive Health and Chronic Disease (InterLACE)

Dr Mashra G (University of Queensland), Dr Fiona Bruinisma, Graham Giles, International Collaborators

InterLACE is funded by the Australian National Health and Medical Research Council (APP1027196).

Legume consumption and relationship to health outcomes
Grains & Legumes Nutrition Council, Collaborators: Prof Graham Giles, Dr Allison Hodge (CEC)

Obesity, Diabetes and Cardiovascular Disease Collaboration
Prof Rachel Huxley (University of Queensland)
Collaborators: International Collaborators, Prof Graham Giles (CEC)

Peripheral blood methylation: a potential biomarker for predicting disease risk
A/Prof Alexander Dobrovic (Peter MacCallum Cancer Centre), A/Prof John Seymour
Collaborators: Prof Graham Giles, A/Prof Gianluca Severi (CEC)

Tasmanian Longitudinal Health Study
A/Prof Shyamali Dharmage, Prof Haydn Walters, Prof Michael Abramson, Prof John Hopper, Dr Melanie Matheson, A/Prof Mark Jenkins Collaborator: Prof Graham Giles (CEC)

Tasmanian Older Adult Cohort (TASOAC)
Prof Graeme Jones, Dr Dawn Atkin, Prof Changhai Ding Collaborators: Prof Flavia Cicuttini (Monash University), Prof Graham Giles (CEC)

Supported by the National Health and Medical Research Council of Australia; Tasmanian Community Fund; Masonic Centenary Medical Research Foundation; Royal Hobart Hospital Research Foundation; and Arthritis Foundation of Australia

Television advertising to promote NHMRC Guidelines for low risk alcohol consumption: experimental study
Prof Melanie Wakefield, Dr Sarah Durkin, Dr Emily Brennan, Dr Helen Dixon (BSD)
National Health and Medical Research Council 2014–2017

The relationship between trends in BMI and joint replacement in Australia
Dr Anita Wulka, Monash University, Dr Anna Peters, Prof Flavia Cicuttini
Collaborators: Prof Graham Giles, Prof Dallas English (CEC)

Welcome Trust Case Control Consortium
Prof Rosalind Eeles, Prof Doug Easton, Prof Graham Giles (CEC), A/Prof Gianluca Severi (CEC)

Cohort of Rheumatoid Arthritis and associations with other conditions
(for example prostate cancer)
What is the influence of alcohol density, price and promotion on trends in adolescents’ drinking behaviours?
A/Prof Vicki White (BSD), Tanya Chikritzhs (National Drug Research Institute), Robin Room (Turning Point Alcohol & Drug Centre), Prof Melanie Wakefield (BSD), Michael Livingstone (Turning Point Alcohol & Drug Centre), Dr Sarah Durkin, Dr Denisse Azar, Agatha Faulkner (BSD)
National Health & Medical Research Council in partnership with Foundation for Alcohol Research & Education (FARE and VicHealth) 2012–201

Research grants awarded in 2014

We fund projects no matter what method of research or cancer type. In fact, some of the following 13 projects will have benefits for all cancers, while others directly look at common cancers like melanoma, breast, and prostate or less common cancers like leukaemia.

They are the best projects in our state, selected because they have the greatest likelihood of advancing our cancer knowledge.

A new target in the chemosensitisation of tumour cells
Dr Andrew Dears, Dr Alessandro Costa
Genome Stability Unit, St Vincent’s Institute of Medical Research, $200,000 (2015-2016)

Tumour type: Breast, Leukaemia
This project investigates new class of enzyme associated with the leukaemia-prone disorder Fanconi anemia. Targeting this enzyme with inhibitors may be a strategy to improve treatment with widely used chemotherapies.

A novel antibody target in melanoma
Dr Andreas Gehren, Dr Katherine Woods, Prof Jonathan Gellin

Tumour type: Melanoma
This project examines the role of a molecule in melanoma and its potential as a target for novel therapies. This may lead to the development of new and/or complementary therapeutic approaches.

Harnessing the immune system against cancer
A/Prof Phillip Darcy, A/Prof Michael Kershaw
Cancer Immunology Research, Peter MacCallum Cancer Centre, $300,000 (2015-2017)

Tumour type: All cancers
This project will employ several novel strategies for enhancing the immune system against cancer. These studies may lead to a more effective therapy for patients.
Hippo pathway molecules as new targets for cancer treatment
Dr Mark Shackleton, A/Prof Kieran Harvey
Research Division, Peter MacCallum Cancer Centre, $300,000 (2015-2017)
Tumour type: Melanoma
This project will explore the potential for melanoma treatment of targeting a newly discovered family of cancer-causing molecules, which are collectively called the ‘hippo pathway molecules’. Although these molecules have important normal functions in cells, they are disrupted in many cancers, including melanoma, in a way that we expect will lead to new cancer treatments via our research.

How does necrotic cell death contribute to colorectal cancer?
Dr James Murphy, Dr Silvia Alvarez-Diaz, A/Prof Matthias Ernst
Tumour type: Bowel
The project explores the role of a recently discovered form of cell death (‘necroptosis’) to initiation and progression of colorectal cancer. We aim to identify new therapeutic approaches to combat advanced colorectal cancer.

Investigating how a novel protein promotes breast cancer
Prof Christina Mitchell, Prof Cathona McLean
Biochemistry and Molecular Biology, Monash University, $99,919 (2015)
Tumour type: Breast
This project studies the role of a novel regulator of breast cancer growth and spread. The results may lead to the identification of a new target for breast cancer treatment.

Investigating the role of the Epstein-Barr virus in certain types of lymphoma
Dr Gemma Kelly
Molecular Genetics of Cancer Division, The Walter and Eliza Hall Institute of Medical Research, $300,000 (2015-2017)
Tumour type: Lymphoma
This project investigates the role of a virus called the Epstein-Barr Virus in certain types of lymphoma. The results will further our understanding of how viruses in general can contribute to cancer and will inform the design of novel drugs that could target viral proteins for the treatment of patients.

Non-chemotherapy drug combinations to turn on suicide genes in lymphoma cells
Dr Jake Shortt, Prof Ricky Johnstone
Gene Regulation Laboratory, Peter MacCallum Cancer Centre, $299,073 (2015-2017)
Tumour type: Leukaemia, Lymphoma
This project will optimise how to give a new class of drug that turns genes on and off in lymphoma cells. By working out how lymphoma cells become resistant to this new drug class, we will determine which existing drugs are best to combine with to achieve cures.

Tailored therapies for blood cancer
Dr Michaels Walbey, Prof Ricky Johnstone, Prof John Seymour
Tumour type: Leukaemia, Myeloproliferative Neoplasms (MPN), Paediatric leukaemia
This project develops therapies tailored to the pathogenic changes that occur in blood cancer cells. This will help to treat patients more effectively and to prevent the development of therapy resistance in these cancers.

The aldosterone receptor in breast cancer
Prof Peter Fuller, Dr Ann Drummond, Dr Morag Young, Prof Christine Clarke
MIMR-Phil Institute of Medical Research, $300,000 (2015-2017)
Tumour type: Breast
There is a need for novel approaches to the management of breast cancer. We have identified a potential, unexpected role for the receptor for the adrenal steroid hormones, aldosterone and cortisol in breast development and in breast cancer. This project will clarify and characterise the role of this receptor, the mineralocorticoid receptor in breast cancer.

Non-chemotherapy drug combinations to turn on suicide genes in lymphoma cells
Dr Jake Shortt, Prof Ricky Johnstone
Gene Regulation Laboratory, Peter MacCallum Cancer Centre, $299,073 (2015-2017)
Tumour type: Leukaemia, Lymphoma
This project will optimise how to give a new class of drug that turns genes on and off in lymphoma cells. By working out how lymphoma cells become resistant to this new drug class, we will determine which existing drugs are best to combine with to achieve cures.

Tailored therapies for blood cancer
Dr Michaels Walbey, Prof Ricky Johnstone, Prof John Seymour
Tumour type: Leukaemia, Myeloproliferative Neoplasms (MPN), Paediatric leukaemia
This project develops therapies tailored to the pathogenic changes that occur in blood cancer cells. This will help to treat patients more effectively and to prevent the development of therapy resistance in these cancers.

Understanding how LRH-1 controls breast cancer development
Dr Colin Cynne, Dr Ashwini Chand, Prof Evan Simpson
Cancer Drug Discovery, MIMR-Phil Institute of Medical Research, $300,000 (2015-2017)
Tumour type: Breast
This project studies the role of a specific molecule in breast cancer growth and development. The results will allow a better understanding of how breast cancer cells divide and spread, and may lead to new treatment opportunities.

Treating prostate cancer by protecting the mechanism for cancer suppression
Prof Ygal Haupt, Dr Shahneen Sandhu
Sir Peter MacCallum Department of Oncology, The University of Melbourne, $300,000 (2015-2017)
Tumour type: Prostate
This project will explore the importance of protecting the suppression of cancer as a novel mechanism to treat prostate cancer. The project will define the best combinations of drugs for this treatment.

Novel approaches to treat refractory haematological malignancies
Prof Rosa Harrison, Dr Simon Harrison, A/Prof Andrew Wei
Division of Research, Peter MacCallum Cancer Centre, $300,000 (2015-2017)
Tumour type: Leukaemia, Multiple myeloma
Uncontrolled cellular growth is a hallmark of cancer, however, targeting the crucial rate-limiting step of cell growth – the synthesis the molecular machines that make protein, called ribosomes, has remained elusive as a potential cancer treatment. We have developed the first selective inhibitor of this process, CX-5461, which has shown huge potential to treat human blood cancers and is in clinical trial. This project will identify novel combination therapies centred on targeting ribosomes to treat subclasses of human blood cancers that are incurable.
Thank you to our supporters

We would like to extend an extra special thank you to every individual, organisation, fundraising team and volunteer group who raised funds or donated to Cancer Council Victoria in 2014.

Your support and generosity is greatly appreciated.

Research Awards

A number of individuals and organisations donated or raised more than $5000 in 2014 and elected to support a particular area of investigation through a Research Award. We thank them for their generosity.

AIA Australia Research Award
Banyule Netball Association Research Award
Beauamni RSL ladies and their friends Research Award
Benalla Community Research Award
Betty May Smith Research Award
Blue Label Pty Research Award
Bunnings Group Research Award
Cassia Breast Cancer Support Group Research Award
DJ & LM Fox Research Award
Eileen Muriel Atkins Memorial Research Award
FLSmith ABON Research Award
Gabe and Anthony North Research Award
Geoff Matches Memorial Research Award
George Hume Crawford Research Award
Goodlife Health Club – Point Cook Research Award
Helena Bitter Research Award
In adoration of our father Giovanni Alfonso Research Award
In honour of Alex Fisher Research Award
In honour of Kelly Ann Velt Research Award
In honour of Kristene ‘Krispy’ Ann Merlo Research Award
In Honour of Lucy Gauci and all our supporters Research Award
In memory of Aileen Margaret Fowler Research Award
In memory of Amanda Ferguson Research Award
In memory of Angelina Lee Research Award
In memory of Dean Bailey Research Award
In memory of Elsie Coils Research Award
In memory of Geoff Milten Research Award
In memory of my mother, Wendy Anne McLean Research Award
In memory of Trevor Taylor Research Award
In memory of Zoe Emily Unwin Research Award
J R Beckingsale Fund Research Award
James L Rafferty Memorial Research Award
Janet Latimer Research Award
Janetta Thompson Memorial Fund Research Award
John & Christine Peterson Research Award
John Bartlett Memorial Research Award
June Ross Research Award
Mandy, Sharon and Gloria Research Award
Margaret Rafferty Research Award
Michael Griffiths Research Award
Michelle Bernadette Peterson Research Award
Mr Basil Moss Research Award
Mrs Thomas Research Award
Neil Haysom Research Award
Olive Bethell Memorial Research Award
Pauline Speedy Research Award
Penny Batty Research Award
Peter L Research Award
Portarlington Community Research Award
Research Raisers Research Award
Rona Bell L Research Award
Ronald James Skinner Research Award
Ronald John Bruce Research Award
Saints & Deakin Baseball
Pink Day Research Award
Simone Reynolds in honour of Debi Gallichio Research Award
Sisters With Blisters Research Award
Stuart & Wayne Charge Research Award
Stuart Douglas Shelley Memorial Research Award
Sue Arundel Research Award
Tenix Solutions Research Award
The Bob Neilson Research Award
The Broady Bunch Research Award
The Club Italia Research Award
The Danny Strickland Research Award
The Heather Green Liver Cancer Research Award
The Imperium Group Research Award 2014
The Knox Club Research Award
The Lee Alexander Research Award
The Lindamie Research Award
The Mark Barrett Research Award
The Miriam Faridon Research Award 2014
The Paulusz Family Foundation Research Award 2014
The Pink Butterfly Ladies Research Award
The Rosie James Research Award
The Sacco Family Research Award
The Thipsada Kumar Research Award
The Tuxedo Research Award 2014
The Wendy Carroll Fight For Life Research Award
The Yvonne Fehlberg Research Award
Theresa White Research Award
To finding the cure Research Award
ToyBox International Research Award
Val Secomb Memorial Fund Research Award
Val Straker Fellowship Research Award
Victorian Quilters Research Award
Volunteer Groups Research Award
Women Everywhere from Siler & Sidari Research Award

Relay For Life Teams

These Relay For Life teams chose to direct the funds they raised into a Research Award. We thank all contributors for their support of cancer research in 2014.

Relay For Life Season 1
3 Ways Research Award
4EVA Angels 2012 Research Award
Alison’s Angels Research Award
All Sorts Research Award
Ancora Invincibles Research Award
Assumption College Students Research Award
Ballarat Balladonors Research Award
Barbarians Research Award
Beacon of Hope Research Award
Beaconhills College Pakenham Campus Millit House Research Award
Beechey Jed’s Research Award
Bendigo Community Bank Research Award
Sandringham Research Award
Berwick College Research Award
Beverley Lindstrum Research Award
Brady Bunch Research Award
Bright Sparks Research Award
Brightest Star Legends Research Award
Brother’s In Arms Research Award
Brumby’s Babes Research Award
BTKA Nic Abba’s Fight Research Award
Cancer Busting Fairies Research Award
Carnival Research Award
Carmen Get Fit For Life Research Award
CCB Research Award
Chris Field Research Award
Chris Peake Real Estate Research Award
Commonwealth Bank RAB Research Award
Horsram Research Award
Community Axis Enterprises Research Award
Crease House Beaconhills Pakenham Research Award
Crossroads Uniting Church Research Award
Crowe Horwath (Aust) Pty Ltd Research Award
Cruading Councillors For Life Research Award
Research Award
Embrace Research Award
Eyes Right Research Award
Fairies of Joy Research Award
Fight Back Research Award
Fluor Melbourne Research Award
For The Ones We Love Research Award
Ford Fairlane & Classic Cruisers Research Award
Fr Mick’s Mates Research Award
Geoffrey Robert McCann Research Award
Harry’s Cuddlers Research Award
Heart and Sole Research Award
Heroes and Heroines Research Award
Highview Accounting Research Award
Holy Trinity Trekkers Research Award
Hope For The Future Research Award
Hoppers Crossing Fireys Research Award
Horsham Coles Relay for Life Team Research Award
Horsham Primary School Research Award
Images Restaurant Staff Research Award
In honour of Anthony Battle Research Award
In honour of Daniel Lucas Cahill Research Award
In honour of Darren and Beverly Hughes Research Award
In honour of Ignazia La Fauzi Research Award
In honour of Melissa Sheldon Research Award
In honour of Michael Mutton Research Award
In honour of Rotary Club of Cobden Research Award
In It For Love Research Award
In Loving Memory of Diane Budd Research Award
In Loving Memory Research Award
In memory of all those who have been touched by cancer Research Award
In memory of Damian Williams Research Award
In memory of Donna Robinson Research Award
In memory of Geoffrey David Anson Research Award
In memory of Gil Simons Research Award
In memory of Grace Howard Research Award
In memory of Ivan Harmat Research Award
In memory of Jennifer Crouch Research Award
In memory of John Grist Research Award
In memory of Joyce Pearce Research Award
In memory of Karen Finn Research Award
In memory of Mark Galgano Research Award
In memory of Neil Roberts Research Award
In memory of Olivia Carland Research Award
In memory of Ros Raitman and Simon Pitt Research Award
In memory of Stacey Feminio Research Award
In memory of Viv Barrie Research Award
Jack’s Batt Research Award
Jan Catton Research Award
JEDI Research Award
John Kapetanovski Research Award
Kate Armbruster Research Award
Katrina Wakeling Research Award
Kayebelles Research Award
Kelpie Krew Research Award
Keppel Prince Engineering Research Award
Kicking Cancer’s Arse Research Award
Kidz 4 Kidz With Cancer Research Award
Kipper Mercury Removal Project Research Award
Kooyong Colts Research Award
La Trobe Terrace Church of Christ Bumblebees Research Award
Lifestyle Warragul Research Award
Little Lebowskies Research Award
Lollipop Lappers Research Award
Lowara Hall Anglican Grammar School Relay For Life Team Research Award
Loyola College Team Research Award
Lynne and Wendy’s Walkers Research Award
MADOG Research Award
Makin and Luby Motors Research Award
Mamma Mia Research Award
Melbourne Welsh Research Award
Melton Fire Brigade Research Award
Move it or lose it Research Award
Mum’s On The Run Research Award
Naptime at the Finish Line Research Award
Nat Stars Research Award
Natasha Research Award
Happy Feet
Odd Bods Heathcote Research Award
On Track Research Award
Our Pink Circle Research Award
Palcarers Research Award
Paramount Health & Fitness Research Award
Pathological Walkers Research Award
Patties Foods Research Award
Peninsula Favoured Research Award
Pennisi Real Estate Research Award
Pete’s Posse Research Award
Porcupines of Paris Research Award
Purple Power Research Award
Quadrant Securities Portland Research Award
Ramps Warriors Research Award
Remembering Barb Research Award
Road Runners Research Award
Rotary Club of Essendon Research Award
Rotary Club of Yanvall Research Award
Rowville Fire Brigade Research Award
RunForestRun Research Award
SJZ White Research Award
Shining Stars Research Award
Smartline Research Award
Soho Striders Research Award
SONIA Research Award
St Brigid’s College Research Award
St Margaret’s Berwick Grammar School Research Award
Sternits and Friends Research Award
Strategem Research Award
Such Is Life Research Award
Sullivan Striders Research Award
Team Best Bottlers Research Award
Team BTKA Research Award
Team Carmel Research Award
TEAM CUTAJAR Research Award
Team Capezio Research Award
Team Jess Research Award
Team Justice Bendigo Research Award
Team Kermit Research Award
Team Kinders Together Research Award
Team Krissygem Research Award
Team Simplex Research Award
Team Spirit Research Award
Team Troup Research Award
The 615 Fun-PACERS in memory of Bruce Ward Research Award
The Amigo’s Research Award
The AV Angels Research Award
in support of Andrew Winkler
The Avoca Mob Research Award
The Bald and the Beautiful Research Award
The Biohazards Research Award
The Bravehearts Research Award
The Christine Hanna Research Award
The Faye Smith Research Award
The Fran Williams Research Award
The Geelong College Research Award
The Kate Dawes Research Award
The Lioness Club of Berwick Children’s Research Award
The Michele King Rainbow Research Award
The Nutti Research Award
The Paul Carolin (Team Flatty and Flatty’s Army) Research Award
The Physicals Research Award
The Randoms Research Award
The Rose Williams Research Award
The Sleepwalkers Team Research Award
The TERCinators Research Award
The Walkaholics Research Award
Tiff’s Team Research Award
Timboon Pharmacy Mooovers Research Award
Timboon Railway Trailers Research Award
Tiny Taus Research Award
TNS Natimuk Nightingales Research Award
Tony Valls and John Hamilton Research Award
Trevor Gibson Research Award
Trugin On Research Award
Two Jeans Research Award
Valulife Research Award
Vicious and Delicious Research Award
Violet Town Garage & Engineering Research Award
Walk for Hope Research Award
Walk ‘N’ Talk Research Award
Walker Talkers In Support of Angela Berkhout Research Award
Walking For A Cure Research Award
Watts Price Accountants Research Award
We Care Always Research Award
We Will Together Research Award
Westpac Spartans Research Award
Where’s Wally Research Award
Willing Walkers Research Award
Women of Note Research Award
You’ll Never Walk Alone Research Award
Zonta Melton Power Research Award
Relay For Life Season 2
1000 Origami Cranes Research Award
Ando’s Angels Research Award
Anne Woodsell Research Award
Are We There Yet? Research Award
Audrey Cody Research Award
Balcombe Grammar School Research Award
Barbara Stevens Research Award
Barry’s Beena Believer’s Research Award
Betty Sutton Research Award
BM Informers Research Award
Bright Stars Research Award
Brighton Grammar School 2014 Research Award
Carlos Brady Research Award
Casey Walkie Talkies Research Award
CFO Research Award
Cancer Council Victoria Annual Review 2014
Charity, Hope and Faith Research Award
Choock’s Research Award
Churchill Champions Research Award
Darryl Hiddle 67 Research Award
Djemiwarh Health Clown Doctors Research Award
Don! For Da Cors Research Award
EST on the Move Research Award
F.E.A.R – Face Everything And Rise Research Award
Fairy Godmothers Research Award
FFJ Gold Strength Research Award
Fitzbank Grammar School Research Award
Foodies Research Award
For Our Everyday Heroes Research Award
Frederick James Day Research Award
FXCIP&T Turtles Research Award
GEC Getting Even with Cancer Research Award
Grace Pinkham Research Award
Graeme Casey Research Award
Happy Feet Research Award
Harry McCowan Research Award
Healthier Mankind Research Award
In Memory of Mr Graeme Casey Research Award
In Memory of Mr Bruce Hearne & Mr Ziggy Celms Research Award
In Memory of Mr Graeme Casey(HFPF) Research Award
In memory of Shirley Anderson Research Award
In memory of Stephen and Lynne Research Award
In memory of Stevon Virtue Research Award
Jacqui Ryan Research Award
Jennifer Legends Research Award
John Anthony Galea Research Award
Kicking Cancer’s Ass Research Award
JUST Keep Running Research Award
Kevin Owen Research Award
Khe Sanh Research Award
Lavalla Legends Research Award
Lions Club of Diggers Rest Research Award
Lorna Selkirk Research Award
Lymphomaniacs Research Awards
Mac Sandercock Research Award
Maddhatters Research Award
Mandy Clowes Research Award
Mary’s Heroes Research Award
Matt’s Maters: “Are We There Yet?” Research Award
Merv Stewart Research Award
Moe Mad Hatters Research Award
Moon Walkers Research Award
Morris & Shakers Research Award
Mrs Browns Feckin Girls Research Award
Murrumbeena Community Bendigo Bank Research Award
NAB Agribusiness + Business Banking (Melb & SE Vic) Research Award
Norma Leonard Research Award
On behalf of Sylvia’s Angels – In honour of Bill Boodrokozy Research Award
Osley Residents Research Award
Penpals Research Award
Peter Barre Research Award 2014
Pharmacy Research Award
Pink Butterflies Research Award
Pink Ribbon Warriors Research Award
Poolies Accountants Research Award
Relay For Love, Love For Relay Research Award
Rhonda Coxall Research Award
Ringwood Private Hospital Hopes and Dreams Research Award
Roslyn Myers Research Award
Rotary Club Bentleigh
Moarabin Central and Friends Research Award
Sally Matthews Research Award
Sarah McCorquodale Research Award
Seymour Cancer Unit Research Award
Simon Rosendal Research Award
Sparkling Chicks Research Award
St George Preca Catholic Primary School Research Award
St. Paul’s Anglican Grammar School Tralagon Year 6 Research Award
Stride Events Research Award
TAC Research Award
Team Deacon Research Award
Team Giddy Up Research Award
Team Light Blue Research Award
Team Sue Research Award
The Brennan Family and Friends Research Award
The Crazies Research Award
The Drysdale Clinic Research Award
The Glen & Karen Research Award
The Helen, Julie, Gordon and Rhiannon Research Award
The Kim Westwood / Clip Clop For Cancer Research Award
The Lions Club – Hamlyn Heights – PGLD Research Award
The Lonny Legends – Childcare Workers from Point Lonsdale Research Award
The Pink Ladies Castlemaine Research Award
The Walkers To Remember Research Award
The Warriors Research Award
TNT Sure We Can Research Award
Twinkle Toes Research Award
Tyler’s Fighters Research Award
Wish Upon a Cure Research Award
Woolies Bandits Research Award
Young At Heart Research Award
Your Prosperity Research Award

Major Donors
We would like to sincerely thank the following generous major donors which supported Cancer Council Victoria in 2014.

Chris Legge
Deborah Lee
Gloria Way
Howard Paul
Jean Drury
John & Annie Paterson
John & Lorraine Bates
Melville & Suzanne Edwards
Ms Jenny Tatchell
Tony Szefczekzy
We would also like to extend our sincere thanks to the many generous donors who support us anonymously.

Corporate Partners
We thank the following businesses, which made large donations, sponsorships or in-kind support to Cancer Council Victoria in 2014

Amcal
ANZ
Best & Less
Caltex
Coles Express
Coles Group
Curves
Cycling Victoria
Essendon Football Club
ExxonMobil
Geneva Marketing (Sylk)
Gordon & Gotch
Ikea
Imperium
Melbourne Cleaning Cloths
Millers
New Balance (PRD)
Ordemare POS
PhoneCycle
PWC
Ritchies Stores Pty Ltd – Head Office
Sinclair Dermatology
StarTrack
TDJ Australia Pty Ltd
Toll
Woolworths

Trust Donations over $10,000
We thank the following philanthropic trusts, which made financial contributions to our cancer control projects in 2014.

E.J. Whitten Foundation
Glenwood Foundation
Joe White Bequest
L.E.W. Carthy Charitable Fund
Merrin Foundation
Percy Baxter Charitable Trust
managed by Perpetual
Tenix Foundation
The Bell Charitable Fund
The Cassidy Bequest Gift Fund
The Cubit Family Foundation
The Eirene Lucas Foundation
The Harry Seccomb Foundation managed by Perpetual
The Ian Potter Foundation
The Kilwinning Trust
The Lionel & Yvonne Spencer Trust
managed by Perpetual
The Miller Foundation
The Stuart Leslie Foundation
William Angliss (Victoria) Charitable Fund
William G Maxwell Trust
Wood Family Foundation

Workplace Giving Partners
We thank the following Victorian Workplace Giving Partners, which donated over $10,000 to support the work of Cancer Council Victoria in 2014.

AGL Energy Limited
AHL Alliance Australia Insurance Ltd
Amcor Business Solutions
ANZ Banking Group Ltd
Artum Mining and Materials
One Steel Trading Ltd
ATO Department
Australia Post
Caltex Australia Petroleum Pty Ltd
Cash Stop
CGU Insurance Ltd
Deutsche Bank
Foxtel Cable Television Pty Ltd
Insurance Australia Group
Haymarket
Microsoft Pty Ltd
Orica Australia Pty Ltd
Perpetual Trustees Australia Ltd
Pricewaterhouse Coopers
Service P/L
Rabobank
Telstra Corporation
The Qantas Foundation
Voila Transport
Westpac
Telstra
Swan Insurance (CGU)
Super Partners
Southwest Venue $63,100
South Gippsland Venue $22,300

Cesar Aldea – Across the Bay to
Conquer Cancer
Christopher Thomas
Conrad Bates – C3
Don Prout – One Million Steps to
Stamp out Cancer
Johana and Celine Radi
Kevin Walsh – Fight for Life
Kieren Devissier – Cycle for Cancer
Melbourne Bride
Nicholas Furnari – Show N Shine
Quambatook Community
Sophia Barbagallo – ToyBox Int!
Stephen Nardi – Shave the Beard
The Tuxedo Project 2014
Tuxedo Junction 2014 Committee
Thank you to all our Run
Melbourne fundraisers who
together raised $77,000
Thank you to all our Melbourne
Marathon fundraisers who
together raised $22,000
Thank you to all our Run the
Rock fundraisers who together
raised over $7,000
Thank you to all our City2Sea
fundraisers who together
raised almost $15,000
Thank you to the Golf and Bowls
clubs that held a charity day who
together raised over $33,000
Thank you to all the Brides &
Grooms who ordered our wedding
bonbonnieres who together
raised over $125,000
Thank you to all our 7 Parks Walk
fundraisers who together
raised over $103,000
Thank you to all our Color Run
fundraisers who together raised
over $14,000
Thank you to all Electric Run
fundraisers who together raised
over $17,000
Thank you to all our Cycle
Series fundraisers who together
raised almost $15,000

Golf events
We wish to thank the following
Corporate Golf events, which
together raised over $100,000
to support our work in 2014.

ANZ Corporate Banking
Association of Consulting
Surveys Victoria
Bunnings Warehouse
Longest Golf Day
Knox Club
PACV Golf Day (Michael Griffiths)
Tony Preece Memorial Golf Day
Rosebud Country Club

Call To Arms
Our sporting community
fundraising events raised
awareness of cancer in men
and over $85,000 in 2014.

Relay For Life
We thank all the Relay For Life
participants and committees
throughout Victoria who together
raised almost $6.2 million in 2014

Albert Park Venue
Blue Mountains Venue
Bairnsdale (East
Gippsland) Venue
Ballaarat Venue
Bayside Venue
Bellarine Venue
Bendigo Venue
Brimbank Venue
Cardinia Venue
Caroline Springs
Casey Venue
Castlemaine Venue
Colac Venue
Corangamite Venue
Cranbourne-Narre
Dandenong Venue
Darbin Venue
Diamond Valley Venue
Docklands Venue
Doreen Venue
Echuca Venue
Frankston Venue
Geelong Venue
Hawthorn Venue
Heyfield Venue
Hobsons Bay Venue
Horsham Venue
Hume Venue
Kingston Venue
Knox Venue
Kyneton Venue
Lancefield/Macedon
Ranges Venue
Lantrove Valley Venue
Mannington Venue
Marybyrnong Venue
Maryodah Venue
Maryborough Venue
Melbourne CBD Venue
Melton Venue
Mildura Venue
Moonee Valley Venue
Moorabool Venue
Moreland Venue
Mornington Peninsula
Venue
Murrumbeena Venue
NAB
Phillip Island Venue
Point Cook Venue
Seymour Venue
Shepparton Venue
South Gippsland Venue
South West Venue
Stonnington Venue
Strathdale Venue
Sunbury
Surf Coast Venue
Swan Hill Venue
Wallan Venue
Wangaratta Venue
Warrnambool Venue
West Gippsland Venue
Whitehorse Venue
Whitflesea Venue
Wonthaggi Venue
Wyndham Venue
Yarra City Venue
Yarra Ranges Venue

Thank you to participating sports
leagues, clubs, players and
officials from Australian Football,
Basketball, Soccer, Hockey,
Netball, Cricket and Baseball.
Thank you also to Melbourne
Storm and to our event partner,
Essendon Football Club.

Volunteer Groups
We thank all our Cancer Council
Volunteer Groups for their
significant contribution in 2014.
The Volunteer Groups raised
more than $400,000 through their
fundraising efforts.

Bairnsdale
Bendigo
Camperdown
Colac
Dimboola
Frankston
Geelong
Horsham
Karnia
Korumburra
Maffra
Moe
Mornington Peninsula
Nhill
Portland
Sale
Seymour
Shaperton
Surf Coast
Timboon
Traralgon
Warrangaratta
Warrnambool
West Gippsland
Yarran and District

Special Funds
A number of people have
established an ongoing fund for
cancer research. We gratefully
acknowledge their contribution
and continuing support in 2014.

John Bartlett Memorial
Research Award
Established in 1993 by Margaret
Rafferty in memory of her brother,
to support research related
to cancer prevention.

Brian Beasley Memorial Fund
Established by Sue and Cliff
Beasley in memory of their son,
Brian, who died from leukaemia
in 1950.
John Richard Beckingsales Fund
Established in 1983 under the terms of the Will of the late Alice Hill, to support cancer research workers.

G F Carden Cancer Research Fund
Established in 1948 with a bequest from George F Carden, to support cancer research and fund the Carden Fellow.

Sir Edward Dunlop Clinical Research Fellowship
Established in 1994 as a special fund from public donations, to support a research fellowship in honour of our long-term patron and supporter, Sir Edward (‘Weary’) Dunlop.

Queenie & Edgar Gatt Special Fund
Established in 2013 by the late Dr Edgar Gatt in memory of his dearly beloved wife Queenie Gatt to support our Grants-in-Aid Program – Funding of new cancer researchers around Victoria.

The Picchi Brothers Medical Postgraduate Research Scholarship
Established in 2010 by the Picchi Brothers Foundation to support cancer research.

James L Rafferty Memorial Research Award
Established in 1993 by Margaret Rafferty, in memory of her husband, to support research related to cancer prevention.

Margaret Rafferty Research Award
Established in 1993 by Margaret Rafferty, to support research related to cancer prevention.

Val Secomb Memorial Fund
Established in 1994 by Harry Secomb, in honour of his wife, Val, to fund a major fellowship. Awarded annually, the Val Secomb Fellowship supports research that promotes the prevention, detection or treatment of breast cancer.

Sydney Parker Smith Postdoctoral Cancer Research Fellowship
Established in 2005 with a bequest from the late Sydney Parker Smith, to support two young biomedical postdoctoral research fellowships annually.

Val Straker Fellowship
Established in 1998 from the estate of the late Valerie Straker, to support breast cancer research.

Janetta Thompson Research Award
Established in 1994 in memory of Janetta Thompson, to support cancer research.

Victorian Lions Fellowship
Established in 1977, to support a cancer research laboratory and fellowship.

Estates
We acknowledge the generous distributions received from the following estates in 2014.

Emmanuel Altard
Mary Lilian A’Vard
Peter Robert Bailey
Lindsay James Belody
John Robert Ball
Arthur Bolton R Barlow
Gwenneth Mary Barnes
Helen Blockley
Lyndall Angsique Blyth
The William & Georgina Bradshaw Foundation
Dorothy Marie Branch
Harold & Cora Brennen Cancer Research Fund
Janis Aleksandrs Brenneris
Edna Edith Brophy
Doris Evelyn Burkhart
Joyce Mary Carah
George Frederick Carden Cancer Research Fund
Norman Wesley Carroll
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Henri Layard Colquhoun
Michael & Patrick Condon Memorial Trust
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Mary Theresa Cromie Charitable Trust
The Erica W Cromwell Trust
Madeline Crump & Madeline Williams Trust
Lilian Meta Davie
Philippe Andrei Davies
Hardie-Ansell Trust
Peter Deen
Clarice Nellie Dibbin
Gregory Joseph & Zig Dickson Trust
Linda Rose Dowel
The Druny Trust
Arthur Dunn
Constance Joyce Edgcumbe
Louise Margaret Edwards
Keith & Mary Edwards Trust
The Allan Elkington Memorial Trust Fund
Ethel Maud Ellegte
Alexander Farkas
Elizabeth Farrell
Mary Ellen Flanagan
Barbara Mary Fleming
Grace & Herbert Foulkes Charitable Trust
Edna Alice Fowler
Grace Ella Fraser
Jean E H Fraser
Shirley Yvonne Fry
Helen Elizabeth Gadsden
Iris Lorraine Gallow
Hilda Florence Galpin
The Gavin Family Trust
Reginald Surtees Geary
Giles Pannol Dalgleish Trust
Lawrence C Glover
Olive Gwenda Cline Goadley
Shirley Joan Goodwin
Robert Maxwell Graham
Betty Margaret Green
Mavis Eleanor Gwatkin
Kathleen Anne Habla
Mary Alice Haines
Mary Veronica Hall
Rudolph Hally & Pia Martin Memorial Trust
Maria Emily Hanstock
Florence Ann McDonald Hargreaves
Joyce Adelaide Healey Charitable Trust Fund
Gregory William Heard
Pauline Daphne Hearsch
Thomas S Henry in memory of his parents, Tom & Gladys Henry
The Isabel E & Francis J Hickmott Charitable Trust
Georgina Hunter Hodson
N J Horton & Grace Horton Charitable Fund
Kathleen Howard
Leslie Ernest Hudson
Frederick Walter Hunt
Noreen Agnes Jensen
Linda Joyce Jones
John Henry Jones
Dorothy Rose A K Jurgens
William Hugh Kemm
Leslie Claire Kemp
Mary Eva Kentish
Roy George & Valma Doris Kermoda
Jean Rosemary King
Robert Geoffrey Knight
Betty Eudora Lady
Marjorie Grace Lawn
Karl Andrew Leake
Marjorie Ella Leaney
Irene Maud Leaver
Dorothy Camille Leek
Walter Leiper
Lesley Joyce Lewis
Victoria May Lienhop
Sarah Josephine Logue
Louise Arnold Lothian
Judith Frances Love
Dorothy Marie Love
Louie Viner Lunt
Anthony Lux
John Fitzgerald Lynch
Margaret Dorothy MacDonald
Lindsay James Makem
Alan William Malcolm
Vera Estella Male
Margaret Lorraine Manners
Tola Mariampolski
Violet Vines Marshman
Kenneth McDonald Martin
Joseph Norman Mason
Annie Gladys Matthews
Ellen Jean Matthews
Patricia McArthur
Sarah Amy McCombe
Norman Leonard McFadden
James Henry McGarrigle
Albert James Donald McGill
Margaret Joy McKenzie
Robby Janice McMillan
Rachael Margaret McNab
Annette McMasters
Barbara Meerkin
Evelyn Millowick
Ralph Walter Mitchell
Doris Rose Moore
Gay Lorraine Nelson
Jean Rose Nettleton
Arcangelina Niglia
William Robert Noble
Jessie Victoria Notman
Patricia Jean Nutt
Leslie Grace Olsen
Eileen Mary Olsen
Elizabeth Peters Orbell
Valerie Heather Oswin
Joan Kathleen Parr
Josephine M Patterson
Josefie Patterson Trust
Mona Isobel Paul
Jean Lilian Paynter
Ronald Victor Peck
The Nancye Kent Perry Medical Research Memorial Fund
M A & V L Perry Foundation
Marie Olive Petrie
Archibald Henry Petschack
Natalie Agnes Pettigrew
Victor Russ Pittman
Charitable Fund
Mary Jane Polinelli Foundation
The Pauline Kent Perry Medical Research Memorial Fund
Ronald Victor Peck
Maria Olive Petrie
Ethel Maud Elleget
Barbara Meerkin
Annette M Waters
Margaret Joy McKenzie
Robby Janice McMillan
Rachael Margaret McNab
Annette McMasters
Barbara Meerkin
Evelyn Millowick
Ralph Walter Mitchell
Doris Rose Moore
Gay Lorraine Nelson
Jean Rose Nettleton
Arcangelina Niglia
William Robert Noble
Jessie Victoria Notman
Patricia Jean Nutt
Leslie Grace Olsen
Eileen Mary Olsen
Elizabeth Peters Orbell
Valerie Heather Oswin
Joan Kathleen Parr
Josephine M Patterson
Josefie Patterson Trust
Mona Isobel Paul
Jean Lilian Paynter
Ronald Victor Peck
The Nancye Kent Perry Medical Research Memorial Fund
M A & V L Perry Foundation
Marie Olive Petrie
Archibald Henry Petschack
Natalie Agnes Pettigrew
Victor Russ Pittman
Charitable Fund
Mary Jane Polinelli Foundation
Amanda Jane Poon
Marion Popplewell Charitable Trust
Donald George Potts
Bruce Leslie Powell
Euphemia Rosemary Rawson
Jack Mac Donald Reid
Alfred Reid
Danuta Rogowski
Elizabeth Joan Ronalds
Lesley Betty Rothchild
Doris Thelma Rowe
Charitable Trust
Bryan Hill Rowe
Katrina May Russell Foundation
Dorothy Rutter
Acknowledgements

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Contributors

All donations over $2 are tax deductible.

Cancer Council Victoria acknowledges the support of the Victorian Government.
ANTI-CANCER COUNCIL OF VICTORIA
(Operating as CANCER COUNCIL VICTORIA)

FINANCIAL STATEMENTS
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2014
FINANCIAL STATEMENTS
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2014

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Cash flow statement 6
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Declaration by Officers 51
### COMPREHENSIVE OPERATING STATEMENT

**FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2014**

<table>
<thead>
<tr>
<th>Note</th>
<th>2014 $'000s</th>
<th>2013 $'000s</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CONTINUING OPERATIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>INCOME FROM TRANSACTIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Charitable support</td>
<td>2</td>
<td>32,998</td>
</tr>
<tr>
<td>External program funding</td>
<td></td>
<td>23,843</td>
</tr>
<tr>
<td>Dividends, distributions, interest and imputation credits from financial assets</td>
<td>3</td>
<td>3,021</td>
</tr>
<tr>
<td>Royalties, fees for service and others</td>
<td></td>
<td>2,495</td>
</tr>
<tr>
<td>Retail operations:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Sales of goods</td>
<td></td>
<td>3,194</td>
</tr>
<tr>
<td>- Cost of goods sold</td>
<td></td>
<td>(1,044)</td>
</tr>
<tr>
<td>Gross profit on retail operations</td>
<td></td>
<td>2,150</td>
</tr>
<tr>
<td><strong>Total income from transactions</strong></td>
<td></td>
<td>64,507</td>
</tr>
<tr>
<td><strong>EXPENSES FROM TRANSACTIONS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Program services:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Research</td>
<td>4 (a)</td>
<td>24,606</td>
</tr>
<tr>
<td>- Cancer prevention &amp; early detection</td>
<td>4 (b)</td>
<td>20,650</td>
</tr>
<tr>
<td>Charitable support</td>
<td></td>
<td>12,675</td>
</tr>
<tr>
<td>Royalties, fees for services and other</td>
<td></td>
<td>329</td>
</tr>
<tr>
<td>Expenses on retail operations</td>
<td></td>
<td>645</td>
</tr>
<tr>
<td>Administrative support</td>
<td></td>
<td>10,805</td>
</tr>
<tr>
<td><strong>Total expenses from transactions</strong></td>
<td></td>
<td>69,712</td>
</tr>
<tr>
<td><strong>Net result from transactions</strong></td>
<td></td>
<td>(5,205)</td>
</tr>
</tbody>
</table>

**OTHER ECONOMIC FLOWS INCLUDED IN NET RESULT**

<table>
<thead>
<tr>
<th>Note</th>
<th>2014 $'000s</th>
<th>2013 $'000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net holding gain/(loss) on financial assets at fair value through profit or loss</td>
<td>5 (a)</td>
<td>1,337</td>
</tr>
<tr>
<td>Net gain/(loss) on non-financial assets</td>
<td>5 (b)</td>
<td>-</td>
</tr>
<tr>
<td>Other gains/(losses) from other economic flows</td>
<td>5 (c)</td>
<td>(55)</td>
</tr>
<tr>
<td><strong>Total other economic flows included in net result</strong></td>
<td></td>
<td>1,282</td>
</tr>
<tr>
<td>Net result from continuing operations</td>
<td></td>
<td>(3,923)</td>
</tr>
<tr>
<td><strong>Net result for the financial year</strong></td>
<td></td>
<td>(3,923)</td>
</tr>
</tbody>
</table>

**Other economic flows – other comprehensive income**

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Other economic flows – other comprehensive income</td>
<td></td>
<td>-</td>
</tr>
<tr>
<td><strong>Comprehensive result</strong></td>
<td>(3,923)</td>
<td>23,891</td>
</tr>
</tbody>
</table>

*The comprehensive operating statement should be read in conjunction with the notes to the financial statements included on pages 7-50*
# Anti-Cancer Council of Victoria (operating as Cancer Council Victoria)

## BALANCE SHEET

**As at 31 December 2014**

<table>
<thead>
<tr>
<th>Current Assets</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Note</td>
<td>$'000s</td>
<td>$'000s</td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>6</td>
<td>5,235</td>
</tr>
<tr>
<td>Receivables</td>
<td>7</td>
<td>3,478</td>
</tr>
<tr>
<td>Inventories</td>
<td>6</td>
<td>298</td>
</tr>
<tr>
<td>Other financial assets</td>
<td>8</td>
<td>71,729</td>
</tr>
<tr>
<td>Other assets</td>
<td>8</td>
<td>342</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td>81,082</td>
<td>84,591</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-Current Assets</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Property, plant and equipment</td>
<td>9</td>
<td>7,175</td>
</tr>
<tr>
<td>Intangible assets</td>
<td>10</td>
<td>230</td>
</tr>
<tr>
<td><strong>Total Non-current assets</strong></td>
<td>7,405</td>
<td>7,646</td>
</tr>
</tbody>
</table>

| Total assets                                 | 88,487| 92,237|

<table>
<thead>
<tr>
<th>Current Liabilities</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payables</td>
<td>4,548</td>
<td>4,855</td>
</tr>
<tr>
<td>Administered program funding</td>
<td>11</td>
<td>1,016</td>
</tr>
<tr>
<td>Employee benefits provisions</td>
<td>12</td>
<td>4,153</td>
</tr>
<tr>
<td>Provision for research grants</td>
<td>12</td>
<td>6,777</td>
</tr>
<tr>
<td>Lease incentive</td>
<td>12</td>
<td>543</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td>17,037</td>
<td>17,008</td>
</tr>
</tbody>
</table>

## Non-Current Liabilities

<table>
<thead>
<tr>
<th>Non-Current Liabilities</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee benefits provisions</td>
<td>12</td>
<td>510</td>
</tr>
<tr>
<td>Provision for research grants</td>
<td>12</td>
<td>4,711</td>
</tr>
<tr>
<td>Lease incentive</td>
<td>12</td>
<td>4,142</td>
</tr>
<tr>
<td><strong>Total non-current liabilities</strong></td>
<td>9,363</td>
<td>9,219</td>
</tr>
</tbody>
</table>

| Total liabilities                            | 26,400| 26,227|

| Net assets                                   | 62,087| 66,010|

## Equity

<table>
<thead>
<tr>
<th>Reserves</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Note</td>
<td>13.1</td>
<td>45,089</td>
</tr>
<tr>
<td>Accumulated surplus</td>
<td>13.2</td>
<td>16,998</td>
</tr>
<tr>
<td><strong>Total equity</strong></td>
<td>62,087</td>
<td>66,010</td>
</tr>
</tbody>
</table>

| Commitments for expenditure                  | 18    |
| Contingent assets and contingent liabilities | 19    |

*The balance sheet should be read in conjunction with the notes to the financial statements included pages 7 - 50*
## Statement of Changes in Equity

For the Financial Year Ended 31 December 2014

<table>
<thead>
<tr>
<th>Note</th>
<th>Reserves $'000s</th>
<th>Surplus $'000s</th>
<th>Total equity $'000s</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Balance at 1 January 2013</strong></td>
<td>32,944</td>
<td>9,175</td>
<td>42,119</td>
</tr>
<tr>
<td><strong>Net result for the financial year</strong></td>
<td>-</td>
<td>23,891</td>
<td>23,891</td>
</tr>
<tr>
<td><strong>Other economic flows – other comprehensive income</strong></td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total comprehensive income for the financial year</strong></td>
<td>-</td>
<td>23,891</td>
<td>23,891</td>
</tr>
<tr>
<td><strong>Transfer (to)/ from Accumulated surplus</strong></td>
<td>13</td>
<td>18,526</td>
<td>(18,526)</td>
</tr>
<tr>
<td><strong>Balance at 31 December 2013</strong></td>
<td>51,470</td>
<td>14,540</td>
<td>66,010</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Note</th>
<th>Reserves $'000s</th>
<th>Surplus $'000s</th>
<th>Total equity $'000s</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Net result for the financial year</strong></td>
<td>-</td>
<td>(3,923)</td>
<td>(3,923)</td>
</tr>
<tr>
<td><strong>Other economic flows – other comprehensive income</strong></td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total comprehensive income for the financial year</strong></td>
<td>-</td>
<td>(3,923)</td>
<td>(3,923)</td>
</tr>
<tr>
<td><strong>Transfer (to)/ from Accumulated surplus</strong></td>
<td>13</td>
<td>(6,381)</td>
<td>6,381</td>
</tr>
<tr>
<td><strong>Balance at 31 December 2014</strong></td>
<td>45,089</td>
<td>16,998</td>
<td>62,087</td>
</tr>
</tbody>
</table>

The statement of changes in equity should be read in conjunction with the notes to the financial statements included on pages 7 - 50.
Anti-Cancer Council of Victoria (operating as Cancer Council Victoria)

CASH FLOW STATEMENT
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2014

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
<th>Note</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000s</td>
<td>$'000s</td>
<td></td>
</tr>
<tr>
<td><strong>CASH FLOWS FROM OPERATING ACTIVITIES</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Receipts:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receipts from charitable support, retail, royalties and fees for service</td>
<td>43,649</td>
<td>42,115</td>
<td></td>
</tr>
<tr>
<td>Funding for external projects</td>
<td>23,843</td>
<td>24,655</td>
<td></td>
</tr>
<tr>
<td>Net dividends, distributions, interest and imputation credits from financial assets</td>
<td>3,021</td>
<td>2,150</td>
<td></td>
</tr>
<tr>
<td>Goods and Services Tax (GST) recovered from Australian Tax Office</td>
<td>1,869</td>
<td>1,602</td>
<td></td>
</tr>
<tr>
<td><strong>Total receipts</strong></td>
<td>72,382</td>
<td>70,521</td>
<td></td>
</tr>
<tr>
<td><strong>Payments:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research grants</td>
<td>(5,385)</td>
<td>(5,170)</td>
<td></td>
</tr>
<tr>
<td>Payments to suppliers and employees</td>
<td>(65,676)</td>
<td>(50,550)</td>
<td></td>
</tr>
<tr>
<td>GST paid to Australian Tax Office paid</td>
<td>(326)</td>
<td>(3,017)</td>
<td></td>
</tr>
<tr>
<td><strong>Total payments</strong></td>
<td>(71,387)</td>
<td>(58,737)</td>
<td></td>
</tr>
<tr>
<td><strong>Net cash provided by operating activities</strong></td>
<td>14 (b)</td>
<td>995</td>
<td>11,784</td>
</tr>
</tbody>
</table>

**CASH FLOWS FROM INVESTING ACTIVITIES**

|                                | 2014  | 2013  |      |
|                                | $'000s | $'000s |      |
| Purchases of non-financial assets | 9 & 10 | (837) | (7,530) |
| Proceeds from sales of non-financial assets | - | 27,084 |      |
| Proceeds from/(paid to), sales and purchases of financial assets | (5,689) | (28,655) |      |
| **Net cash used in investing activities** | (6,526) | (9,101) |      |

**Net (decrease)/ increase in cash and cash equivalents held**

|                                | 2014  | 2013  |      |
|                                | $'000s | $'000s |      |
|                                | (5,531) | 2,683 |      |

Cash and cash equivalents at the beginning of the financial year

|                                | 2014  | 2013  |      |
|                                | 10,766 | 8,083 |      |

**Cash and cash equivalents at the end of the financial year**

|                                | 2014  | 2013  |      |
|                                | 14 (a) | 5,235 | 10,766 |

The cash flow statement should be read in conjunction with the notes to the financial statements included on pages 7 - 50.
The annual financial statements represent the audited general purpose financial statements for the Anti-Cancer Council of Victoria (the Council) for the financial year ended 31 December 2014.

a) Statement of compliance

These general purpose financial statements have been prepared in accordance with the Financial Management Act 1994 (FMA), the Australian Charities and Not-for-profits Commission Act 2012, and applicable Australian Accounting Standards (AASs), including interpretations, issued by the Australian Accounting Standards Board (AASB).

Where appropriate, those paragraphs of the AASs applicable to not-for-profit entities have been applied.

These annual financial statements were recommended by the Finance, Risk and Audit Committee and subsequently approved by the Executive Committee and authorised for issue by Sarah Clement, Head of Reporting & Analysis.

The following is a summary of the accounting policies adopted by the Council in the preparation of these financial statements.

b) Basis of accounting preparation and measurement

The accrual basis of accounting has been applied in the preparation of these financial statements whereby assets, liabilities, equity, income and expenses are recognised in the reporting period to which they relate, regardless of when cash is received or paid.

Accounting policies are selected and applied in a manner which ensures that the resulting financial information satisfies the concepts of relevance and reliability, thereby ensuring that the substance of the underlying transactions or other events is reported.

These financial statements are presented in Australian dollars, the functional and presentation currency of the Council.

The financial statements have been prepared in accordance with the historical cost convention, except for:

- the fair value of an asset, other than Land and buildings, is generally based on its depreciated replacement value; and
- Other financial assets, which are measured at fair value through profit or loss.

Consistent with AASB 13 Fair Value Measurement, the Council determines the policies and procedures for both recurring fair value measurements such as Property, plant and equipment, and Financial instruments in accordance with the requirements of AASB 13 and the relevant Financial Reporting Directions.

All assets and liabilities for which fair value is measured or disclosed in the financial statements are categorised within the fair value hierarchy, described as follows, based on the lowest level input that is significant to the fair value measurement as a whole, as follows:

- Level 1 — Quoted (unadjusted) market prices in active markets for identical assets or liabilities;
- Level 2 — Valuation techniques for which the lowest level input that is significant to the fair value measurement is directly or indirectly observable; and
- Level 3 — Valuation techniques for which the lowest level input that is significant to the fair value measurement is unobservable.
b) Basis of accounting preparation and measurement (continued)

For the purpose of fair value disclosures, the Council has determined classes of assets and liabilities on the basis of the nature, characteristics and risks of the asset or liability and the level of the fair value hierarchy as explained above.

In addition, the Council determines whether transfers have occurred between levels in the hierarchy by re-assessing categorisation (based on the lowest level input that is significant to the fair value measurement as a whole) at the end of each reporting period.

New and amended standards adopted

The Council has reviewed and applied all new accounting standards and amendments applicable for the first time in their annual reporting period commencing 1 January 2014, and determined that there was no material impact on its financial statements in the current reporting year.

Critical accounting estimates and judgments

In the application of AASs, management is required to make judgements, estimates and assumptions about carrying values of assets and liabilities that are not readily apparent from other sources. The estimates and associated assumptions are based on professional judgements derived from historical experience and various other factors that are believed to be reasonable under the circumstance. Actual results may differ from these estimates.

The estimates and associated assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised and also in future periods that are affected by the revision. Judgements made by management in the application of AASs that have significant effects on the financial statements and estimates, with a risk of material adjustments in the subsequent reporting period, are disclosed throughout the notes to the financial statements.

The following are the critical judgements and assumptions made by management in applying the AASs that have significant effects on the financial statements:

i. Impairment

Management has assessed impairment at each reporting date by evaluating conditions specific to the Council that may lead to the impairment of assets. Where an impairment trigger exists, the recoverable amount of the asset is determined by referring to process in Note 1 k).

ii. Fair value and assets useful lives

Significant judgment and estimates are applied in determining the fair value of Property, plant and equipment, as well as in reassessing the useful lives of Property, plant & equipment and Intangible assets on an annual basis (refer to Notes 1 i) and 1 j)).

iii. Employee entitlements/benefits

Management judgment is applied in determining the following key assumptions used in the calculation of long service leave at the end of the financial year (refer to Note 1 n)):

- future increases in wages and salaries;
- future oncost rates;
- experience of employee departures and period of service; and
- discount rate.
b) Basis of accounting preparation and measurement (continued)

Critical accounting estimates and judgments (continued)

iv. Key sources of estimation uncertainty

The key assumptions concerning the future, and other key sources of estimation uncertainty as at the reporting date, that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year, are discussed, as applicable in the notes to the financial statements.

c) Reporting entity

The financial statements cover the Anti-Cancer Council of Victoria (the 'Council') as an individual reporting entity. The Council is a not-for-profit charity incorporated in Victoria under the Cancer Act 1958.

On 16 October 2014, the Victorian Parliament passed the Improving Outcomes Bill 2014. As a result of the new legislation from 1 October 2015, the Council will be incorporated as a company limited by guarantee.

This brings the Council in to line with all other State and Territory Cancer Councils. The Council will remain a not-for-profit organisation that relies on public support. The day to day operations of the organisation, asset values and staff employment conditions will remain unaffected as a result of this change.

The Council principal address is:

Cancer Council Victoria
615 St Kilda Road
Melbourne Victoria 3004
Australia

d) Scope and presentation of financial statements

Comprehensive operating statement

The comprehensive operating statement comprises three components, being 'net result from transactions', 'other economic flows included in net result', as well as 'other economic flows – other comprehensive income'. The sum of the former two, together with the net result from discontinued operations, if any, represents the net result.

The net result is equivalent to profit or loss derived in accordance with AASs.

This classification is consistent with the whole of government reporting format and is allowed under AASB 101 Presentation of financial statements.
d) Scope and presentation of financial statements (continued)

**Balance sheet**

Assets and liabilities are presented based on their classification as current and non-current assets, and current and non-current liabilities.

The Council has classified as current assets, those assets that are expected to be realised, sold or consumed within twelve months after the end of the financial year; are held primarily for the purpose of trading; and those that are cash or a cash equivalent unless the asset is restricted from being exchanged or used to settle a liability for at least twelve months after the end of the financial year. All other assets are classified as non-current.

Liabilities have been classified as current liabilities, when the liability is due to be settled within twelve months after the end of the financial year; it maintains the liability primarily for the purpose of trading; or the Council does not have an unconditional right to defer settlement of the liability for at least twelve months after the end of the financial year. All other liabilities are classified as non-current.

**Statement of changes in equity**

The statement of changes in equity presents reconciliations of the non-owner and owner equity account opening balance at the beginning of the financial year to the closing balance at the end of the financial year. It also shows separately changes due to amounts recognised in the comprehensive result and amounts recognised in other comprehensive income related to other non-owner changes in equity.

**Cash flow statement**

Cash flows are classified according to whether or not they arise from operating, investing and financing activities. This classification is consistent with requirements under AASB 107 Statement of Cash Flows.

**Comparatives**

Where necessary, comparatives have been reclassified and repositioned for consistency with current year disclosure.

**Rounding**

Amounts in the financial statements (including the notes) have been rounded to the nearest thousand dollars, unless otherwise stated. Figures in the financial statements may not equate due to rounding.

e) **Cash and cash equivalents**

Cash and cash equivalents comprise cash on hand, cash at bank and call deposits. Cash equivalents are short-term, highly liquid investments that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value, normally when they have a maturity of three months or less from the date of acquisition. The fair value at the reporting date of cash and cash equivalents is the same as their carrying amount.

For cash flow statement presentation purposes, cash and cash equivalents includes bank overdrafts (if any) which are included as borrowings on the balance sheet.
f) Receivables

Receivables are recognised initially at fair value and subsequently measured at amortised cost, using the effective interest method, less an allowance for impairment.

A provision is made for doubtful debts (if there are any) when there is objective evidence that the debts may not be collected and bad debts are written off when identified (refer to Note 1 k)).

g) Inventories

Inventories are stated at the lower of cost and net realisable value. Net realisable value is the estimated selling price in the ordinary course of business, less the estimated costs of completion and selling expenses.

The cost of inventories is based on the first-in first-out principle and includes expenditure incurred in acquiring the inventories and bringing them to their existing location and condition.

h) Other financial assets

The Council classifies other financial assets at either fair value through profit or loss that are held for trading or assets held to maturity.

Financial instruments held for trading are classified as current assets and are stated at fair value, with any resultant gain or loss recognised in the comprehensive operating statement as other economic flows. The fair value of financial instruments is their quoted bid price at the balance sheet date. Other financial assets represents the Investment portfolio and are part of financial instruments.

Where these investments are interest bearing, interest calculated using the effective interest method is recognised in the comprehensive operating statement.

Financial instruments classified as held for trading are recognised/derecognised by the Council on the date it commits to purchase/sell the investments.

Any dividends or interest earned on financial assets are recognised in the comprehensive operating statement as income.
NOTE 1 - SIGNIFICANT ACCOUNTING POLICIES (continued)

i) Property, plant and equipment

All Property, plant and equipment are measured initially at cost and subsequently revalued at fair value less accumulated depreciation and impairment.

Where an asset is received for no or nominal consideration, the cost is the asset’s fair value at the date of acquisition.

Land and buildings are measured at fair value with regard to the properties’ highest and best use after due consideration is made for any legal or constructive restrictions imposed on the land, public announcements or commitments made in relation to their intended use. Theoretical opportunities that may be available in relation to the asset are not taken into account until it is virtually certain that the restrictions will no longer apply.

The Council recognises as plant and equipment items that meet the recognition criteria set in AASB 116 Property, Plant and Equipment. Plant and equipment are initially measured at cost and subsequently revalued at fair value less accumulated depreciation and impairment. The fair value of plant and equipment is generally based on its depreciated replacement cost.

The fair value of an asset, other than land and buildings, is generally based on its depreciated replacement value.

Plant and equipment with a cost exceeding $5,000 are capitalised (2013: $5,000).

Where parts of an item of Plant and equipment have different useful lives, they are accounted for as separate items of Plant and equipment.

(i) Revaluation

Land and buildings are independently valued every three years. Revaluation increments or decrements arise from differences between an asset's carrying value and fair value.

Net revaluation increases (where the carrying amount of a class of assets is increased as a result of a revaluation) are recognised in ‘Other economic flows – other comprehensive income’ and accumulated in equity under the asset revaluation surplus. The net revaluation increase is recognised in the net result to the extent that it reverses a net revaluation decrease in respect of the same class of property, plant and equipment previously recognised as an expense (other economic flows) in the net result.

Net revaluation decreases are recognised immediately as other economic flows in the net result, except when the net revaluation decrease is recognised in ‘other economic flows – other comprehensive income’ to the extent that a credit balance exists in the asset revaluation surplus in respect of the same class of Property, plant and equipment. The net revaluation decrease recognised in ‘other economic flows – other movements in equity’ reduces the amount accumulated in equity under the asset revaluation surplus.

Revaluation increases and decreases relating to individual assets within a class of Plant and equipment, are offset against one another within that class but are not offset in respect of assets in different classes. Any asset revaluation surplus is not normally transferred to accumulated funds on derecognition of the relevant asset.

All other plant and equipment are carried at fair value. At the reporting date Plant and equipment is assessed to ensure that the carrying amount of each asset does not differ materially from its fair value.
i) Property, plant and equipment (continued)

(ii) Depreciation

Except for Land, all Property, plant and equipment is depreciated. Depreciation is charged to the comprehensive operating statement on a straight-line basis over the estimated useful lives of each part of an item of Property, plant and equipment. The depreciation rates in the current and comparative period are as follows:

<table>
<thead>
<tr>
<th>Asset class</th>
<th>Depreciation Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building &amp; improvements</td>
<td>2.5%</td>
</tr>
<tr>
<td>Freehold improvements</td>
<td>20.0%</td>
</tr>
<tr>
<td>Leasehold improvements</td>
<td>10- 33%</td>
</tr>
<tr>
<td>Computer equipment</td>
<td>33.3%</td>
</tr>
<tr>
<td>Office equipment</td>
<td>20.0%</td>
</tr>
<tr>
<td>Other plant and equipment</td>
<td>20.0%</td>
</tr>
<tr>
<td>Research equipment and other</td>
<td>20.0%</td>
</tr>
</tbody>
</table>

The estimated useful lives, residual values and depreciation method are reviewed at the end of each annual reporting period, and adjustments made where appropriate.

j) Intangible assets

Computer software

Computer software represents identifiable non-monetary assets without physical substance. In accordance with the Council's policy computer software with a cost over $5,000 (2013: $5,000) is recognised as an asset at cost. Costs incurred subsequent to initial acquisition are capitalised when it is expected that additional future economic benefits will flow to the Council.

Intangible assets with finite useful lives are amortised on a straight-line basis over the asset's useful life estimate. Amortisation begins when the asset is available for use, that is, when it is in the condition necessary for it to be capable of operating in the manner intended by management. The amortisation period and the amortisation method for an intangible asset with a finite useful life are reviewed at least at the end of each annual reporting period. In addition, an assessment is made at each reporting date to determine whether there are indicators that the intangible asset concerned is impaired. If so, the assets concerned are tested as to whether their carrying value exceeds their recoverable amount. Computer software is amortised over a 5 year period (2013: 5 year period).

Research and development

Expenditure on research activities, undertaken with the prospect of gaining new scientific or technical knowledge and understanding, is recognised in the comprehensive operating statement as an expense in the period in which it is incurred.
k) Impairment of assets

The carrying amounts of the Council’s assets, other than inventories (refer to Note 1 g)) and Other financial assets at fair value through profit or loss (refer to Note 1 h)) are reviewed at the end of each reporting period to determine whether there is any indication of impairment.

When it is determined that an indication of impairment exists, the recoverable amount of the particular asset or a cash-generating unit is estimated and an impairment loss is recognised whenever the carrying amount of such asset or cash-generating unit exceeds its recoverable amount. Impairment losses are recognised in the comprehensive operating statement, unless an asset has previously been revalued, in which case the impairment loss is recognised as a reversal to the extent of that previous revaluation with any excess recognised through profit or loss.

(i) Calculation of recoverable amount

The recoverable amount of other assets is the greater of their net selling price and value in use. In assessing value in use, the estimated future cash flows are discounted to their present value using a pre-tax discount rate that reflects current market assessments of the time value of money and the risks specific to the asset. For an asset that does not generate largely independent cash inflows, the recoverable amount is determined for the cash-generating unit to which the asset belongs.

(ii) Reversals of impairment

In respect of assets, an impairment loss is reversed if there has been a change in the estimates used to determine the recoverable amount.

An impairment loss is reversed only to the extent that the asset’s carrying amount does not exceed the carrying amount that would have been determined, net of depreciation or amortisation, if no impairment loss had been recognised.

l) Payables

Payables consist of:

- contractual payables, such as accounts payable, and unearned income. Accounts payable represent liabilities for goods and services provided to the Council prior to the end of the financial year that are unpaid, and arise when the Council becomes obliged to make future payments in respect of the purchase of those goods and services; and
- statutory payables, such as goods and services tax and fringe benefits tax payables.

Contractual payables are classified as financial instruments and categorised as financial liabilities at amortised cost. Statutory payables are recognised and measured similarly to contractual payables, but are not classified as financial instruments and they are not included in the category of financial liabilities at amortised cost, because they do not arise from contract.

m) Administered Program Funding

The Administered Program Funding is related to grants received to finance special programs, which are administered by the Council. These programs do not form part of the operations of the Anti-Cancer Council of Victoria, therefore details of receipts and payments are not included in the comprehensive operating statement; however the corresponding movements of cash are included in the Cash Flow Statement.

Any grants unspent at balance date are recorded as a current liability in the balance sheet. These funds are invested in accordance with the grant terms and are included as part of managed funds (refer to Notes 8 and 11).
n) Employee benefits

A provision is made for benefits accruing to employees in respect of wages and salaries, annual leave and long service leave for services rendered to the reporting date, when it is probable that settlement will be required and they are capable of being measured reliably. The calculation of employee benefits includes all relevant on-costs and is calculated as follows at the reporting date.

(i) Wages and Salaries, Annual Leave and Long Service Leave

Provisions made in respect of employee benefits are measured based on an assessment of the existing benefits to determine the appropriate classification under the definition of short term and long term benefits, placing emphasis on when the benefit is expected to be settled.

Short term benefits provisions that are expected to be settled within 12 months are measured at their nominal values using the remuneration rate expected to apply at the time of settlement.

Long term benefits provisions that are not expected to be settled within 12 months, and are measured as the present value of the estimated future cash outflows to be made by the Council in respect of services provided by employees up to reporting date. Consideration is given to the expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date to estimate the future cash flows at a pre-tax rate that reflects current market assessments of the time value of money.

Regardless of the expected timing of settlement, provisions made in respect of employee benefits are classified as a current liability unless there is an unconditional right to defer the settlement of the liability for at least 12 months after the reporting date, in which case it would be classified as a non-current liability. Provisions made for annual leave and unconditional long service leave are classified as a current liability where the employee has a present entitlement to the benefit. A non-current liability would include long service leave entitlements accrued for employees with less than 7 years of continuous service who do not yet have a present entitlement.

(ii) Accumulated superannuation contribution plans

Obligations for contributions to accumulated superannuation contribution plans are recognised as an expense in the comprehensive operating statement as incurred.

o) Provisions for research grants

A provision is recognised in the balance sheet when the Council has a present legal or constructive obligation as a result of a past event, it is probable that an outflow of economic benefits will be required to settle the obligation and the amount can be reliably measured. If the effect is material, provisions are determined by discounting the expected future cash flows at a pre-tax rate that reflects current market assessments of the time value of money and, where appropriate, the risks specific to the liability.

Liabilities relating to research grants are provided for in order to recognise the Council's obligation to pay grants to external agencies in accordance with funding agreements that commit the Council to pay these funds per agreed timeframes.
p) Leases

A lease is a right to use an asset for an agreed period of time in exchange for payment. Leases are classified at their inception as either operating or finance leases based on the economic substance of the agreement so as to reflect the risks and rewards incidental to ownership. Leases of property, plant and equipment are classified as finance leases whenever the terms of the lease transfer substantially all the risks and rewards of ownership from the lessor to the lessee. All other leases are classified as operating leases.

Operating leases

Council as lessor

Rental income from operating leases is recognised on a straight-line basis over the term of the relevant lease.

All incentives for the agreement of a new or renewed operating lease are recognised as an integral part of the net consideration agreed for the use of the leased asset, irrespective of the incentive's nature or form or the timing of payments.

In the event that lease incentives are given to the lessee, the aggregate cost of incentives are recognised as a reduction of rental income over the lease term, on a straight line basis unless another systematic basis is more representative of the time pattern over which the economic benefit of the leased asset is diminished.

Council as lessee

Operating lease payments, including any contingent rentals, are recognised as an expense in the comprehensive operating statement on a straight-line basis over the lease term, except where another systematic basis is more representative of the time pattern of the benefits derived from the use of the leased asset. The leased asset is not recognised in the balance sheet.

All incentives for the agreement of a new or renewed operating lease are recognised as an integral part of the net consideration agreed for the use of the leased asset, irrespective of the incentive's nature or form or the timing of payments.

In the event that lease incentives are received to enter into operating leases, the aggregate value of incentives are recognised as a reduction of rental expense over the lease term on a straight-line basis, unless another systematic basis is more representative of the time pattern in which economic benefits from the leased asset are consumed.

q) Share capital

The Anti-Cancer Council is a not-for-profit charity incorporated in Victoria under the Cancer Act 1958 (refer to Note 1 c)). As such there is no share capital recorded in the financial statements. The Council does not pay any dividends.
r) Commitments

Commitments are disclosed at their nominal value and inclusive of the goods and services tax (GST) payable. In addition, where it is considered appropriate and provides additional relevant information to users, the net present values of significant individual projects are stated.

s) Contingent assets and contingent liabilities

Contingent assets and contingent liabilities are not recognised in the balance sheet, but are disclosed by way of a note and, if quantifiable, are measured at nominal value. Contingent assets and liabilities are presented inclusive of GST receivable or payable respectively.

t) Income from transactions

Income is recognised to the extent that it is probable that the economic benefits will flow to the entity and the income can be reliably measured at fair value.

(i) Charitable support

Charitable support is recognised in the comprehensive operating statement on a cash basis, when the Council has the control of the contributions.

(ii) External program funding

External program funding is recognised in the comprehensive operating statement as operating income when the following conditions have been satisfied:
\( \text{a. } \) The entity obtains control of the contribution or the right to receive the contribution;
\( \text{b. } \) It is probable that the economic benefits comprising the contribution will flow to the Council; and
\( \text{c. } \) The amount of the contribution can be measured reliably.

(iii) Dividends

Dividend income is recognised in the comprehensive operating statement on the date the Council's right to receive payments is established which in the case of quoted securities is the date received.

(iv) Interest income

Interest income is recognised in the comprehensive operating statement as it accrues, using the effective interest method.

(v) Royalties

Revenue arising from royalties is recognised on an accrual basis in accordance with the substance of the relevant agreement when:
\( \text{a. } \) It is probable that the economic benefits associated with the transaction will flow to the Council; and
\( \text{b. } \) The amount of the revenue can be measured reliably.

(vi) Goods sold and services rendered

Revenue from the sale of goods is recognised in the comprehensive operating statement when the significant risks and rewards of ownership have been transferred to the buyer. Revenue from services rendered is recognised in the comprehensive operating statement when the services have been provided.
u) Expenses from transactions

Expenses from transactions are recognised as they are incurred, and reported in the financial year to which they relate. These expenses are presented in the comprehensive operating statement using a classification by their function, which management believe provides information that is reliable and more relevant.

Refer to Notes 1 i) and 1n) regarding depreciation expense and employee benefits, respectively.

v) Goods and services tax

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the taxation authority. In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of the expense.

Receivables and payables are stated with the amount of GST included. The net amount of GST recoverable from, or payable to, the taxation authority is included as a current asset or liability in the balance sheet.

Cash flows are included in the cash flow statement on a gross basis. The GST components of cash flows arising from investing and financing activities, which are recoverable from or payable to the taxation authority are classified as operating cash flows.

w) Other economic flows included in net result

Other economic flows measure the change in volume or value of assets or liabilities that do not result from transactions.

Net gain/(loss) on non-financial assets

Net gain/(loss) on non-financial assets and liabilities includes realised and unrealised gains and losses from revaluations, impairments and disposals of all physical assets and intangible assets.

Net gain/(loss) on disposal of non-financial assets

Any gain or loss on the sale of non-financial assets is recognised at the date that control of the asset is passed to the buyer and is determined after deducting from the proceeds the carrying value of the asset at that time.

Net gain/(loss) from financial instruments at fair value through profit or loss

The revaluation gain/(loss) on financial instruments at fair value excludes dividends or interest earned on financial assets, which is reported as part of income from transactions.

Impairment of financial assets

Bad and doubtful debts are assessed on a regular basis. Those bad debts considered as written off by mutual consent are classified as a transaction expense. The allowance for doubtful receivables and bad debts not written off by mutual consent are adjusted as ‘other economic flows’.
w) Other economic flows included in net result (continued)

Other gains/(loss) from other economic flows

Other gains/(losses) from other economic flows include the gains or losses from reclassifications of amounts from reserves and/or accumulated surplus to net result, and from the revaluation of the present value of the long service leave liability due to changes in the bond interest rates.

x) Income tax

The Council is a not-for-profit charitable organisation and is exempt from income tax under the Income Tax Assessment Act 1997. The Council is also exempt from other government levies such as payroll tax. Donations of $2 or more made to the Council are income tax deductible to donors.

y) Events after reporting date

Assets, liabilities, income or expenses arise from past transactions or other past events. Where the transactions result from an agreement between the Council and other parties, the transactions are only recognised when the agreement is irrevocable at or before balance date. Adjustments are made to amounts recognised in the financial statements for events which occur after the reporting date and before the date the statements are authorised for issue, where those events provide information about conditions which existed at the reporting date. Note disclosure is made about events between the reporting date and the date the statements are authorised for issue where the events relate to condition which arose after the reporting date that are considered to be of material interest.

z) AASs issued that are not yet effective

Certain new accounting standards and interpretations have been published that are not mandatory for the 31 December 2014 reporting period. The Council’s management assess the impact of these new standards, their applicability to the Council and early adoption where applicable.

The following applicable standards and interpretations had been issued but were not mandatory for financial year ended 31 December 2014. The Council has not, and does not intend to, adopt these standards early.

<table>
<thead>
<tr>
<th>Standard / Interpretation</th>
<th>Summary</th>
<th>Standard applicable for annual reporting periods beginning on</th>
<th>Impact on Council financial statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>AASB 9 Financial instruments</td>
<td>Replaces the requirements of AASB 139 for the classification and measurement of financial assets. This Standard supersedes both AASB 9 (December 2010) and AASB 9 (December 2009) when applied. It introduces a “fair value through other comprehensive income” category for debt instruments, contains requirements for impairment of financial assets, etc.</td>
<td>1 January 2018</td>
<td>Management’s preliminary assessment has not identified any material impact arising from the adoption of AASB 9. Subject to AASB’s further modifications to AASB 9, impacts of this will continue to be monitored and assessed.</td>
</tr>
</tbody>
</table>
z) AASBs issued that are not yet effective (continued)

<table>
<thead>
<tr>
<th>Standard / Interpretation</th>
<th>Summary</th>
<th>Standard applicable for annual reporting periods beginning on</th>
<th>Impact on Council financial statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>AASB 2009-11</td>
<td>This gives effect to consequential changes arising from the issuance of AASB 9.</td>
<td>1 January 2015</td>
<td>Impact is expected to be insignificant.</td>
</tr>
<tr>
<td>Amendments to Australian Accounting Standards arising from AASB 9 (AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 121, 127, 128, 131, 132, 136, 139, 1023 and 1038 and Interpretations 10 and 12)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AASB 2010-7</td>
<td>This gives effect to consequential changes arising from the issuance of AASB 9 (December 2010).</td>
<td>1 January 2015</td>
<td>Impact is expected to be insignificant.</td>
</tr>
<tr>
<td>Amendments to Australian Accounting Standards arising from AASB 9 (AASB 1, 3, 4, 5, 7, 101, 102, 108, 112, 118, 120, 121, 127, 128, 131, 132, 136, 137, 139, 1023 and 1038 and Interpretations 2, 5, 10, 12, 19 and 127)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AASB 2014-1</td>
<td>Part A of 2014-1 amends various standards as a result of the annual improvements process. Part B makes amendments to AASB 119 Employee Benefits in relation to the requirements for contributions from employees or third parties that are linked to service. Part C of AASB 2014-1 makes amendments to particular Australian Accounting Standards to delete their references to AASB 1031.</td>
<td>1 July 2014</td>
<td>Impact is expected to be insignificant.</td>
</tr>
<tr>
<td>Amendments to Australian Accounting Standards</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AASB 2014-4</td>
<td>This Standard amends AASB 116 and AASB 138 to establish the principle for the basis of depreciation and amortisation as being the expected pattern of consumption of the future economic benefits of an asset, and to clarify that revenue is generally presumed to be an inappropriate basis for that purpose.</td>
<td>1 January 2016</td>
<td>Impact is expected to be insignificant.</td>
</tr>
<tr>
<td>Amendments to Australian Accounting Standards – Clarification of Acceptable Methods of Depreciation and Amortisation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AASB 15</td>
<td>This Standard establishes principles (including disclosure requirements) for reporting useful information about the nature, amount, timing and uncertainty of revenue and cash flows arising from an entity’s contracts with customers.</td>
<td>1 January 2017</td>
<td>Impact is still being assessed.</td>
</tr>
<tr>
<td>Revenue from Contracts with Customers</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
z) AASs issued that are not yet effective (continued)

<table>
<thead>
<tr>
<th>Standard / Interpretation</th>
<th>Summary</th>
<th>Standard applicable for annual reporting periods beginning on</th>
<th>Impact on Council financial statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>AASB 2014-5</td>
<td>Consequential amendments arising from the issuance of AASB 15.</td>
<td>1 January 2017</td>
<td>Impact is still being assessed.</td>
</tr>
<tr>
<td>Amendments to Australian Accounting Standards arising from AASB 15 (December 2014)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>AASB 2014-7</td>
<td>Consequential amendments arising from the issuance of AASB 9.</td>
<td>1 January 2018</td>
<td>Impact is still being assessed.</td>
</tr>
<tr>
<td>Amendments to Australian Accounting Standards arising from AASB 9</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## NOTE 2 - CHARITABLE SUPPORT

<table>
<thead>
<tr>
<th>Category</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bequests</td>
<td>11,494</td>
<td>21,027</td>
</tr>
<tr>
<td>Relay for Life event</td>
<td>6,116</td>
<td>6,600</td>
</tr>
<tr>
<td>Other events</td>
<td>6,358</td>
<td>6,577</td>
</tr>
<tr>
<td>Donations</td>
<td>7,398</td>
<td>5,970</td>
</tr>
<tr>
<td>Community and other Fundraising activities</td>
<td>1,632</td>
<td>1,553</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>32,998</td>
<td>42,627</td>
</tr>
</tbody>
</table>

## NOTE 3 - INCOME FROM TRANSACTIONS

<table>
<thead>
<tr>
<th>Description</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dividends, distributions, interest and imputation credits from financial assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dividends, distributions, interest and imputation credits from financial assets at fair value through profit or loss - held for tracing</td>
<td>2,980</td>
<td>2,070</td>
</tr>
<tr>
<td>Interest from financial assets not at fair value through profit or loss</td>
<td>41</td>
<td>80</td>
</tr>
<tr>
<td><strong>Total dividends, distributions, interest and imputation credits from financial assets</strong></td>
<td>3,021</td>
<td>2,150</td>
</tr>
</tbody>
</table>

## NOTE 4 - EXPENSES FROM TRANSACTIONS

(a) **RESEARCH**

<table>
<thead>
<tr>
<th>Description</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support of basic scientific studies, clinical investigations and programs</td>
<td>10,956</td>
<td>8,831</td>
</tr>
<tr>
<td>Victorian Cancer Registry - registers all cancer cases in Victoria and provides statistical analysis</td>
<td>2,961</td>
<td>2,841</td>
</tr>
<tr>
<td>Behavioural Science Division - a centre for research into behavioural aspects of cancer prevention, detection and rehabilitation</td>
<td>4,274</td>
<td>4,353</td>
</tr>
<tr>
<td>Cancer Epidemiology &amp; Intelligence Division - a centre for research into the occurrence, distribution and determinants of disease</td>
<td>5,134</td>
<td>5,942</td>
</tr>
<tr>
<td>ABC Cohort</td>
<td>507</td>
<td></td>
</tr>
<tr>
<td>VicHealth Centre for Tobacco Control - a centre to investigate new ways to reduce tobacco usage</td>
<td>776</td>
<td>916</td>
</tr>
<tr>
<td><strong>Total research</strong></td>
<td>24,608</td>
<td>22,883</td>
</tr>
</tbody>
</table>

The above research expenditure includes $6,897,608 (2013: $3,900,219) of grants awarded to research conducted in Victorian universities, hospitals and medical research institutes.
NOTE 4 - EXPENSES FROM TRANSACTIONS (continued)

(b) CANCER PREVENTION & EARLY DETECTION

<table>
<thead>
<tr>
<th>Description</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevention - programs to create awareness about prevention, early detection and treatment</td>
<td>4,618</td>
<td>2,909</td>
</tr>
<tr>
<td>Quit - public education program to reduce tobacco consumption and prevent the uptake of smoking</td>
<td>8,958</td>
<td>9,613</td>
</tr>
<tr>
<td>Aid to patients - in the form of welfare grants, cancer support groups, Cancer Information and Support Service</td>
<td>2,726</td>
<td>2,650</td>
</tr>
<tr>
<td>External subscriptions - relates to Victoria’s involvement in national and international cancer programs</td>
<td>1,361</td>
<td>1,243</td>
</tr>
<tr>
<td>Sun Smart - public education program related to skin cancer prevention and early detection</td>
<td>1,654</td>
<td>1,697</td>
</tr>
<tr>
<td>PapScreen Victoria - the promotion of regular screening for cervical cancer</td>
<td>1,333</td>
<td>1,502</td>
</tr>
<tr>
<td><strong>Total cancer prevention &amp; early detection</strong></td>
<td><strong>20,850</strong></td>
<td><strong>19,614</strong></td>
</tr>
</tbody>
</table>

The above table includes social marketing expenditure of $5,661,453 (2013: $5,218,694).

NOTE 5 - OTHER ECONOMIC FLOWS INCLUDED IN NET RESULT

(a) Net holding gain/(loss) on financial assets at fair value through profit or loss

*Hold for trading*
- Realised gain/(loss)                                           | (234) | 426 |
- Unrealised gain/(loss)                                        | 1,571 | 3,784 |

**Total net holding gain/(loss) on financial assets at fair value through profit or loss** | 1,337 | 4,210 |

Dividends, distributions, interest and imputation credits from investments (refer to Note 3) | 2,960 | 2,070 |

Net gain/(loss) on financial instruments at fair value through profit or loss | 4,317 | 6,280 |

(b) Net gain/(loss) on non-financial assets

Net gain/(loss) on disposal of Non-current assets | - | 8,243 |

**Total gain on non-financial assets** | - | 8,243 |

(c) Other gains/(losses) from other economic flows

Net gain/(loss) arising from revaluation of long service leave liability | (55) | 32 |

**Total gain/(loss) from other economic flows** | (55) | 32 |
Anti-Cancer Council of Victoria  (operating as Cancer Council Victoria)
NOTES TO FINANCIAL STATEMENTS
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2014

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000s</td>
<td>$'000s</td>
</tr>
<tr>
<td><strong>NOTE 6 - CASH AND CASH EQUIVALENTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash on hand and at bank</td>
<td>1,054</td>
<td>3,738</td>
</tr>
<tr>
<td>Cash managed by investment bank</td>
<td>4,181</td>
<td>7,029</td>
</tr>
<tr>
<td><strong>Total cash and cash equivalents</strong></td>
<td>5,235</td>
<td>10,766</td>
</tr>
</tbody>
</table>

**a) Cash on hand and at bank**

The cash at bank generated an average interest rate of 1.88% (2013: 2.35%). Refer to Note 22(a) for the nature and extent of credit risks associated with cash and cash equivalents.

**b) Cash Managed by Investment Bank**

These funds are part of the portfolio managed by the Investment Bank (UBS Wealth Management). The average interest rate earned by these funds was approximately 1.62% (2013: 2.09%). Refer to Notes 8 and 22.

**c) Financing Facilities**

Financing facilities available at the reporting date were $77,093 (2013: $77,093). Facilities in use at that date were Nil (2013: Nil).

**NOTE 7 - RECEIVABLES**

*Contractual*

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trade receivables</td>
<td>1,762</td>
<td>6,813</td>
</tr>
<tr>
<td>Other debtors</td>
<td>1,716</td>
<td>1,627</td>
</tr>
<tr>
<td><strong>Provision for doubtful debts</strong></td>
<td>3,478</td>
<td>8,440</td>
</tr>
<tr>
<td><strong>Total receivables</strong></td>
<td>3,478</td>
<td>8,440</td>
</tr>
</tbody>
</table>

The Council’s management have identified no doubtful debts; therefore no allowance for doubtful debts has been raised (2013: Nil). As no movement has occurred for the balance of provision for doubtful debts, a reconciliation of opening and closing balance is not deemed necessary.

Refer to Note 22 for the nature and extent of risks arising from receivables, and the ageing analysis of receivables.
### NOTE 8 - OTHER FINANCIAL ASSETS

#### (a) At fair value through profit or loss

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australian Equities</td>
<td>20,630</td>
<td>18,837</td>
</tr>
<tr>
<td>International Equities</td>
<td>6,698</td>
<td>6,257</td>
</tr>
<tr>
<td>Australian term deposits, Bank Bills &amp; Promissory Notes (maturity &lt; 1 year)</td>
<td>33,550</td>
<td>28,750</td>
</tr>
<tr>
<td>Australian Fixed Interest</td>
<td>8,107</td>
<td>8,315</td>
</tr>
<tr>
<td>Other</td>
<td>797</td>
<td>597</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>69,782</strong></td>
<td><strong>62,755</strong></td>
</tr>
</tbody>
</table>

#### (b) At amortised cost

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Security Deposit</td>
<td>1,947</td>
<td>1,947</td>
</tr>
<tr>
<td><strong>Total other financial assets</strong></td>
<td><strong>71,729</strong></td>
<td><strong>64,702</strong></td>
</tr>
</tbody>
</table>

Investments classified at fair value through profit or loss are managed by UBS Wealth Management.

Refer to Notes 22 (a) and 22 (c) for the nature and extent of the credit and market risks arising from Other financial assets.
### NOTE 9 - PROPERTY, PLANT & EQUIPMENT

#### (a) Classification by Nature-based Class:

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>Buildings &amp; Freehold Improvements</th>
<th>Computer &amp; Office Equipment</th>
<th>Research Equipment &amp; Other</th>
<th>Other plant and equipment</th>
<th>Leasehold Improvements</th>
<th>Leasehold Improvements WIP</th>
<th>Total $’000s</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Land</td>
<td>$’000s</td>
<td>$’000s</td>
<td>$’000s</td>
<td>$’000s</td>
<td>$’000s</td>
<td>$’000s</td>
<td>$’000s</td>
</tr>
<tr>
<td></td>
<td>$’000s</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>at fair value</td>
<td></td>
<td>2,495</td>
<td>91</td>
<td>1,242</td>
<td>7,365</td>
<td></td>
<td></td>
<td>11,193</td>
</tr>
<tr>
<td>accumulated depreciation</td>
<td></td>
<td>(2,174)</td>
<td>(55)</td>
<td>(973)</td>
<td>(806)</td>
<td></td>
<td></td>
<td>(4,018)</td>
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<tr>
<td>Closing balance at fair value</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7,175</td>
</tr>
</tbody>
</table>

**Movements in property, plant & equipment**

**Opening balance as at 1 January**

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>Buildings &amp; Freehold Improvements</th>
<th>Computer &amp; Office Equipment</th>
<th>Research Equipment &amp; Other</th>
<th>Other plant and equipment</th>
<th>Leasehold Improvements</th>
<th>Leasehold Improvements WIP</th>
<th>Total $’000s</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Land</td>
<td>$’000s</td>
<td>$’000s</td>
<td>$’000s</td>
<td>$’000s</td>
<td>$’000s</td>
<td>$’000s</td>
<td>$’000s</td>
</tr>
<tr>
<td></td>
<td>$’000s</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>at fair value</td>
<td></td>
<td>2,283</td>
<td>91</td>
<td>1,088</td>
<td></td>
<td>7,148</td>
<td>7,621</td>
<td></td>
</tr>
<tr>
<td>accumulated depreciation</td>
<td></td>
<td>(2,031)</td>
<td>(54)</td>
<td>(904)</td>
<td></td>
<td></td>
<td></td>
<td>(2,989)</td>
</tr>
<tr>
<td>Closing balance at fair value</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7,148</td>
</tr>
</tbody>
</table>

**Movements in property, plant & equipment**

**Opening balance as at 1 January**

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>Buildings &amp; Freehold Improvements</th>
<th>Computer &amp; Office Equipment</th>
<th>Research Equipment &amp; Other</th>
<th>Other plant and equipment</th>
<th>Leasehold Improvements</th>
<th>Leasehold Improvements WIP</th>
<th>Total $’000s</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Land</td>
<td>$’000s</td>
<td>$’000s</td>
<td>$’000s</td>
<td>$’000s</td>
<td>$’000s</td>
<td>$’000s</td>
<td>$’000s</td>
</tr>
<tr>
<td></td>
<td>$’000s</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>at fair value</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>19,137</td>
</tr>
<tr>
<td>accumulated depreciation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(206)</td>
</tr>
<tr>
<td>Closing balance at fair value</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(18,932)</td>
</tr>
</tbody>
</table>

**Movements in property, plant & equipment**

**Closing balance as at 31 December 2014**

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>Buildings &amp; Freehold Improvements</th>
<th>Computer &amp; Office Equipment</th>
<th>Research Equipment &amp; Other</th>
<th>Other plant and equipment</th>
<th>Leasehold Improvements</th>
<th>Leasehold Improvements WIP</th>
<th>Total $’000s</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Land</td>
<td>$’000s</td>
<td>$’000s</td>
<td>$’000s</td>
<td>$’000s</td>
<td>$’000s</td>
<td>$’000s</td>
<td>$’000s</td>
</tr>
<tr>
<td></td>
<td>$’000s</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>at fair value</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7,148</td>
</tr>
<tr>
<td>accumulated depreciation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7,621</td>
</tr>
</tbody>
</table>

**Closing balance as at 31 December 2013**

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>Buildings &amp; Freehold Improvements</th>
<th>Computer &amp; Office Equipment</th>
<th>Research Equipment &amp; Other</th>
<th>Other plant and equipment</th>
<th>Leasehold Improvements</th>
<th>Leasehold Improvements WIP</th>
<th>Total $’000s</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Land</td>
<td>$’000s</td>
<td>$’000s</td>
<td>$’000s</td>
<td>$’000s</td>
<td>$’000s</td>
<td>$’000s</td>
<td>$’000s</td>
</tr>
<tr>
<td></td>
<td>$’000s</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>at fair value</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>19,137</td>
</tr>
<tr>
<td>accumulated depreciation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(206)</td>
</tr>
<tr>
<td>Closing balance at fair value</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(18,932)</td>
</tr>
</tbody>
</table>
### Property, Plant & Equipment (continued)

#### (b) Fair value measurement hierarchy for assets as at 31 December 2014

<table>
<thead>
<tr>
<th></th>
<th>Carrying amount as at 31/12/2014</th>
<th>Fair value measurement at end of reporting period</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$000’s</td>
<td>Level 1(1)</td>
</tr>
<tr>
<td>Computer and Office equipment</td>
<td>321</td>
<td>-</td>
</tr>
<tr>
<td>Research Equipment &amp; other</td>
<td>26</td>
<td>-</td>
</tr>
<tr>
<td>Leasehold improvements</td>
<td>6,559</td>
<td>-</td>
</tr>
<tr>
<td>Other plant and equipment (excluding Motor vehicles)</td>
<td>262</td>
<td>-</td>
</tr>
<tr>
<td>Motor Vehicles</td>
<td>7</td>
<td>-</td>
</tr>
<tr>
<td>Total Property, plant and equipment</td>
<td>7,175</td>
<td>-</td>
</tr>
</tbody>
</table>

(1) Classified in accordance with the fair value hierarchy (refer to Note 1b)).

For measurement purposes, Plant and equipment held by the Council fall into two groups – Motor vehicles and Other plant and equipment. Fair value measurements of these assets as at the reporting dates are as follows:

- **Motor vehicles** – categorised into level 3 in fair value hierarchy.

  **Valuation techniques used**
  
  Motor vehicles are held for a very short space of time, typically four years or less and are then sold.

  New vehicles acquired are usually disposed before completion of their economic life. The Council believes there are a number of second hand markets into which the vehicles are sold, and so from which the vehicles could in theory be acquired. However, this process of acquisition, use and disposal to the market is well known and is managed by experienced fleet managers who advise suitable depreciation rates during use to ensure that there is not a significant gain/(loss) on disposal. Consequently, as it is unlikely that vehicles will reflect a carrying value that is significantly different from fair value as demonstrated by the market, the Council has assessed the carrying amount of Motor vehicles recognised in the balance sheet to be a fair approximation of the fair value of these assets as at 31 December 2014.

- **Other plant and equipment** – categorised into level 3 in fair value hierarchy.

  **Valuation techniques used**
  
  Other plant and equipment held by the Council is typically acquired and utilised for its entire, but usually short, economic life. Other plant and equipment will be rarely sold, and unless there is evidence that current replacement cost is significantly different from the original acquisition cost, it is most unlikely that depreciated replacement cost will be materially different from the existing carrying value.

  Therefore the fair value of other plant and equipment has been estimated using depreciated replacement cost. The Council does not have evidence of any assets within Other plant and equipment where current replacement cost is significantly different from the original acquisition cost.

There were no transfers between the hierarchy levels for recurring fair value measurements during the year.
c) Basis of valuation for land and buildings is fair market value

As at 01 January 2013, the Council carried its Land and Building at fair value. The fair value of these assets were based in an independent valuation undertaken on the land and buildings at Rathdowne, Victoria and Drummond Streets was undertaken. The valuation estimated a market value of $10.1M for the land and buildings at Rathdowne and Victoria Streets and $9.5M for Drummond Street.

The valuer was Fitzroys Pty Ltd (ACN 078 941 107), Licensed Estate Agents, Level 29, 367 Collins Street, Melbourne, Victoria, 3000.

The valuation of market value of the properties was based on the judgment, interpretation and detailed analysis of the relevant sales evidence done by the valuers and was assessed using the capitalisation of income and the direct comparison approach methods of valuation. The valuation was made on the basis of the properties' highest and best use which has regard to their locations, physical, economic and legal attributes.

These properties were sold during the financial year 2013 (refer to Note 9 e)).

d) Reconciliation of Level 3 fair value

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>Computer and Office equipment</th>
<th>Research Equipment &amp; other</th>
<th>Leasehold improvements</th>
<th>Other plant and equipment (excluding Motor vehicles)</th>
<th>Motor Vehicles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening balance</td>
<td>233</td>
<td>37</td>
<td>177</td>
<td>11</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Purchases (sales)</td>
<td>211</td>
<td>-</td>
<td>217</td>
<td>165</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Transfers from other class of assets</td>
<td>-</td>
<td>-</td>
<td>7,148</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Transfers in (out) of Level 3</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Gains/ (losses) recognised in net result</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation</td>
<td>(143)</td>
<td>(11)</td>
<td>(806)</td>
<td>(64)</td>
<td>(5)</td>
<td></td>
</tr>
<tr>
<td>Impairment loss</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Subtotal</td>
<td>321</td>
<td>26</td>
<td>6,559</td>
<td>262</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Gains or losses recognised in other economic flows – other comprehensive income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revaluation</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Subtotal</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Closing balance</td>
<td>321</td>
<td>26</td>
<td>6,559</td>
<td>262</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>Unrealised gains/ (losses) on non-financial assets</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
</tbody>
</table>
NOTE 9 - PROPERTY, PLANT & EQUIPMENT (continued)

e) Disposal of land and buildings

During the financial year ended 31 December 2013 the Executive Committee of the Council authorised the sale of freehold land and buildings previously in use as office accommodation and warehousing at 1 Rathdowne Street, 23 Rathdowne Street, 12-22 Victoria Street and 100 Drummond Street Carlton, Victoria. The detail of the transaction is as follows:

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proceeds from sale of land and buildings</td>
<td>29,988</td>
</tr>
<tr>
<td>Less GST on sale</td>
<td>(2,688)</td>
</tr>
<tr>
<td>Less carrying value of land and buildings sold</td>
<td>(18,836)</td>
</tr>
<tr>
<td>Less selling costs</td>
<td>(216)</td>
</tr>
<tr>
<td><strong>Gain on sale of Land and buildings</strong></td>
<td><strong>8,248</strong></td>
</tr>
</tbody>
</table>

The above gain on sale of Land and buildings was reported in the comprehensive operating statement within the Other economic flows in net result.

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000s</td>
<td>$'000s</td>
</tr>
<tr>
<td><strong>NOTE 10 - INTANGIBLE ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer software</td>
<td>2,022</td>
<td>1,768</td>
</tr>
<tr>
<td>Less accumulated amortisation</td>
<td>(1,792)</td>
<td>(1,743)</td>
</tr>
<tr>
<td><strong>Total Computer software</strong></td>
<td>230</td>
<td>25</td>
</tr>
</tbody>
</table>

Movement:
- Carrying amount at 1 January | 25   | 35   |
- Additions and transfers     | 254  | -    |
- Amortisation                | (49) | (10) |
- Carrying amount at 31 December | 230  | 25   |

Total amortisation expense of intangible assets charged in the net result | 49   | 10   |

**NOTE 11 - ADMINISTERED PROGRAM FUNDING**

<table>
<thead>
<tr>
<th>Program</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victorian Cancer Survivorship Program</td>
<td>1,015</td>
<td>1,318</td>
</tr>
<tr>
<td>Victorian Cancer Voices Program</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td><strong>Total Administered Program Funding</strong></td>
<td><strong>1,016</strong></td>
<td><strong>1,322</strong></td>
</tr>
</tbody>
</table>

29 of 51
### Notes to Financial Statements

**FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2014**

#### Note 12 - Employee Benefits

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000s</td>
<td>$'000s</td>
</tr>
<tr>
<td><strong>Current</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual Leave</td>
<td>1,639</td>
<td>2,339</td>
</tr>
<tr>
<td>Employee on costs</td>
<td>226</td>
<td>351</td>
</tr>
<tr>
<td></td>
<td>1,865</td>
<td>2,690</td>
</tr>
<tr>
<td>Long-Service Leave</td>
<td>2,011</td>
<td>1,892</td>
</tr>
<tr>
<td>Employee on costs</td>
<td>277</td>
<td>283</td>
</tr>
<tr>
<td></td>
<td>2,288</td>
<td>2,175</td>
</tr>
<tr>
<td>Current employee benefits</td>
<td>4,153</td>
<td>4,865</td>
</tr>
<tr>
<td><strong>Non-Current</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long-Service Leave</td>
<td>448</td>
<td>409</td>
</tr>
<tr>
<td>Employee on costs</td>
<td>62</td>
<td>61</td>
</tr>
<tr>
<td></td>
<td>510</td>
<td>470</td>
</tr>
<tr>
<td><strong>Total Employee Benefits</strong></td>
<td>4,663</td>
<td>5,335</td>
</tr>
</tbody>
</table>

**Expected commitments for current employee benefits**

Unconditional and expected to be settled within 12 months

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Leave</td>
<td>1,147</td>
<td>1,637</td>
</tr>
<tr>
<td>Employee on costs</td>
<td>158</td>
<td>246</td>
</tr>
<tr>
<td>Long-Service Leave</td>
<td>149</td>
<td>146</td>
</tr>
<tr>
<td>Employee on costs</td>
<td>21</td>
<td>19</td>
</tr>
<tr>
<td></td>
<td>1,475</td>
<td>2,048</td>
</tr>
</tbody>
</table>

Unconditional and expected to be settled after more than 12 months

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Leave</td>
<td>492</td>
<td>702</td>
</tr>
<tr>
<td>Employee on costs</td>
<td>68</td>
<td>105</td>
</tr>
<tr>
<td>Long-Service Leave</td>
<td>1,862</td>
<td>1,746</td>
</tr>
<tr>
<td>Employee on costs</td>
<td>256</td>
<td>264</td>
</tr>
<tr>
<td></td>
<td>2,878</td>
<td>2,817</td>
</tr>
</tbody>
</table>

**Total expected commitments for current employee benefits**

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4,153</td>
<td>4,865</td>
</tr>
</tbody>
</table>

**Movement in Employee Benefits Provision**

**Annual Leave**

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening balance</td>
<td>2,690</td>
<td>2,269</td>
</tr>
<tr>
<td>Add provision made for during year</td>
<td>1,260</td>
<td>2,392</td>
</tr>
<tr>
<td>Less actual annual leave taken</td>
<td>(2,085)</td>
<td>(1,971)</td>
</tr>
<tr>
<td>Closing balance</td>
<td>1,865</td>
<td>2,690</td>
</tr>
</tbody>
</table>

**Long Service Leave**

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening balance</td>
<td>2,645</td>
<td>2,637</td>
</tr>
<tr>
<td>Add provision made for during year</td>
<td>469</td>
<td>326</td>
</tr>
<tr>
<td>Less actual long service leave taken</td>
<td>(316)</td>
<td>(318)</td>
</tr>
<tr>
<td>Closing balance</td>
<td>2,798</td>
<td>2,645</td>
</tr>
</tbody>
</table>
Anti-Cancer Council of Victoria  (operating as Cancer Council Victoria)
NOTES TO FINANCIAL STATEMENTS
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2014

NOTE 12 – EMPLOYEE BENEFITS (continued)
(e) Additional information

The number of full time equivalent employees at 31 December 2014 was 316 (2013: 319).

The number of employees provided is based on payroll data at the end of the reporting period and is adjusted to reflect the Full Time Equivalent of all part-time staff.

The total employee benefits expense during the year ended 31 December 2014 was $24,525,270 (2013: $25,138,019).

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000s</td>
<td>$'000s</td>
</tr>
<tr>
<td>NOTE 13 - EQUITY AND MOVEMENTS IN EQUITY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.1 Composition of Reserves</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Special Funds (refer to 13.1.a)</td>
<td>3,544</td>
<td>3,567</td>
</tr>
<tr>
<td>External Grants Reserve (refer to 13.1.b)</td>
<td>13,281</td>
<td>14,312</td>
</tr>
<tr>
<td>Research Fund Reserve (refer to 13.1.c)</td>
<td>8,107</td>
<td>11,177</td>
</tr>
<tr>
<td>Other Restricted Funds (refer to 13.1.d)</td>
<td>897</td>
<td>187</td>
</tr>
<tr>
<td>Asset Revaluation Surplus (refer to 13.1.e)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>General Reserve (refer to 13.1.f)</td>
<td>19,260</td>
<td>22,227</td>
</tr>
<tr>
<td><strong>Balance at 31 December</strong></td>
<td>45,089</td>
<td>51,470</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Special Funds</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at 1 January</td>
<td>3,567</td>
<td>3,623</td>
</tr>
<tr>
<td>- Transfer (to)/from the Accumulated surplus</td>
<td>(23)</td>
<td>(56)</td>
</tr>
<tr>
<td><strong>Balance at 31 December</strong></td>
<td>3,544</td>
<td>3,567</td>
</tr>
</tbody>
</table>

Special funds are donations or bequests received with a condition that the funds be invested and only the incomes used for specific purposes.

Some funds are required to be invested for finite periods of time after which the capital may be spent by the organisation to fund Cancer Council programs. Other funds are required to be invested in perpetuity.

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) External Grants Reserve</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at 1 January</td>
<td>14,312</td>
<td>15,342</td>
</tr>
<tr>
<td>- Transfer (to)/from Accumulated surplus</td>
<td>(1,031)</td>
<td>(1,030)</td>
</tr>
<tr>
<td><strong>Balance at 31 December</strong></td>
<td>13,281</td>
<td>14,312</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>c) Research Fund Reserve</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at 1 January</td>
<td>11,177</td>
<td></td>
</tr>
<tr>
<td>- Transfer (to)/from Accumulated surplus</td>
<td>(3,070)</td>
<td>11,177</td>
</tr>
<tr>
<td><strong>Balance at 31 December</strong></td>
<td>8,107</td>
<td>11,177</td>
</tr>
</tbody>
</table>
13.1 Composition of reserves (continued)

<table>
<thead>
<tr>
<th></th>
<th>2014 $'000s</th>
<th>2013 $'000s</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>d) Other Restricted Funds</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance at 1 January</td>
<td>187</td>
<td>-</td>
</tr>
<tr>
<td>- Transfer (to)/from Accumulated surplus</td>
<td>710</td>
<td>187</td>
</tr>
<tr>
<td><strong>Balance at 31 December</strong></td>
<td>897</td>
<td>187</td>
</tr>
</tbody>
</table>

| **e) Asset Revaluation Surplus** |             |             |
| Balance at 1 January | -           | 13,979      |
| - Transfer (to)/from Accumulated surplus | -          | (13,979)    |
| **Balance at 31 December** | -           | -           |

| **f) General Reserve** |             |             |
| Balance at 1 January   | 22,227      | -           |
| - Transfer (to)/from Accumulated surplus | (2,967)   | 22,227      |
| **Balance at 31 December** | 19,260     | 22,227      |

13.2 Accumulated surplus

<table>
<thead>
<tr>
<th></th>
<th>2014 $'000s</th>
<th>2013 $'000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balance at 1 January</td>
<td>14,540</td>
<td>9,175</td>
</tr>
<tr>
<td>Net operating result for the year</td>
<td>(3,923)</td>
<td>23,891</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transfers (to)/from:</th>
<th>2014 $'000s</th>
<th>2013 $'000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Special Funds</td>
<td>23</td>
<td>56</td>
</tr>
<tr>
<td>- External Grants Reserve</td>
<td>1,031</td>
<td>1,030</td>
</tr>
<tr>
<td>- Research Fund Reserve</td>
<td>3,070</td>
<td>(11,177)</td>
</tr>
<tr>
<td>- Other Restricted Funds</td>
<td>(710)</td>
<td>(187)</td>
</tr>
<tr>
<td>- Asset Revaluation surplus</td>
<td>-</td>
<td>13,979</td>
</tr>
<tr>
<td>- General Reserve</td>
<td>2,967</td>
<td>(22,227)</td>
</tr>
<tr>
<td><strong>Balance at 31 December</strong></td>
<td>16,998</td>
<td>14,540</td>
</tr>
</tbody>
</table>

The Council has a number of incomplete projects at balance date that have been funded by way of competitively won or specifically nominated grants. As these funds relate to specific projects we believe it is appropriate to allocate these funds into a separate reserve, until projects are complete.
<table>
<thead>
<tr>
<th>NOTE 14 - CASH FLOW INFORMATION</th>
</tr>
</thead>
</table>

**(a) Reconciliation of cash and cash equivalents**

<table>
<thead>
<tr>
<th>Description</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash on hand and at bank</td>
<td>1,054</td>
<td>3,738</td>
</tr>
<tr>
<td>Cash managed by investment bank</td>
<td>4,181</td>
<td>7,029</td>
</tr>
<tr>
<td><strong>Balance as per cash flow statement</strong></td>
<td>5,235</td>
<td>10,766</td>
</tr>
</tbody>
</table>

**(b) Reconciliation of net result to net cash provided by operating activities**

<table>
<thead>
<tr>
<th>Description</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net result for the financial year</td>
<td>(3,923)</td>
<td>23,891</td>
</tr>
<tr>
<td><strong>Non cash movements included in net result</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depreciation and amortisation of non current assets</td>
<td>1,078</td>
<td>216</td>
</tr>
<tr>
<td>(Gain)/loss from investment in other financial assets</td>
<td>(1,337)</td>
<td>(4,210)</td>
</tr>
<tr>
<td>Gain from disposal of Non-current assets</td>
<td>-</td>
<td>(8,243)</td>
</tr>
<tr>
<td><strong>Movements in operating assets and liabilities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Decrease/(increase) in receivables</td>
<td>4,962</td>
<td>(6,012)</td>
</tr>
<tr>
<td>Decrease/(increase) in inventories</td>
<td>21</td>
<td>(45)</td>
</tr>
<tr>
<td>Decrease in other assets</td>
<td>22</td>
<td>1</td>
</tr>
<tr>
<td>(Decrease)/increase in employee benefits</td>
<td>(671)</td>
<td>429</td>
</tr>
<tr>
<td>(Decrease)/increase in payables and administered program funding</td>
<td>(615)</td>
<td>1,276</td>
</tr>
<tr>
<td>Increase/(decrease) in provision for research grants</td>
<td>2,001</td>
<td>(748)</td>
</tr>
<tr>
<td>(Decrease)/increase in accrual for lease incentive</td>
<td>(543)</td>
<td>5,229</td>
</tr>
<tr>
<td><strong>Net cash provided by operating activities</strong></td>
<td>995</td>
<td>11,784</td>
</tr>
</tbody>
</table>
Anti-Cancer Council of Victoria (operating as Cancer Council Victoria)

NOTES TO FINANCIAL STATEMENTS
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2014

NOTE 15 - RESPONSIBLE PERSONS

In accordance with the Ministerial directions of the Minister for Finance under the Financial Management Act 1994, the following disclosures are made regarding responsible persons for the reporting period.

15.1 Names

The persons who held the above positions in relation to the Anti-Cancer Council of Victoria at any time during the reporting period are as follows:

Responsible Minister: The Hon J Hennessy – Minister for Health (from 4 December 2014)
The Hon D Davis – Minister for Health and Ageing (until 4 December 2014)

Accountable Officer: Mr T Harper – Chief Executive Officer

The Anti-Cancer Council of Victoria is governed by a Council established in accordance with the provisions of the Cancer Act 1958. The members of the Council during 2014 were:

Mr R R ALLEN
Dr A BARTONE
Prof E BYRNE AO (until September 2014)
Assoc Prof P CAMPBELL
Prof J CEBON
Dr C CLARKE
Mr J M CLARKE
Dr M J DALLY
Prof G C DAVIS AC
Prof J DEN HOLLANDER
Prof J DEWAR
Mr R DOYLE
Ms E DUFFY
Prof S FOX

Prof M GARDNER (from September 2014)
Dr S A HART AM (from April 2014)
Prof M HAMILTON AO (President)
Assoc Prof J HEIERHORST
Prof D HILTON
Assoc Prof T W JOBLING
Dr P Y L KHAW
Mr D LLOYD
Assoc Prof B E LOVELAND
Dr F MECHINAUD
Miss O MCNALLY
Assoc Prof J MILLAR
Assoc Prof P L R MITCHELL

Dr P PHILIP
Prof A ROBERTS
Prof M A ROSENTHAL
Mr N J RUTHERFORD
Prof E R SIMPSON
Assoc Prof R D SNYDER
Dr D SPEAKMAN
Prof R J S THOMAS AOM
Prof J TRAPANI
Ms M TRINCI
Dr C UNDERHILL
Ms A J WILLIAMS

Subject to the general control of the Council, the Executive Committee may determine the measures to be taken to carry out the objectives of the organisation. The members of the Executive Committee during 2014 were:

Ms G FRASER (until April 2014)
Prof P J FULLER AM
Mr D GIBBS
Dr S A HART AM
Ms A MACPHEE AM

Assoc Prof J MILLAR
Mr M O’BRYAN
Prof A ROBERTS (Chair)
Ms O STAGOLL QAM
Prof J TRAPANI
Ms M TRINCI

Mr B WARD (until February 2014)

Subject to the general control of the Council, the Finance, Risk, Audit & Compliance Committee (‘FRAC’) manages the property, investments and funds of the organisation with responsibility to report to the Executive Committee on matters considered by it. The FRAC also provide input to the Executive Committee on all relevant matters pertaining to the administration and management of the property, investment and funds of the Council.
The members of the FRAC during 2014 were:

Ms D BLYTHE  
Mr B GASTIN  
Mr D GIBBS  
Prof A ROBERTS  
Ms M TRINCI (Chair)  
Ms M WRIGHT

The members of the Medical and Scientific Committee during 2014 were:

Prof L ACKLAND  
Assoc Prof S BALASUBRAMANIAN  
Dr P BOETTO  
Prof J CEBON  
Assoc Prof A CHANDU  
Assoc Prof P COUGHLIN  
Prof R DALY  
Dr H DE AIZPURUA  
Dr P DOWNIE (from October 2014)  
Prof P EBELING AO  
Dr F FOROUDI  
Prof S FOX  
Prof P J FULLER AM  
Dr H GAN  
Prof M GILLESPIE (until August 2014)  
Assoc Prof S HARRISON (from November 2014)  
Dr S A HART AM  
Dr J HEATH (until April 2014)  
Assoc Prof J HEIERHORST  
Prof J HOPPER AM  
Dr T KARAGIANNIS  
Dr P KHAW  
Assoc Prof L MARTIN  
Assoc Prof A METHA  
Adj Assoc Prof J MILLAR  
Prof D PHILLIPS  
Prof G PIETERSZ  
Prof G RISBRIDGER

Prof A ROBERTS  
Dr R SAFFERY  
Prof M SOUTHEY  
Assoc Prof D THOMAS (until May 2014)  
Prof R THOMAS OAM  
Prof J TRAPANI (Chair)  
Prof J VISVADER  
Mr D WREDE  
Dr N YAP

For a complete list of committees contributing to the governance of the Council, and their members, please refer to the 2015 Cancer Council Victoria Annual Report which will be submitted to the Victorian Parliament.
Anti-Cancer Council of Victoria (operating as Cancer Council Victoria)

NOTES TO FINANCIAL STATEMENTS
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2014

NOTE 15 - RESPONSIBLE PERSONS (continued)

15.2 Remuneration

The Responsible Minister does not receive any remuneration from the Anti-Cancer Council of Victoria. Amounts relating to Ministers are reported in the financial statements of the Department of Premier and Cabinet.

All members of the Council, the Executive Committee and the FRAC volunteer their services to the Council and receive no remuneration. Total remuneration received or due and receivable by Responsible persons from the Council in connection with the management of Council as follows:

<table>
<thead>
<tr>
<th>Total Remuneration</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>No.</td>
</tr>
<tr>
<td>$290,000 - 299,999</td>
<td>-</td>
<td>1</td>
</tr>
<tr>
<td>$300,000 - 309,999</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>$310,000 - 319,999</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Total numbers</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Total remuneration</td>
<td>$316,660</td>
<td>$296,629</td>
</tr>
</tbody>
</table>

15.3 Retirement benefits of responsible persons

Retirement benefits paid by the Council in connection with the retirement of responsible persons amounted to Nill (2013: Nil).

15.4 Other Related Party Transactions

The Council received grants and fees for service from organisations with which certain Committee members are associated. The Council also made payments to organisations with which certain committee members are associated. All such transactions were at arm’s length from the relevant members and were made in accordance with the Council’s normal policies and procedures.
## 15.4 Other Related Party Transactions (continued)

### AMOUNTS RECEIVED FROM:

<table>
<thead>
<tr>
<th>Related Party Transactions</th>
<th>Member</th>
<th>Nature of relationship</th>
<th>2014 $'000s</th>
<th>2013 $'000s</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Council Australia</td>
<td>Ms O Stagoll OAM</td>
<td>Director</td>
<td>3,162</td>
<td>2,876</td>
</tr>
<tr>
<td>VicHealth</td>
<td>Prof M Hamilton AO</td>
<td>Director</td>
<td>5,865</td>
<td>6,029</td>
</tr>
<tr>
<td>Victorian Breast Cancer Research Consortium (VBCRC)</td>
<td>Ms Glenny Fraser, Prof M Hamilton AO, Mr T Harper, Dr SA Hart AM, Ms</td>
<td>Directors</td>
<td>-</td>
<td>160</td>
</tr>
<tr>
<td></td>
<td>A Macphee AM</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Victorian Cancer Agency</td>
<td>Prof PJ Fuller AM</td>
<td>Deputy Chair</td>
<td>-</td>
<td>88</td>
</tr>
<tr>
<td>Peter MacCallum Cancer Centre</td>
<td>Prof J Trapani</td>
<td>Executive Director of Cancer Research, Head of Cancer Immunology Program</td>
<td>176</td>
<td>298</td>
</tr>
<tr>
<td></td>
<td>Assoc Prof D Thomas</td>
<td>Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>La Trobe University</td>
<td>Dr H Gan</td>
<td>Research</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Dr F Faroudi</td>
<td>Honorary Affiliation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monash University</td>
<td>Prof R Daly</td>
<td>Employment</td>
<td>12</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>Adj Assoc Prof J Millar</td>
<td>Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr SA Hart AM</td>
<td>Research</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prof G Risbridger</td>
<td>Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Assoc Prof S Balasubramanian</td>
<td>Academic</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prof M Gillespie</td>
<td>Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prof P Ebeling AO</td>
<td>Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Assoc Prof L Martin</td>
<td>Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prince Henry's Institute</td>
<td>Prof PJ Fuller AM</td>
<td>Research Fellow, Associate Director</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Prof M Gillespie</td>
<td>Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Melbourne Health</td>
<td>Prof A Roberts</td>
<td>Clinical Haematologist</td>
<td>13</td>
<td>8</td>
</tr>
<tr>
<td>Walter &amp; Eliza Hall Institute</td>
<td>Prof A Roberts</td>
<td>Head of Clinical Translation</td>
<td>53</td>
<td>280</td>
</tr>
<tr>
<td>University of Melbourne</td>
<td>Prof A Roberts</td>
<td>Principal Fellow</td>
<td>69</td>
<td>47</td>
</tr>
<tr>
<td></td>
<td>Assoc Prof A Chandu</td>
<td>Honorary Clinical Associate Professor</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prof M Southey</td>
<td>Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Assoc Prof A Metha</td>
<td>Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr F Faroudi</td>
<td>Honorary Affiliation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prof P Ebeling AO (2013)</td>
<td>Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prof J Hopper AM (2013)</td>
<td>Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>St Vincent's Institute</td>
<td>Ass Prof J Heierhorst</td>
<td>Associate Director</td>
<td>-</td>
<td>6</td>
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<tr>
<td>Ludwig Institute of Cancer Research</td>
<td>Prof J Cebon</td>
<td>Director and Laboratory</td>
<td>11</td>
<td>22</td>
</tr>
<tr>
<td></td>
<td>Dr H Gan</td>
<td>Head</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>Austin Health</td>
<td>Dr F Faroudi</td>
<td>Research</td>
<td></td>
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</table>

Total: $9,377 $9,868
### AMOUNTS PAID TO:

<table>
<thead>
<tr>
<th>Related Party Transactions</th>
<th>Member</th>
<th>Nature of relationship</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cancer Council Australia</td>
<td>Ms O Stagoll OAM</td>
<td>Director</td>
<td>2,894</td>
<td>2,581</td>
</tr>
<tr>
<td>Latrobe University</td>
<td>Dr H Gan</td>
<td>Research</td>
<td>261</td>
<td>250</td>
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<tr>
<td></td>
<td>Dr F Faroudi</td>
<td>Honorary Affiliation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monash Health</td>
<td>Prof P J Fuller AM</td>
<td>Director</td>
<td>397</td>
<td>450</td>
</tr>
<tr>
<td></td>
<td>Dr SA Hart AM</td>
<td>Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Peter MacCallum Cancer Centre</td>
<td>Prof J Trapani</td>
<td>Executive Director of Cancer Research, Head of Cancer Immunology Program</td>
<td>746</td>
<td>894</td>
</tr>
<tr>
<td>Alfred Health</td>
<td>Assoc Prof D Thomas</td>
<td>Employment</td>
<td>129</td>
<td>367</td>
</tr>
<tr>
<td></td>
<td>Adj, Assoc Prof J Milliar</td>
<td>Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monash University</td>
<td>Prof R Daly</td>
<td>Employment</td>
<td>589</td>
<td>608</td>
</tr>
<tr>
<td></td>
<td>Adj, Assoc Prof J Milliar</td>
<td>Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr SA Hart AM</td>
<td>Research</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prof G Risbridger</td>
<td>Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Assoc Prof S Balasubramanian</td>
<td>Academic</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prof M Gillespie</td>
<td>Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prof P Ebeling AO</td>
<td>Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Assoc Prof L Martin</td>
<td>Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prince Henry's Institute</td>
<td>Prof P J Fuller AM</td>
<td>Research Fellow, Associate Director</td>
<td>38</td>
<td>59</td>
</tr>
<tr>
<td></td>
<td>Prof M Gillespie</td>
<td>Employment</td>
<td></td>
<td></td>
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<tr>
<td>Walter &amp; Eliza Hall Institute</td>
<td>Prof A Roberts</td>
<td>Head of Clinical Translation</td>
<td>1,676</td>
<td>1,415</td>
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<tr>
<td>University of Melbourne</td>
<td>Prof A Roberts</td>
<td>Principal Fellow</td>
<td>3,340</td>
<td>4,990</td>
</tr>
<tr>
<td></td>
<td>Assoc Prof A Chandu</td>
<td>Honorary Clinical Associate Professor</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Prof M Southey</td>
<td>Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Assoc Prof A Metha</td>
<td>Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dr F Faroudi</td>
<td>Honorary Affiliation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prof P Ebeling AO (2013)</td>
<td>Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prof J Hopper AM (2013)</td>
<td>Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Melbourne Health</td>
<td>Prof A Roberts</td>
<td>Clinical Haematologist</td>
<td>477</td>
<td>894</td>
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<tr>
<td>St Vincent's Institute</td>
<td>Assoc Prof J Heierhorst</td>
<td>Associate Director</td>
<td>110</td>
<td>153</td>
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<td>Ludwig Institute of Cancer Research</td>
<td>Prof J Cebon</td>
<td>Director and Laboratory Head</td>
<td>379</td>
<td>152</td>
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<tr>
<td>Austin Health</td>
<td>Dr H Gan</td>
<td>Research</td>
<td>529</td>
<td>532</td>
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<tr>
<td></td>
<td>Dr F Faroudi</td>
<td>Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Western Health</td>
<td>Assoc Prof A Chandu</td>
<td>Consultant</td>
<td>76</td>
<td>112</td>
</tr>
<tr>
<td>Royal Women's Hospital</td>
<td>Prof M Quinn</td>
<td>Employment</td>
<td></td>
<td>175</td>
</tr>
</tbody>
</table>

| Total                             |                                             |                                 | 11,633| 13,632|
**NOTE 16 - EXECUTIVE REMUNERATION**

It is the policy of the Anti-Cancer Council of Victoria that the operations of the organisation be performed at an internationally competitive level. An independent sub-committee of the Executive Committee sets Senior Executive salaries at levels that the committee believes are sufficient to attract and retain executives who perform at the required level.

The numbers of executive officers, other than Ministers and accountable officers, and their total remuneration during the reporting period are shown in the first two columns in the table below in their relevant income bands. The base remuneration of executive officers is shown in the third and fourth columns. Base remuneration is exclusive of bonus payments, long-service leave payments, redundancy payments and retirement benefits.

<table>
<thead>
<tr>
<th>Total Remuneration</th>
<th>2014</th>
<th>2013</th>
<th>Base Remuneration</th>
<th>2014</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - 99,999</td>
<td>1</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>$100,000 - 109,999</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>$110,000 - 119,999</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>$120,000 - 129,999</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>$130,000 - 139,999</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>$140,000 - 149,999</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>$150,000 - 159,999</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>$160,000 - 169,999</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
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<tr>
<td>$170,000 - 179,999</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<td>$180,000 - 189,999</td>
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<tr>
<td>$190,000 - 199,999</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>$200,000 - 209,999</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>$210,000 - 219,999</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td>$220,000 - 229,999</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>$230,000 - 239,999</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
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<tr>
<td>$240,000 - 249,999</td>
<td>1</td>
<td>1</td>
<td>-</td>
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<td>$250,000 - 259,999</td>
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<td>-</td>
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<tr>
<td>$260,000 - 269,999</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>$270,000 - 279,999</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
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<tr>
<td><strong>Total number of executives</strong></td>
<td><strong>6</strong></td>
<td><strong>5</strong></td>
<td><strong>6</strong></td>
<td><strong>5</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Total annualised employee equivalent -AEE (a)</strong></td>
<td>5.0</td>
<td>5.0</td>
<td>5.0</td>
<td>5.0</td>
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<tr>
<td><strong>Total remuneration</strong></td>
<td>$1,181,738</td>
<td>$1,108,128</td>
<td>$1,004,978</td>
<td>$1,010,929</td>
<td></td>
</tr>
</tbody>
</table>

The total income received or due and receivable from the Council by executive officers is presented in the above table. This does not include the amounts listed under Note 15.2.

(a) Annualised employee equivalent is based on working 37.5 ordinary hours per week over the reporting period.
NOTE 17 - LEASES

Future operating lease rentals not provided for in the financial statements and payable:
Non-cancellable operating leases payable
- Not longer than one year 3,510 3,422
- Longer than one year and not longer than five years 14,503 14,189
- Longer than five years 14,936 19,013

32,949 36,624

As at 31 December 2014, lease commitments for $32,700,000 relate to lease rentals for both the buildings and warehouse (2013: $35,917,000). The remaining commitments related to computers and motor vehicles.

NOTE 18 - COMMITMENTS FOR EXPENDITURE

The Council had no contractual commitments as at 31 December 2014 (2013: $515,000).

There were no other commitments at the reporting date.

NOTE 19 - CONTINGENT ASSETS AND CONTINGENT LIABILITIES

19.1 Contingent assets

The Council is an equal co-beneficiary (50%) of a residuary Estate, which is to be received on the death of the last Estate income beneficiary. The Estate has been involved in significant Supreme Court actions where resolution has been in favour of the Estate. The Council has not recognised the beneficiary assets of the Estate as at 31 December 2014, because receipt of them is dependent on the outcome of any future potential claim while these assets are not within the control of the Council.

19.2 Contingent liabilities

Cancer Council Victoria's current Enterprise Agreement does not recognise prior Long Service Leave commitments from the Public Sector. At the expiration of the current Agreement under the current provisions of the Fair Work Act s113, Cancer Council Victoria would be required to recognise prior service for any entitled employees. This potential liability is uncertain, as it is unclear when this current Agreement will expire, as is the employee base that will be entitled to prior service recognition at the time of expiry. Assessment of liability will require detailed review at an employee level and this has not occurred. The Council has not recognised the potential liability for additional Long Service Leave as a provision at this time as the value cannot be reliably measured.

There were no other contingent liabilities at the reporting date.
Anti-Cancer Council of Victoria  (operating as Cancer Council Victoria)
NOTES TO FINANCIAL STATEMENTS
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2014

<table>
<thead>
<tr>
<th>NOTE 20 - REMUNERATION OF AUDITORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victorian Auditor-General's Office</td>
</tr>
<tr>
<td>Audit of the financial statements</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

NOTE 21 – SUPERANNUATION

The Council contributes to superannuation funds nominated by employees in accordance with the Choice of Superannuation Legislation.

The statutory amount contributed for all eligible employees was as follows:
- From 1 July 2014 - 9.5%
- From 1 July 2013 to 30 June 2014 - 9.25%
- Prior 1 July 2013 - 9%.

The total contribution paid to the Funds by the Council was $2,183,226 (2013: $2,303,226). All employees are entitled to benefits on retirement, disability or death in accordance with the appropriate legislation and the terms of the Trust Deed of the funds. All the funds are accumulation funds.

At the reporting date there were $245,038 (2013: $204,601) outstanding contributions payable to the superannuation funds, which is included in payables in the balance sheet.
Anti-Cancer Council of Victoria (operating as Cancer Council Victoria)

NOTES TO FINANCIAL STATEMENTS
FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2014

NOTE 22 - FINANCIAL INSTRUMENTS

The Council’s principal financial instruments comprise:
• cash and cash equivalents;
• term deposits;
• receivables (excluding statutory receivables, e.g. GST input tax credit recoverable);
• investments in equities;
• other Australian debt securities; and
• payables (excluding statutory payables).

Details of the significant accounting policies and methods adopted, including the criteria for recognition, the basis of measurement, and the basis on which income and expenses are recognised, with respect to each class of financial asset, financial liabilities and equity instruments are disclosed in Note 1 to the financial statements.

The carrying amounts of the Council’s contractual financial assets and financial liabilities by category are disclosed in the table below:

Categorisation of financial assets and financial liabilities

<table>
<thead>
<tr>
<th>Category</th>
<th>At 31 December 2014</th>
<th>Net carrying amount $000's</th>
<th>Maximum exposure to credit risk $000's</th>
<th>Net fair value $000's</th>
<th>Not past due and not impaired $000's</th>
<th>Less than 1 month</th>
<th>1-3 Months</th>
<th>Past due but not impaired $000's</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FINANCIAL ASSETS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>Cash</td>
<td>5,235</td>
<td>5,235</td>
<td>5,235</td>
<td>5,235</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Receivables</td>
<td>Loans and receivables at amortised cost</td>
<td>3,478</td>
<td>3,478</td>
<td>3,478</td>
<td>3,178</td>
<td>175</td>
<td>125</td>
<td></td>
</tr>
<tr>
<td>Other Financial Assets</td>
<td>Financial assets at fair value through profit or loss - held for trading</td>
<td>69,782</td>
<td>42,454</td>
<td>69,782</td>
<td>42,454</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Security Deposit</td>
<td>Held-to-maturity at amortised cost</td>
<td>1,947</td>
<td>1,947</td>
<td>1,947</td>
<td>1,947</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td><strong>Total financial assets</strong></td>
<td></td>
<td>80,442</td>
<td>53,114</td>
<td>80,442</td>
<td>52,814</td>
<td>175</td>
<td>125</td>
<td></td>
</tr>
<tr>
<td><strong>FINANCIAL LIABILITIES</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Payables</td>
<td>Financial liabilities at amortised cost</td>
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<td>N/A</td>
<td>4,382</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Total financial liabilities</strong></td>
<td></td>
<td>4,382</td>
<td>N/A</td>
<td>4,382</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
### Anti-Cancer Council of Victoria (operating as Cancer Council Victoria)

**NOTES TO FINANCIAL STATEMENTS**

**FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2014**

**NOTE 22 - FINANCIAL INSTRUMENTS (continued)**

<table>
<thead>
<tr>
<th>2013</th>
<th>Category</th>
<th>Net carrying amount</th>
<th>Maximum exposure to credit risk</th>
<th>Net fair value</th>
<th>Ageing analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$000's</td>
<td>$000's</td>
<td>$000's</td>
<td>Past due but not impaired</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$000's</td>
<td></td>
<td>$000's</td>
<td>Less than 1 month</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>158</td>
</tr>
<tr>
<td></td>
<td>Cash and cash equivalents</td>
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</tr>
<tr>
<td></td>
<td>Cash</td>
<td>10,766</td>
<td>10,766</td>
<td>10,766</td>
<td>62,755</td>
</tr>
<tr>
<td></td>
<td>Receivables</td>
<td>8,440</td>
<td>8,440</td>
<td>8,440</td>
<td>158</td>
</tr>
<tr>
<td></td>
<td>Other Financial Assets</td>
<td>62,755</td>
<td>37,661</td>
<td>62,755</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Security Deposit</td>
<td>1,947</td>
<td>1,947</td>
<td>1,947</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total financial assets</td>
<td>83,908</td>
<td>58,814</td>
<td>83,908</td>
<td></td>
</tr>
<tr>
<td></td>
<td>FINANCIAL LIABILITIES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trade payables</td>
<td>4,479</td>
<td>N/A</td>
<td>4,479</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total financial liabilities</td>
<td>4,479</td>
<td>N/A</td>
<td>4,479</td>
<td></td>
</tr>
</tbody>
</table>

The Council has assessed the carrying amount of financial assets and liabilities at amortised cost recorded in the financial statements to be a fair approximation of their fair values as at 31 December 2014 and 31 December 2013, respectively.

As at the reporting date there is no event to indicate that any of the financial assets were impaired.

There are no financial assets that have had their terms renegotiated so as to prevent them from being past due or impaired, and they are stated at the carrying amounts as indicated.
The following table shows the level in fair value hierarchy in which fair value measurements are categorised for other financial instruments at fair value through profit or loss on the balance sheet:

- Level 1 – the fair value of financial instrument with standard terms and conditions and traded in active liquid markets are determined with reference to quoted market prices;
- Level 2 – the fair value is determined using inputs other than quoted prices that are observable for the financial asset or liability, either directly (i.e. as prices) or indirectly (i.e. derived from prices); and
- Level 3 – the fair value is determined in accordance with generally accepted pricing models based on discounted cash flow analysis using unobservable market inputs.

<table>
<thead>
<tr>
<th>Carrying amount</th>
<th>Fair value measurement at end of the reporting period using</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Level 1</td>
</tr>
<tr>
<td><strong>At 31 December 2014</strong></td>
<td></td>
</tr>
<tr>
<td>Australian equities</td>
<td>20,630</td>
</tr>
<tr>
<td>International equities</td>
<td>6,698</td>
</tr>
<tr>
<td>Australian Bank bills &amp; Promissory Notes</td>
<td>33,550</td>
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<tr>
<td>Australian Fixed Interest</td>
<td>8,107</td>
</tr>
<tr>
<td>Other</td>
<td>797</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>69,782</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Carrying amount</th>
<th>Fair value measurement at end of the reporting period using</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Level 1</td>
</tr>
<tr>
<td><strong>At 31 December 2013</strong></td>
<td></td>
</tr>
<tr>
<td>Australian Equities</td>
<td>18,837</td>
</tr>
<tr>
<td>International Equities</td>
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</tr>
<tr>
<td>Australian Bank Bills &amp; Promissory Notes</td>
<td>28,750</td>
</tr>
<tr>
<td>Australian Fixed Interest</td>
<td>8,315</td>
</tr>
<tr>
<td>Other</td>
<td>597</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>62,755</td>
</tr>
</tbody>
</table>

There were no transfers between level 1 and 2 during the financial years.

The Council does not carry any financial liabilities classified as at fair value through profit or loss.
Valuation techniques used to derive level 2 fair values

The Council uses a variety of methods and makes assumptions that are based on market conditions existing at each balance date. Specific valuation techniques used to value financial instruments include:

- The use of quoted market prices or dealer quotes for similar instruments, and
- Other techniques, such as discounted cash flow analysis, are used to determine fair value for the remaining financial instruments.

(a) Credit risk

Credit risk arises from the contractual financial assets of the Council, which comprise cash and cash equivalents, non-statutory receivables and other financial assets. The Council’s exposure to credit risk arises from the potential default of a counterparty on their contractual obligations resulting in financial loss to the Council. Credit risk is measured at fair value and is monitored on a regular basis.

In addition, the Council does not engage in hedging for its contractual financial assets and mainly obtains contractual financial assets that are fixed interest, except for cash assets, which are mainly cash at bank. As with the policy for debtors, the Council’s policy is to only deal with banks with high credit ratings.

The objective of managing credit risk is to minimise the possibility of loss from debtors defaulting on payment.

Management of the Council has assessed the credit risk associated with cash and cash equivalents as low, with all the amounts held by banking organisations in Australia with a Standard and Poor’s credit rating of at least ‘A’ grade.

Policy in managing the concentrations of credit risk:

The Council minimises concentrations of credit risk in relation to trade accounts receivable by undertaking transactions with a large number of customers. In addition, the majority of retail sales are in cash, therefore there is no credit risk in these transactions. The major customers relate to government departments.

Credit risk in trade receivables is managed in the following ways:

- Payment terms are 30 days from date of invoice for other debtors.
- The Council manages debtors that represent government departments or agencies directly with department or agency contacts.

The Council does not have any material credit risk exposure to a single debtor or group of debtors under financial arrangements entered into by the Council.

Policy in managing the borrower failing to meet obligations:

The Council manages this risk with respect to trade receivables by the assessment of new debtors via Credit Application forms with trade references, where the credit is expected to exceed $1,000. Government bodies, Public statutory bodies and other Cancer Councils are exempt from this requirement.
NOTE 22 - FINANCIAL INSTRUMENTS (continued)

(a) Credit risk (continued)

Credit risk in other financial assets (investments) is managed as follows:

- The Council appoints external, professional investment managers to manage their investment portfolio;
- In appointing the investment manager, the Council applies a procedure where the applicants should comply with set criteria; including review of the risk profile adopted by the investment manager, the investment style and decision making process;
- The investment manager must be confirmed by the Finance Committee of the Council;
- The investment manager is required to operate in accordance with the Council's Investment Policy;
- The Council’s Investment Policy mitigates credit risk through requiring diversification of the investment portfolio;
- The investment manager is required to report to the Finance Manager of the Council on a monthly basis; this information is reported on a monthly basis to the CEO and at Finance Committee meetings;
- On a quarterly basis the investment manager is required to provide a certification that the investment mandate has been complied with.

The Security deposit for $1,947,000 is pledged by the Council as collateral for a financial guarantee in relation to the premises operating lease (refer to Note 17).

(b) Liquidity risk

The Council has assessed the liquidity risk as the difficulty in meeting obligations associated with financial liabilities as they fall due. Management has assessed the exposure of the Council to this risk as low considering the high volume of financial assets compared with financial liabilities.

The objective of managing liquidity risk is to ensure that all payments will be made as they become due and payable, while ensuring maximum funds are available for investment.

Policy in managing the liquidity risk:

The Council manages liquidity risk by monitoring cash flows to ensure sufficient funds are maintained in the transactional bank account to meet liabilities as they fall due. This is done while ensuring that surplus funds are transferred for investment. Daily monitoring occurs, with reports delivered periodically to the Finance Committee regarding the cash flow position and cash flow forecasts.

Maturity analysis of contractual Financial Liabilities

<table>
<thead>
<tr>
<th></th>
<th>Net carrying amount</th>
<th>Nominal amount</th>
<th>Maturity dates Less than 1 month</th>
<th>1 - 3 months</th>
<th>3 months - 1 year</th>
<th>More than 1 year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000s</td>
<td>$'000s</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At 31 December 2014</td>
<td>$3,822</td>
<td>$3,822</td>
<td>$3,822</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Trade payables</td>
<td>4,382</td>
<td>4,382</td>
<td>4,382</td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total Financial Liabilities</td>
<td>4,382</td>
<td>4,382</td>
<td>4,382</td>
<td></td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

At 31 December 2013

<table>
<thead>
<tr>
<th></th>
<th>Net carrying amount</th>
<th>Nominal amount</th>
<th>Maturity dates Less than 1 month</th>
<th>1 - 3 months</th>
<th>3 months - 1 year</th>
<th>More than 1 year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000s</td>
<td>$'000s</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade payables</td>
<td>4,479</td>
<td>4,479</td>
<td>4,441</td>
<td>37</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total Financial Liabilities</td>
<td>4,479</td>
<td>4,479</td>
<td>4,441</td>
<td>37</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

The amounts disclosed above are the contractual undiscounted cash flows of each class of financial liabilities.
(c) Market risk

The Council’s exposures to market risk are through interest rate risk, foreign currency risk and other equity price risk. Objectives, policies and processes used to manage each of these risks are disclosed as follows:

(i) Interest rate risk

The Council has determined its exposure to interest rate risk, as the possibility that the fair value or future cash flows of the returns from its financial instruments fluctuate as a result of changes in interest rates. The exposure to interest rate risk is insignificant as the Council does not hold interest bearing liabilities. However, the board monitors the possibility that the fair value or future cash flows of their financial instruments could fluctuate as a result of changes in market interest rates.

The objective of managing interest rate risk is to minimise and control the risks of losses due to interest rate changes and to take advantage of potential profits.

Policy in managing the interest risk:

Interest risk is managed by monitoring the outlook for interest rates and by holding cash in various bank bills and a number of banking institutions.

Sensitivity disclosure analysis - interest rate risk:

The Council cannot be expected to predict movements in market rate. The Council has estimated the below sensitivity analyses for illustrative purposes only, by taken into account past performance, future expectations, economic forecasts, and management’s knowledge and experience of the financial markets, which they believe are ‘reasonably possible’ over the next 12 months:

<table>
<thead>
<tr>
<th>INTEREST RATE EXPOSURE</th>
<th>Increase in rate by 0.25%</th>
<th>Decrease in rate by -0.25%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Annual return</td>
<td>Possible effect over</td>
</tr>
<tr>
<td></td>
<td></td>
<td>net result and</td>
</tr>
<tr>
<td></td>
<td>$'000s</td>
<td>$'000s</td>
</tr>
<tr>
<td>Total estimated impact</td>
<td></td>
<td>1,593</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>INTEREST RATE EXPOSURE</th>
<th>Increase in rate by 0.25%</th>
<th>Decrease in rate by -0.25%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Annual return</td>
<td>Possible effect over</td>
</tr>
<tr>
<td></td>
<td></td>
<td>net result and</td>
</tr>
<tr>
<td></td>
<td>$'000s</td>
<td>$'000s</td>
</tr>
<tr>
<td>Total estimated impact</td>
<td></td>
<td>1,534</td>
</tr>
</tbody>
</table>

This sensitivity analysis has been prepared for the next 12 months. The Council’s Management does not believe that it is possible to reasonably estimate the variables used (interest rates) further than for 12 months.
(c) Market risk (continued)

(ii) Currency risk

The Council is exposed to currency risk mainly through its investments in international equities. The Council exposures are mainly against the US dollar (USD) and are managed through continuous monitoring of movements in exchange rates against the USD, by ensuring availability of funds through cash flow planning and monitoring, and by limiting the exposure to currency risk to a maximum investment in foreign currency allocation as set out in its investment policy (refer to Note 22 (c) (iii) below).

Following a sensitivity analysis for the currency risk determined based on past performance, future expectations, economic forecasts, and management’s knowledge and experience of the financial markets, the Council’s management believes the following movements are ‘reasonably possible’ over the next 12 months. Sensitivity analyses shown are for illustrative purposes only, as follows:

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>Net result and equity</th>
<th>Currency risk</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Net carrying amount</td>
<td>$'000s</td>
<td>$'000s</td>
</tr>
<tr>
<td><strong>Financial Assets:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and Cash equivalents</td>
<td>5,235</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Receivables</td>
<td>3,478</td>
<td>13</td>
<td>(13)</td>
</tr>
<tr>
<td>Other financial assets:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australian equities</td>
<td>20,630</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>International equities</td>
<td>6,098</td>
<td>670</td>
<td>(670)</td>
</tr>
<tr>
<td>Australian fixed interest and bank bills</td>
<td>41,057</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Other</td>
<td>797</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Security Deposit</td>
<td>1,947</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Financial Liabilities</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade payables</td>
<td>4,382</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td><strong>Total impact on profit or loss/ equity</strong></td>
<td></td>
<td>683</td>
<td>(683)</td>
</tr>
</tbody>
</table>

* Estimated exchange rate movement of -10 per cent (depreciation of AUD), and 10 per cent (appreciation of AUD) against the USD year-end rate of 0.82.
(c) Market risk (continued)

(ii) Currency risk (continued)

<table>
<thead>
<tr>
<th></th>
<th>Net carrying amount</th>
<th>Currency risk FX varied by</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>-10%</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$'000s</td>
<td>$'000s</td>
<td>$'000s</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Assets:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and Cash</td>
<td>10,766</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>equivalents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receivables</td>
<td>8,440</td>
<td>2</td>
<td>(2)</td>
<td></td>
</tr>
<tr>
<td>Other financial</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>assets:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australian equities</td>
<td>18,837</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>International equities</td>
<td>6,257</td>
<td>626</td>
<td>(626)</td>
<td></td>
</tr>
<tr>
<td>Australian fixed</td>
<td>37,065</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>interest and bank</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>bills</td>
<td>597</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Security deposit</td>
<td>1,947</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Financial Liabilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trade payables</td>
<td>4,479</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>Total impact on profit or loss/ equity</td>
<td></td>
<td>628</td>
<td>(628)</td>
<td></td>
</tr>
</tbody>
</table>

* Estimated exchange rate movement of -10 per cent (depreciation of AUD), and 10 per cent (appreciation of AUD) against the USD year-end rate of 0.89.

(iii) Equity price risk

Exposure to other price risk arises due to the inherent risk of the possibility of unfavourable movements in the market value of the investments held for trading.

The Council is exposed to equity price risk through its investments in listed and unlisted shares and managed investment schemes. Such investments are allocated and traded to match the investment objectives appropriate for the Council’s liabilities.

The Council's objective in managing equity market risk is to minimise negative impacts on investment value due to the volatility of the stock market.

Policy in managing other market risk:

The Council appoints an external, independent investment manager to monitor the volatility of stock market investments in light of the performance benchmark set out in the investment policy.

The investment manager is expected to achieve this performance benchmark while recognising this risk, through the appropriate diversification of specific stocks. Further diversification may also be achieved through investment in different asset classes as per the mandated allocations set out in the investment policy (see table below). All investments are subject to satisfactory ethical screening.

The investment manager is required to undertake extensive analysis of the variables that may influence market prices, including economic and market cycles, currency movements and stock specific risks. The analysis performed by the investment manager is expected to reduce stock specific risks.
(iii) Equity price risk (continued)

The following table shows the Council's allocation of assets as stated in the Investment Policy:

<table>
<thead>
<tr>
<th>Investment Class Allocation</th>
<th>Benchmark</th>
<th>Control range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liquid investments, comprising:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Ultra liquid Investments</td>
<td>25%</td>
<td>15% - 35%</td>
</tr>
<tr>
<td>• Other liquid investments</td>
<td>15%</td>
<td>5% - 25%</td>
</tr>
<tr>
<td>40%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equities, comprising:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Australian listed equities</td>
<td>45%</td>
<td>35% - 60%</td>
</tr>
<tr>
<td>• Australian property trusts</td>
<td>5%</td>
<td>0% - 10%</td>
</tr>
<tr>
<td>• International equities</td>
<td>10%</td>
<td>0% - 15%</td>
</tr>
<tr>
<td>60%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Council's sensitivity to equity price risk is determined based on the observed range of actual historical data for the preceding five year period, with all variables other than the primary risk variable held constant. Sensitivity analyses shown are for illustrative purposes only. The following tables show the Council's maximum exposure to equity price risk, and a sensitivity analysis of the 'reasonably possible' movement over the next 12 months:

<table>
<thead>
<tr>
<th>2014</th>
<th>Net carrying amount</th>
<th>Equity price Risk</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000s</td>
<td>Increase in equity price by 10%</td>
<td>$'000s</td>
<td>Decrease in equity price by -10%</td>
</tr>
<tr>
<td>Financial Assets:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment in equities</td>
<td>28,125</td>
<td>2,813</td>
<td>(2,813)</td>
<td></td>
</tr>
<tr>
<td>Total impact on profit or loss/ equity</td>
<td>2,813</td>
<td>(2,813)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2013</th>
<th>Net carrying amount</th>
<th>Equity price Risk</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$'000s</td>
<td>Increase in equity price by 10%</td>
<td>$'000s</td>
<td>Decrease in equity price by -10%</td>
</tr>
<tr>
<td>Financial Assets:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Investment in equities</td>
<td>25,691</td>
<td>2,569</td>
<td>(2,569)</td>
<td></td>
</tr>
<tr>
<td>Total impact on profit or loss/ equity</td>
<td>2,569</td>
<td>(2,569)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NOTE 23 - SUBSEQUENT EVENTS

There are no material events subsequent to balance date that significantly affect the operation, the results, or the state of affairs of the Council.
Anti-Cancer Council of Victoria  (operating as Cancer Council Victoria)

DECLARATION BY CHAIR OF EXECUTIVE COMMITTEE, DIRECTOR AND CHIEF FINANCE AND ACCOUNTING OFFICER FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2014

We certify that the attached financial statements for the Anti-Cancer Council of Victoria have been prepared in accordance with Standing Direction 4.2 of the Financial Management Act 1994, the Australian Charities and Not-for-profits Commission Act 2012, and applicable Financial Reporting Directions, Australian Accounting Standards including Interpretations, and other mandatory professional reporting requirements.

We further state that, in our opinion, the information set out in the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement and accompanying notes, presents fairly the financial transactions during the year ended 31 December 2014 and financial position of the Council as at 31 December 2014.

At the time of signing, we are not aware of any circumstance that would render any particulars included in the financial statements to be misleading or inaccurate.

We authorise the attached financial report for issue on April 2015.

[Signature]
Council Member
(Chair of Executive Committee)

[Signature]
Accountable Officer
Chief Executive Officer

[Signature]
Chief Operating Officer

2 April, 2015
Date

Melbourne
Place
INDEPENDENT AUDITOR'S REPORT

To the Council Members, Anti-Cancer Council of Victoria

The Financial Report

The accompanying financial report for the year ended 31 December 2014 of the Anti-Cancer Council of Victoria which comprises the comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement, notes comprising a summary of significant accounting policies and other explanatory information, and the Chair of Executive Committee's, Accountable Officer's and Chief Finance and Accounting Officer's declaration has been audited.

The Councils' Responsibility for the Financial Report

The Council Members of the Anti-Cancer Council of Victoria are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards, the Financial Management Act 1994 and the Australian Charities and Not-for-profits Commission Act 2012, and for such internal control as the Council Members determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

As required by the Audit Act 1994, my responsibility is to express an opinion on the financial report based on my audit, which has been conducted in accordance with Australian Auditing Standards. Those standards require compliance with relevant ethical requirements relating to audit engagements and that the audit be planned and performed to obtain reasonable assurance about whether the financial report is free from material misstatement.

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

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.
Independent Auditor's Report (continued)

Independence
The Auditor-General’s independence is established by the Constitution Act 1975. The Auditor-General is not subject to direction by any person about the way in which his powers and responsibilities are to be exercised. In conducting the audit, the Auditor-General, his staff and delegates complied with all applicable independence requirements of the Australian accounting profession.

Basis for Qualified Opinion
Charitable support is a significant component of revenue for the Anti-Cancer Council of Victoria and is derived from a range of sources including cash donations. The Council has determined that it is impractical to establish control over the collection of cash prior to its receipt by the Council’s office and subsequent entry into its financial records, which is common for charitable organisations and consistent with prior years.

Accordingly, as the evidence available to me regarding cash sources was limited, my audit procedures with respect to cash donations had to be restricted to the amounts recorded in the financial records. I am therefore unable to express an opinion on whether cash donations obtained by the Anti-Cancer Council of Victoria are complete.

Qualified Opinion
In my opinion, except for the possible effects of the matter described in the Basis for Qualified Opinion paragraphs, the financial report of the Anti-Cancer Council of Victoria is in accordance with the Financial Management Act 1994 and the Australian Charities and Not-for-profits Commission Act 2012, including:

(a) giving a true and fair view of the entity’s financial position as at 31 December 2014, and of its financial performance for the year ended on that date

(b) complying with Australian Accounting Standards and the Australian Charities and Not-for-profits Regulation 2013.

MELBOURNE
9 April 2015

John Doyle
Auditor-General