



Australian Government
Cancer Australia

Annual Report 2024-25



Statement of Acknowledgement

Cancer Australia acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of Country throughout Australia. We pay our respects to Elders, past and present.

We celebrate the ongoing connections of Aboriginal and Torres Strait Islander peoples to Country, culture, community, family and tradition and recognise these as integral to health, healing and wellbeing.

Cancer Australia acknowledges great diversity among Aboriginal and Torres Strait Islander peoples, and the contribution of the many voices, knowledge systems and experiences that guide all efforts to create a culturally safe and responsive cancer system that is equitable to all.

About this report

The annual report is available online at canceraustralia.gov.au/about-us/accountability-and-reporting.

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All information in this publication is correct as at 08 October 2025.

Letter of transmittal

08 October 2025



Australian Government

Cancer Australia

Dear Minister,

I am pleased to present Cancer Australia's Annual Report for the year ended 30 June 2025.

This report has been prepared in accordance with section 46 of the *Public Governance, Performance and Accountability Act 2013*, which requires that an annual report be given to the entity's responsible Minister for presentation to the Parliament.

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

In compliance with section 10 of the Public Governance, Performance and Accountability Rule 2014, I certify that:

- i. a fraud risk assessment and fraud control plan has been prepared for Cancer Australia
- ii. appropriate mechanisms for preventing, detecting, investigating or otherwise dealing with and reporting of fraud that meet the needs of Cancer Australia are in place
- iii. all reasonable measures have been taken to deal appropriately with fraud relating to Cancer Australia.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Dorothy Keefe'.

Professor Dorothy Keefe PSM MD

Chief Executive Officer

Cancer Australia

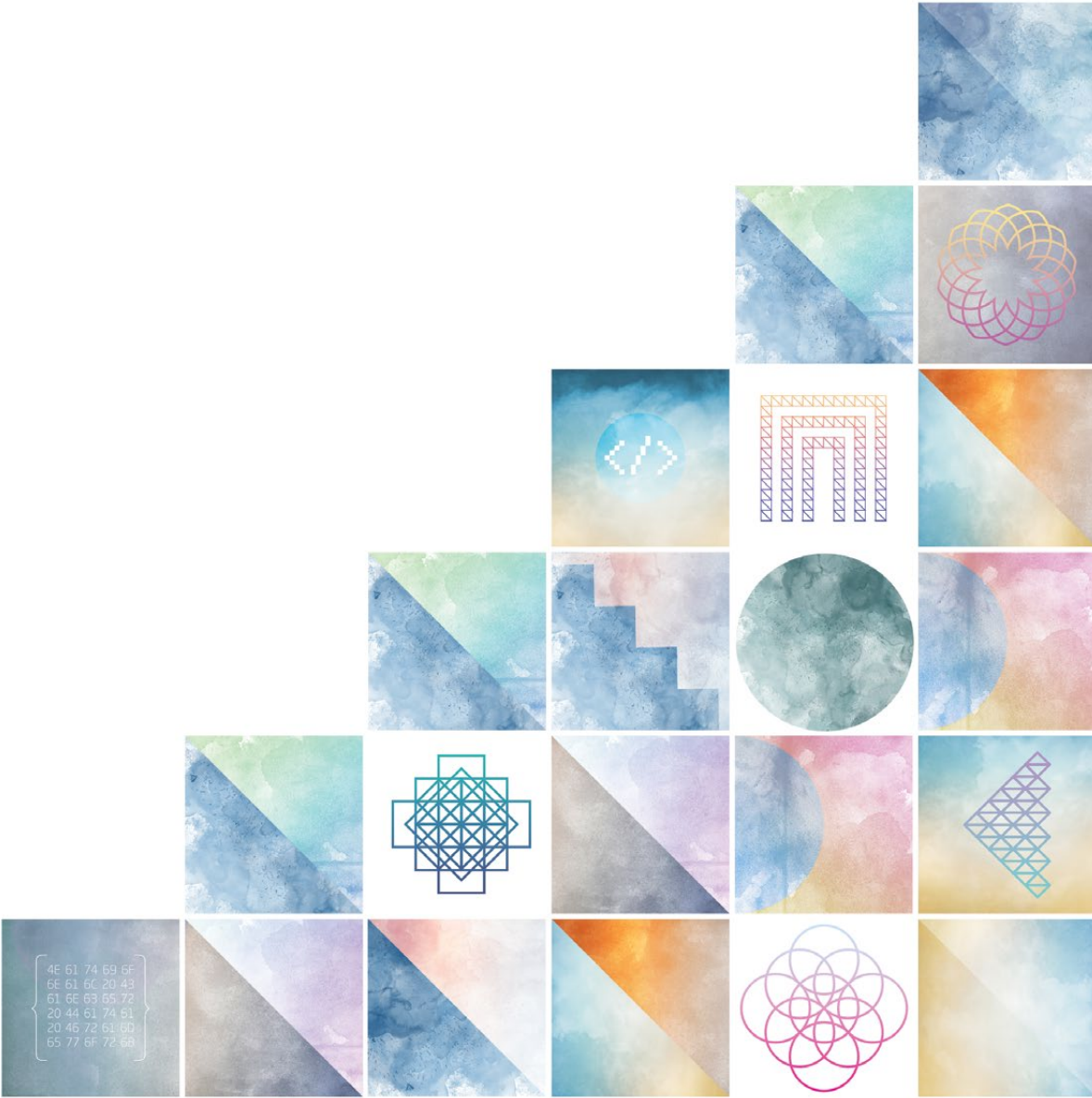
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1 Overview



Chief Executive Officer's review



It is my great pleasure to deliver Cancer Australia's Annual Report for 2024–25 and reflect on the past year at Cancer Australia.

The year of 2024–25 has seen the agency make significant strides in implementing the Australian Cancer Plan (the Plan). November 2024 marked the first anniversary of the Plan, and the Plan's foundational actions have been delivered or are well progressed, working towards the vision of world-class cancer outcomes and experiences for all Australians.

I am delighted to have been reappointed for a third 3-year term as Chief Executive Officer of Cancer Australia from 2025 to 2028. I look forward to continuing to lead the agency in implementing the Plan and achieving its vision of world-class cancer outcomes and experiences for all Australians.

Cancer Australia is also undergoing a routine organisational review in accordance with the Commonwealth Governance Structures Policy. The review is being approached positively and is a valuable opportunity for development and enhancement of Cancer Australia. We recognise that many of our stakeholders have been involved in consultations for this review, and we greatly appreciate their time and contributions in providing their observations on the agency's strengths and areas of opportunity.

National Lung Cancer Screening Program

Cancer Australia has played an important role in providing support to the Department of Health, Disability and Ageing in implementing the program. Cancer Australia led the development of clinical elements of the program, such as the development and delivery of program resources for participants and healthcare professionals, strengthening data linkage and establishing a dedicated research program to strengthen implementation of the program.

Australian Comprehensive Cancer Network

The Australian Comprehensive Cancer Network (ACCN) has continued to grow since its launch in May 2024. The ACCN seeks to improve equity in cancer outcomes by facilitating access to comprehensive cancer care for all Australians affected by cancer, no matter where they live.

The ACCN has over 1,000 members who interact through the ACCN online portal, which has been established to encourage discussions and sharing of information to improve cancer outcomes across the country. Cancer Australia continues to facilitate the expansion of the ACCN through close collaboration with Comprehensive Cancer Centres, which serve as anchor points of the ACCN, connecting to other cancer centres and services.

The ACCN is also a vehicle to support the delivery of the Plan's other priorities, including the uptake of Optimal Care Pathways (OCP) through the National Optimal Care Pathways Framework (OCP Framework), and championing the National Cancer Data Framework and National Framework for Genomics in Cancer Control.

The year of 2024–25 has seen the agency make significant strides in implementing the Australian Cancer Plan (the Plan). November 2024 marked the first anniversary of the Plan, and the Plan’s foundational actions have been delivered or are well progressed, working towards the vision of world-class cancer outcomes and experiences for all Australians.

National Optimal Care Pathways Framework

Cancer Australia released the [OCP Framework](#)¹ in October 2024 to standardise the approach to developing, updating, adapting, evaluating and embedding OCPs into routine cancer care, completing a 2-year action of the Plan. OCPs offer best practice guidance to improve cancer care and outcomes. They are recognised as setting the benchmark for quality cancer care but are not widely adopted and embedded across the sector. OCPs are at the centre of the Plan, and Cancer Australia has a program of work underway to improve uptake of OCPs.

Cancer Australia is progressing a number of the OCP Framework’s implementation priorities. This includes scoping nationally consistent quality data indicators for optimal care; digitising OCPs to improve accessibility and functionality; examining opportunities to link OCPs with My Health Record in partnership with the Australian Digital Health Agency; reviewing OCPs for better use in General Practice; implementing an OCP awareness campaign for health professionals; and developing new OCPs for older people with cancer and for people with rare and less common cancers.

National Framework for Genomics in Cancer Control

The National Framework for Genomics in Cancer Control (Genomics Framework) was launched in February 2025, completing a 5-year action of the Plan.

Implementation of the Genomics Framework has commenced, including through the Cancer Genomics Clinical Trials Fund – a scheme to stimulate advancements in genomic medicine and ensure equitable access to cancer clinical trials incorporating genomics.

The implementation of the Genomics Framework is a whole-of-sector responsibility, with focus on delivering culturally safe, genomics-guided personalised cancer care to avoid widening the equity gap for Aboriginal and Torres Strait Islander people and other priority population groups.

In February 2025, the Australian Government committed \$3 million to a new Cancer Genomics Clinical Trial Fund, which will be available to the Cancer Clinical Trials Groups as part of an early implementation priority of the Genomics Framework. This fund will foster innovation in clinical trial design, using genomics and molecular targeting techniques, accelerating the translation of genomic medicine into clinical practice.

1 <https://www.canceraustralia.gov.au/sites/default/files/2025-01/national-optimal-care-pathways-framework.pdf>

National Cancer Data Framework

The National Cancer Data Framework (Data Framework) sets the strategic direction for the collection, management, use and ongoing development of comprehensive and consistent health and cancer data.

Throughout development of the Data Framework, a consistent message from cancer stakeholder groups was the need for better use of cancer data to inform cancer care and reduce unwarranted variations between population groups. Other key feedback was around filling key data gaps such as stage at diagnosis, improving data accessibility and the need for national leadership and coordination in this space.

The Data Framework was approved by the Minister for Health and Ageing, has been endorsed by the Cancer and Population Steering Committee and will progress through to the Health Ministers' Meeting, to complete a 2-year action of the Plan.

Cancer Australia has also established partnerships to deliver Data Framework priorities related to enhancing national cancer data linkage infrastructure; standardising stage data and improving data timeliness and accessibility with the Australian Institute of Health and Welfare; and embedding patient-reported experiences and outcomes into national performance monitoring, in partnership with Movember.

Improving health outcomes for Aboriginal and Torres Strait Islander people

Achieving equity for Aboriginal and Torres Strait Islander people is an urgent priority. Aboriginal and Torres Strait Islander people are 13% more likely to be diagnosed with cancer and 40% more likely to die from cancer than non-First Nations people.² Collaboration and engagement with Aboriginal and Torres Strait Islander health organisations, health professionals, researchers and consumers underpin Cancer Australia's work.

Cancer Australia is progressing priority actions of the Plan to deliver improved cancer outcomes and experiences for Aboriginal and Torres Strait Islander people through co-design and partnerships with Aboriginal and Torres Strait Islander people, organisations and key leaders.

Through the 2023–24 Improving First Nations Cancer Outcomes budget measure, Cancer Australia received \$38.6 million to ensure mainstream cancer services are culturally safe and accessible to Aboriginal and Torres Strait Islander people. This complements the \$197.9 million in funding provided to the National Aboriginal Community Controlled Health Organisation to build the capacity and capability of Aboriginal community-controlled health services sector to support cancer care needs on the ground.

Cancer Australia is investing in access to culturally safe mainstream cancer services for Aboriginal and Torres Strait Islander people, building the capacity of the research sector and supporting the growth of the Aboriginal and Torres Strait Islander cancer workforce.

These investments are on track, and evaluation is being embedded into each program to inform future funding decisions.

2 Australian Institute of Health and Welfare 2025. Aboriginal and Torres Strait Islander Health Performance Framework. Canberra: AIHW. Accessed 19 June 2025; <https://www.indigenoushpf.gov.au/measures#tier1>.

Research

Cancer Australia strategically invests its modest research budget to strengthen clinical trials infrastructure, address unmet needs and respond to emerging cancer control challenges through targeted grants.

Over 2024–25, Cancer Australia, in partnership with the National Health and Medical Research Council, has established the new Cancer Australia Research Initiative to better respond to emerging cancer research priorities in a timely and transparent manner. The first round of the program will occur in 2025–26. This will replace the Priority-driven Collaborative Cancer Research Scheme, responding to a 2023 review of our research investment.

Looking ahead

For 2025 to 2028, Cancer Australia will focus on the following strategic priorities:

- Drive the implementation of the Plan, establish cross-sector partnerships, and monitor and evaluate progress to improve experiences and outcomes for all Australians affected by cancer.
- Facilitate and build the Australian Comprehensive Cancer Network to strengthen collaboration across jurisdictions by strengthening linkages across Comprehensive Cancer Centres and with cancer and health services to deliver optimal cancer care to all regions.
- Provide advice to government on new and emerging cancer issues and technologies, including rising incidence of early onset cancers and Chimeric Antigen Receptor T-cell (CAR-T) and proton beam therapy; and on population screening, including new targeted screening programs for lung cancer and melanoma.
- In partnership with governments and philanthropic investors, invest in cancer research priorities to support world-leading cancer control in Australia. This includes advancing Australia's capacity to develop world-class cancer clinical trials by supporting the national Cancer Clinical Trials Groups.
- Drive implementation of the Genomics Framework, including through the Cancer Genomics Clinical Trials Fund, to stimulate advancements in genomic medicine and ensure equitable access to cancer clinical trials incorporating genomics.
- Embed consistent, high-quality and evidence-based care for people with cancer by implementing the OCP Framework through developing, updating, improving awareness and driving uptake of OCPs, to successfully integrate OCPs into routine cancer care.
- Provide national leadership and support to improve the national collection, analysis, linkage, use and benchmarking of cancer data through the implementation of the Data Framework.
- Co-design and partner with Aboriginal and Torres Strait Islander communities and organisations to deliver improved cancer outcomes and experiences for Aboriginal and Torres Strait Islander people.
- Lead Australia's engagement with global cancer control partners, particularly in the Asia-Pacific region, and utilise that international expertise and information to inform priority areas of work.

In closing, I would like to express my sincere thanks to the many organisations and individuals that have supported Cancer Australia's work this year. I especially acknowledge the Minister for Health and Ageing, the Hon Mark Butler MP, as well as the Hon Rebecca White MP, the newly appointed Assistant Minister for Health and Aged Care, for their continued support of Cancer Australia and its initiatives.

I also extend my gratitude to the Advisory Council – particularly its Chair, Associate Professor Christopher Milross; Ms Deborah Henderson OAM, who served as Acting Chair from May to June 2025; and those who concluded their terms in August 2024 – for their valuable contributions.

I convey my thanks to the executive and staff of the Department of Health, Disability and Ageing for their continued support, partnership and contribution to Cancer Australia's achievements. I would also like to acknowledge our fellow Health portfolio agencies, the Australian Institute of Health and Welfare, the National Health and Medical Research Council, the Australian Digital Health Agency and the Australian Commission on Safety and Quality in Health Care, for their support and collaboration throughout the year.

Finally, I thank the executive and staff of Cancer Australia for their extraordinary efforts, professionalism and commitment to cancer control. I am looking forward to the remarkable work that lies ahead.

A handwritten signature in black ink, appearing to read 'D Keefe'.

Professor Dorothy Keefe PSM MD

Looking ahead for 2025 to 2028, Cancer Australia will focus on driving the implementation of the Plan, establish cross-sector partnerships, and monitor and evaluate progress to improve experiences and outcomes for all Australians affected by cancer.

Advisory Council Chair review



In 2024–25, the Cancer Australia Advisory Council provided strategic advice and guidance to Cancer Australia to strengthen the agency's ability to provide national leadership in cancer control.

Advisory Council members were engaged in and provided advice across the areas of focus for the agency, including towards:

- the implementation of the Australian Cancer Plan – in particular, progress towards addressing its 2- and 5- year goals
- shaping the National Framework for Genomics in Cancer Control, which aims to embed genomics-informed care across the cancer continuum
- development of the National Cancer Data Framework, which sets strategic direction for data collection and use
- development and uptake of Optimal Care Pathways
- work supporting the launch of the National Lung Cancer Screening Program, which will commence in July 2025
- Cancer Australia's future strategic directions in the context of global health and the impact of cancer
- identifying and guiding responses to emerging cancer issues such as early onset cancers.

In August last year, I was delighted to welcome Professor Kwun Fong, Associate Professor Dion Forstner, Dr Florian Honeyball, Associate Professor Glen Kennedy, Professor Anna Nowak, and Associate Professor Craig Underhill as new members of the Advisory Council. Their expertise and experience have been instrumental in shaping many of Cancer Australia's achievements over the past 12 months.

I particularly want to acknowledge and commend the Cancer Australia team on the significant progress on implementation of the Australian Cancer Plan, which will accelerate world-class cancer outcomes and improve the lives of all Australians affected by cancer.

I would like to thank all Advisory Council members for their valuable guidance, advice, and insights throughout 2024–25. Their extensive knowledge and dedication have made a significant contribution to the council's work and to Cancer Australia's leadership in national cancer control. I also wish to specially thank Ms Deborah Henderson OAM for her leadership and commitment during her time as Acting Chair.

Finally, I am pleased to acknowledge Cancer Australia's CEO, Professor Dorothy Keefe PSM MD, for her remarkable leadership of Cancer Australia in 2024–25. Under her stewardship, Cancer Australia has continued to deliver on its program of work and in its role as a national thought leader in cancer control. I also commend the agency's executive, staff and expert advisors for their hard work, dedication and professionalism.

I particularly want to acknowledge and commend the Cancer Australia team on the significant progress on implementation of the Australian Cancer Plan, which will accelerate world-class cancer outcomes and improve the lives of all Australians affected by cancer.

The Advisory Council looks forward to working with Professor Keefe and her team in 2025–26 to support the agency in its efforts to drive this generational reform agenda.



Associate Professor Christopher Milross

MB BS MD FRANZCR

FRACMA FAICD

Cancer Australia Advisory Council

Establishment and function

The Advisory Council is established under the *Cancer Australia Act 2006* (Cth) to 'give advice to the Chief Executive Officer about the performance of Cancer Australia's functions'. During 2024–25, the Advisory Council comprised one chair and 11 to 12 members at any one time, as appointed by the Minister for Health and Ageing. The Advisory Council met 3 times during the year and provided valuable advice on Cancer Australia's work.

Council members bring to their role considerable breadth and depth of expertise, including in cancer research, translation science, clinical practice (epidemiology, radiation oncology, surgical oncology, medical oncology and primary care), health policy, health service delivery, Aboriginal and Torres Strait Islander cancer control and an understanding of the experience of cancer.

Membership

The 2024–25 members of the Advisory Council were:

- Associate Professor Chris Milross – Chair
- Professor Joanne Aitken
- Associate Professor Penny Blomfield[^]
- Professor Alex Brown
- Professor Shelley Dolan
- Professor Kwun Fong*
- Associate Professor Dion Forstner*
- Ms Deborah Henderson OAM
- Dr Florian Honeyball*
- Professor Timothy Hughes[^]
- Associate Professor Glen Kennedy*
- Ms Lillian Leigh[^]
- Professor Anna Nowak*
- Dr Simone Raye
- Dr Serena Sia[^]
- The Hon Jillian Skinner AM[^]
- Ms Carolyn Smith*
- Dr Ranjana Srivastava OAM[^]
- Associate Professor Craig Underhill.*

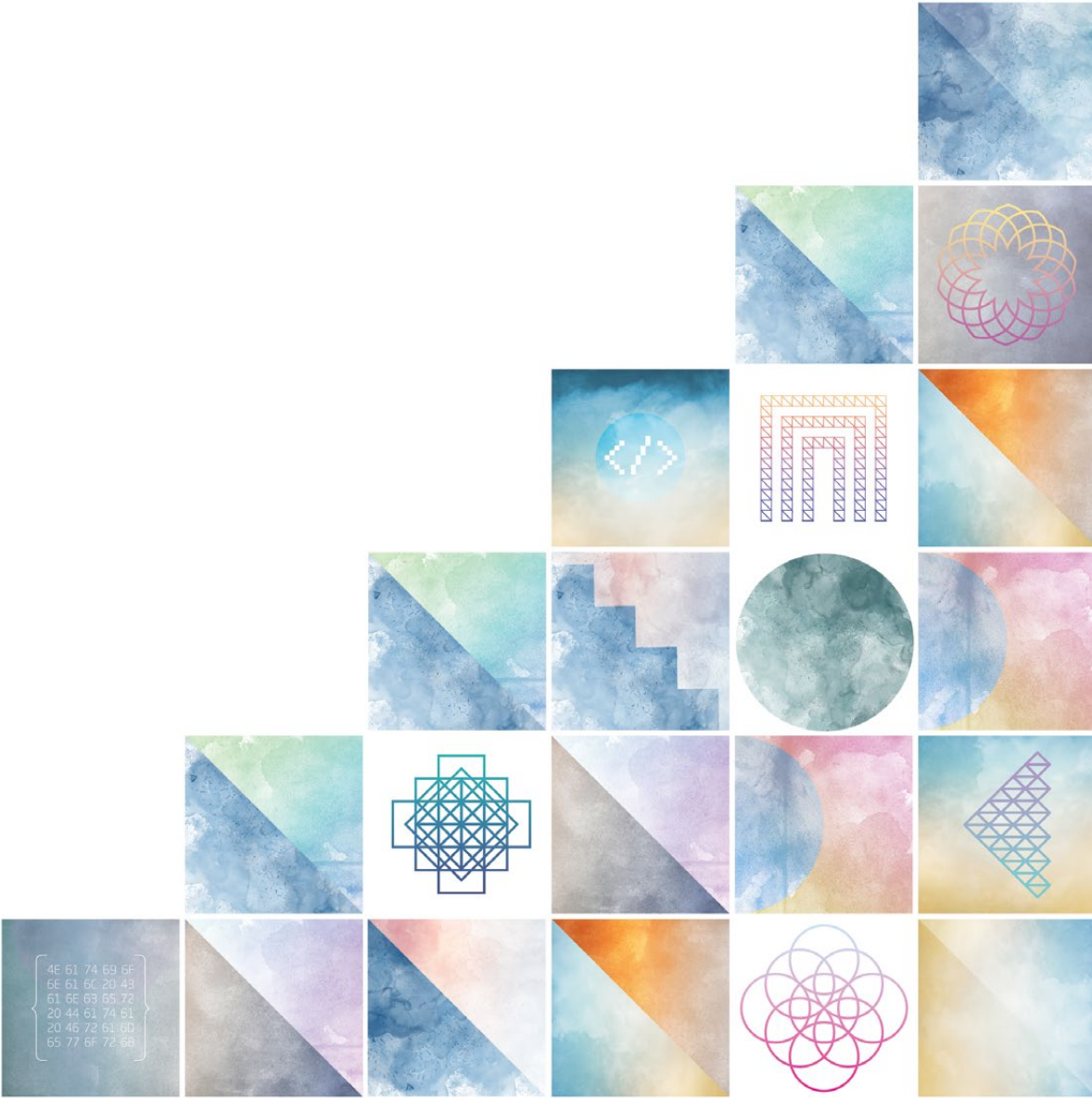
[^] Membership ceased August 2024

* Membership commenced August 2024

Advisory Council members are appointed for a term of no more than 3 years. Members' remuneration is governed by the Cancer Australia Act (section 30) and determined by the Remuneration Tribunal.

2

About Cancer Australia



About Cancer Australia

Cancer Australia is the Australian Government's national cancer control agency; it is a specialist agency within the Health and Aged Care portfolio. Cancer Australia aims to reduce the impact of cancer and improve outcomes for all people affected by cancer.

Cancer Australia achieves its purpose by providing national leadership in cancer control; developing and promoting evidence-based, best practice cancer care; providing consumer and health professional cancer information; funding priority cancer research; and strengthening national cancer data capacity.

According to the latest available data, in 2024, an estimated 169,478 new cases of cancer will be diagnosed in Australia, excluding basal and squamous cell carcinomas of the skin.³ Cancer remains a leading cause of death in Australia, with 52,671 people expected to die from cancer in 2024.³ Cancer is also the leading cause of total disease burden in Australia, accounting for 16% of the burden of disease in 2024.⁴

This notwithstanding, it should be noted that more people in Australia are living longer after a diagnosis with cancer. Australia has seen the 5-year relative survival for all cancers combined increase from 54.5% in 1991–1995 to 71.2% in 2016–2020.⁵

Cancer Australia works collaboratively across the entire cancer control ecosystem with Australians affected by cancer, health professionals, researchers, policymakers and service providers. The agency is a respected thought leader in the sector and is uniquely positioned to provide robust, world-leading advice to the Australian Government on cancer policy priorities.

Cancer Australia works closely with Aboriginal and Torres Strait Islander people to co-design improved cancer outcomes for Aboriginal and Torres Strait Islander people. It fulfils its statutory obligations to fund cancer research by building research capability and addressing emerging priorities for cancer research and data.

Cancer Australia lends its expertise to inform international cancer control activity. Cancer Australia uses its position as a trusted collaborator to facilitate a unity of purpose across the sector in setting priorities for action for cancer control in Australia.

Cancer Australia leverages its stakeholder relationships to cost-effectively harness eminent advice on any issues relating to cancer control at short notice.

3 Australian Institute of Health and Welfare 2024. Cancer data in Australia. Cat. no. CAN 122. Canberra: AIHW. Accessed August 2024; <https://www.aihw.gov.au/reports/cancer/cancer-data-in-australia/data>.

4 Australian Institute of Health and Welfare 2024. Australian Burden of Disease Study 2024. Cat. no. BOD 40. Canberra: AIHW. Accessed July 2025; [Australian Burden of Disease Study 2024, About – Australian Institute of Health and Welfare](#).

5 Australian Institute of Health and Welfare 2024. Cancer data in Australia. Cat. no. CAN 122. Canberra: AIHW. Accessed August 2024; <https://www.aihw.gov.au/reports/cancer/cancer-data-in-australia/data>.

Purpose

Cancer Australia's purpose is to minimise the impact of cancer, address disparities, and improve the health outcomes of people affected by cancer in Australia by providing national leadership in cancer control.

Functions and role

Cancer Australia was established by the *Cancer Australia Act 2006* (Cth) and is a non-corporate Commonwealth Entity under the *Public Governance, Performance and Accountability Act 2013* (Cth).

Cancer Australia is subject to the *Auditor-General Act 1997* (Cth), and its staff are employees of the Australian Public Service (APS) under the *Public Service Act 1999* (Cth).

The role and functions of Cancer Australia are set out in the Cancer Australia Act. Its functions, as prescribed by the Act, are:

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

Cancer Australia's Chief Executive Officer (CEO) reports to the Minister for Health and Ageing.

Organisational structure

Cancer Australia is led by the CEO, Professor Dorothy Keefe PSM MD. Professor Keefe is supported by the Deputy CEO, Ms Claire Howlett.

The Senior Executive team is as follows:

Clinical Policy Advice Branch

— Medical Director: Professor Vivienne Milch

Cancer Control Strategy Branch

— Mr David Meredyth

Evidence, Priority Initiatives and Communications Branch

— Ms Cindy Toms until March 2025

— Mr Adam Lambert from March 2025

Corporate Operations Branch

— Mr Elmer Wiegold. Mr Wiegold is also the agency's Chief Financial Officer.

At 30 June 2025, Cancer Australia had 84 employees, of whom 73 were ongoing.

Cancer Australia has structures, systems and processes in place to ensure that its governance, compliance and accountability responsibilities are met (see Part 4 of this report). Cancer Australia's head office is located in Sydney. Cancer Australia also maintains an office in Canberra.

Cancer Australia Advisory Council

Cancer Australia draws on the broad diversity of expertise, skills and experience that Advisory Council members bring to the organisation. The Advisory Council consists of a Chair and up to 12 members appointed by the Minister for Health and Ageing, the Hon Mark Butler MP. The Advisory Council Chair's review is in Part 1 of this report.

Audit and Risk Committee

Cancer Australia benefits from advice and counsel provided through a standing Audit and Risk Committee, whose members are Ms Gayle Ginnane (Chair), Ms Roslyn Jackson and Ms Belinda Small.

Advisory groups

Cancer Australia acknowledges the significant input and valuable advice extended to the agency by strategic and project-specific advisory groups. Appendix E provides further information about the roles of these groups.

Outcome and program structure

The outcome of Cancer Australia's work in the Portfolio Budget Statements 2024–25 (PBS) is:

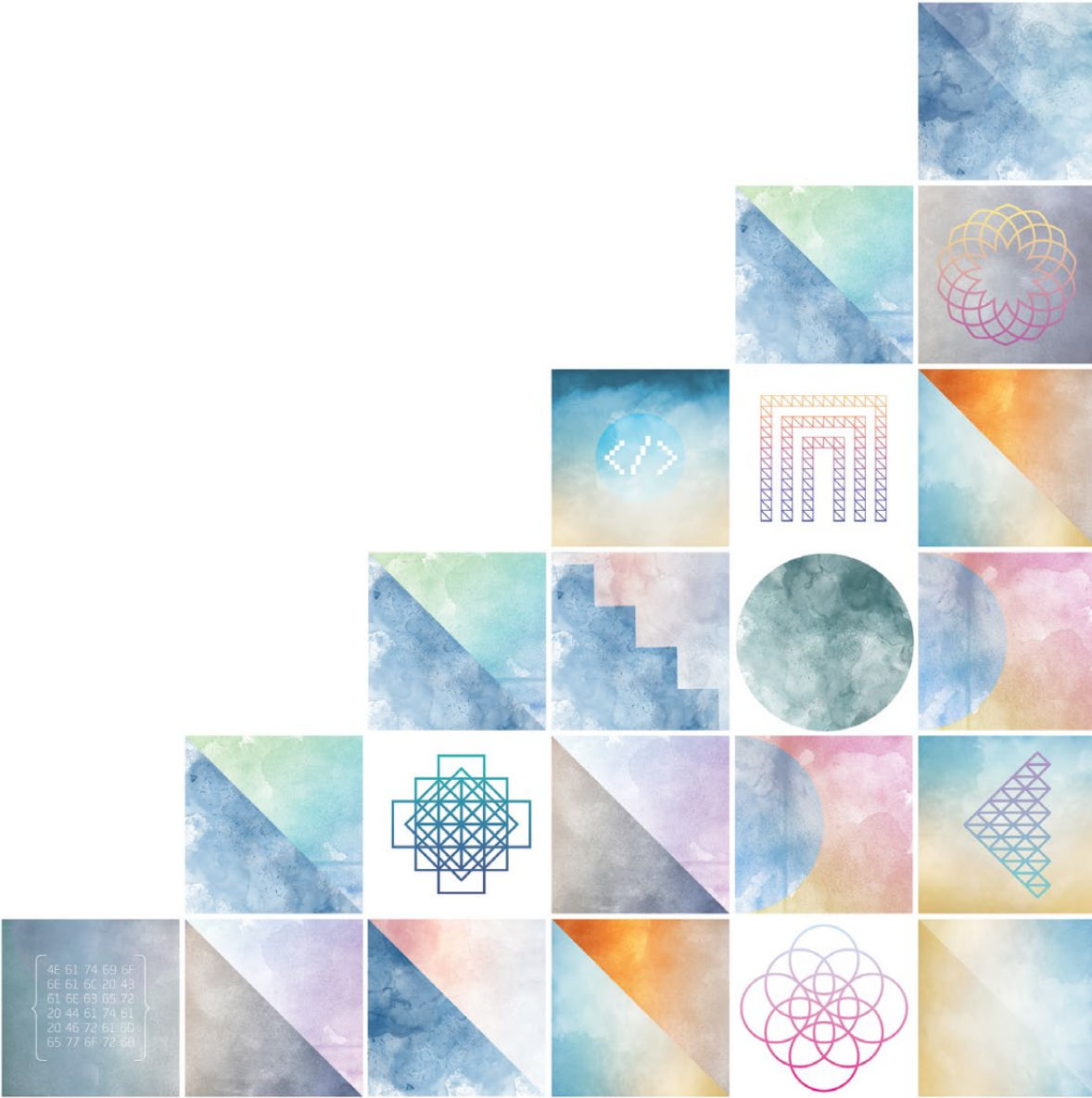
Minimised impacts of cancer, including through national leadership in cancer control with targeted research and clinical trials; evidence informed clinical practice; strengthened national data capacity; community and consumer information and support (PBS, page 268).

The program attached to this outcome is Program 1.1: Improved cancer control.

The 2024–25 Health and Aged Care Portfolio Budget Statements are available at www.transparency.gov.au

3

Report on performance



2024-25 highlights



Developing the National Lung Cancer Screening Program

Cancer Australia worked in partnership with the Department of Health, Disability and Ageing on the development and delivery of the National Lung Cancer Screening Program, leading the development of clinical program elements, participant and healthcare professional resources, enhanced data linkage, and a dedicated research initiative to support program delivery.

Cancer Australia will continue to support the implementation of the National Lung Cancer Screening Program, working closely with the Department of Health, Disability and Ageing.



Expanded the Australian Comprehensive Cancer Network

The Australian Comprehensive Cancer Network (ACCN) continues its expansion to improve equity of access to comprehensive cancer care nationwide, now with over 1,000 members. The second ACCN Innovations Showcase will be held on 3 July 2025 and serve as an opportunity to share examples of networked cancer care to improve equity and explore how the ACCN can support the delivery of optimal care across jurisdictions.



Delivery of the National Optimal Care Pathways Framework

Cancer Australia released the National Optimal Care Pathways (OCP) Framework in October 2024, establishing a standardised approach for developing, updating, and integrating OCPs into cancer care. This initiative delivered a 2-year action under the Australian Cancer Plan and supports the broader adoption of best practice cancer care.



Release of the National Framework for Genomics in Cancer Control

The National Framework for Genomics in Cancer Control, launched in February 2025, marked the early completion of a 5-year action under the Australian Cancer Plan. Implementation has commenced, with initiatives such as the Cancer Genomics Clinical Trials Fund, allocating \$3 million to advancing genomic medicine and promoting equitable access to genomics-based clinical trials.



Development of the National Cancer Data Framework

The National Cancer Data Framework (Data Framework) is a foundational implementation action of the Australian Cancer Plan, and sets the strategic direction for the collection, management, use and ongoing development of comprehensive and consistent health and cancer data. The Data Framework was approved by the Minister for Health and Ageing, was endorsed by the Cancer and Population Steering Committee and is progressing for final approval and public release in quarter 3 of 2025.



Improving health outcomes for Aboriginal and Torres Strait Islander people

Achieving equity for Aboriginal and Torres Strait Islander people is an urgent priority. Collaboration and engagement with Aboriginal and Torres Strait Islander health organisations, health professionals, researchers and consumers underpins Cancer Australia's work.

Cancer Australia is investing in access to culturally safe mainstream cancer services for Aboriginal and Torres Strait Islander people, building the capacity of the research sector and supporting the growth of the Aboriginal and Torres Strait Islander cancer workforce.



Supporting strategic research

The Cancer Australia Research Initiative (CARI) was established in partnership with the National Health and Medical Research Council (NHMRC), with the first funding round scheduled for 2025–26. The CARI has been designed to reflect the current cancer research landscape and ensure alignment with the Australian Cancer Plan to fund cancer research in areas of unmet and emerging need.

Annual performance statements

As the accountable authority of Cancer Australia, I present the 2024–25 Annual Performance Statements of Cancer Australia, in accordance with paragraph 39(1)(a) of the *Public Governance, Performance and Accountability Act 2013* (Cth) (PGPA Act). In my opinion, these Annual Performance Statements are based on properly maintained records, accurately reflect the performance of the entity and comply with subsection 39(2) of the PGPA Act.



Professor Dorothy Keefe PSM MD

These Annual Performance Statements are presented in the context of Cancer Australia's purpose and program objectives. They demonstrate the outcomes achieved by the agency against the intended outcomes outlined in the Portfolio Budget Statements 2024–25 (PBS) and Cancer Australia 2024–25 Corporate Plan.

Purpose

Cancer Australia's purpose is to minimise the impact of cancer, address disparities and improve the health outcomes of people affected by cancer in Australia by providing national leadership in cancer control (Outcome 1: Health Policy, Access and Support).

Cancer Australia's program of work contributes toward the achievement of the following outcome: Minimised impacts of cancer, including through national leadership in cancer control with targeted research and clinical trials; evidence informed clinical practice; strengthened national data capacity; community and consumer information and support (PBS, page 268).

Program objectives

Cancer Australia's program objectives for 2024–25 were:

1. Provide national leadership in cancer control.
2. Develop and promote evidence-based best practice cancer care.
3. Fund cancer research and drive efforts to strengthen national data capacity in consultation with relevant agencies.
4. Provide consumer and health professional cancer information and resources.
(PBS, page 270; Corporate Plan, page 2.)

Cancer Australia's performance in relation to these program objectives, and the performance criteria associated with them, is provided in the tables below. There is a separate table for each program objective. The agency has substantially met its 2024–25 reference points or targets.

1. Provide national leadership in cancer control

Performance criterion	2024–25 target	Criterion source	Result
Lead the implementation of the Australian Cancer Plan (the Plan).	Engage with the cancer sector to communicate and promote uptake of the Plan's objectives, goals and ambitions. Progress on foundational implementation projects in support of the Plan's 2-year goals: – Australian Comprehensive Cancer Network (ACCN) Framework. – National Optimal Care Pathways Framework. – National Cancer Data Framework and Minimum Data Set. – National Framework for Genomics in Cancer Control. Progress activities to achieve 5-year actions in the Plan.	2024–25 Corporate Plan, page 8. Program 1.1 Portfolio Budget Statements 2024–25, page 271.	Achieved. See below.

In 2024–25, Cancer Australia continued to engage with stakeholders across the sector to promote the Australian Cancer Plan (the Plan). Cancer Australia has developed an approach to partnerships with interested stakeholders to collectively implement the Plan. The resulting partnership agreements outline activities each partner is leading and how these align with the Plan's actions, as a formal demonstration of a shared commitment to the Plan's implementation. Since July 2024, Cancer Australia has established 19 partnerships with stakeholders across the sector, including non-government organisations, philanthropic organisations, private health organisations and research institutions.

Cancer Australia's established reporting channels, through Cancer Australia's National Cancer Expert Group, enable each state and territory to showcase how they are contributing to the Plan's implementation. In 2025, Cancer Australia will update the Implementation Plan to include activities that implementation partners and the states and territories are leading.

A Monitoring and Evaluation Framework for the Plan was published on 10 December 2024. The framework will guide an evaluation of the sector's progress towards the Plan's 2- and 5-year goals. Cancer Australia's engagement with implementation partners and jurisdictions will support the 2-year evaluation planned in 2025–26.

Cancer Australia delivered foundational implementation priorities outlined in the Plan in support of the 2-year goals, including the:

- Australian Comprehensive Cancer Network (ACCN) establishment
- National Optimal Care Pathways Framework (OCP Framework)
- National Cancer Data Framework (Data Framework) and Minimum Data Set
- National Framework for Genomics in Cancer Control (Genomics Framework).

In 2024–25, Cancer Australia continued to work with the sector to build and implement the ACCN, which is a 5-year action under the Plan's strategic objective 'World Class Health Systems for Optimal Care'. This virtual national network has expanded its reach and strengthened a nationally coordinated approach to facilitate access to comprehensive cancer care for all Australians affected by cancer, no matter where they live. The ACCN has successfully attracted over 1,000 members from across Australia in its first year, including individuals and organisations from Comprehensive Cancer Centres, metropolitan and regional cancer services, private health service providers, international agencies, universities and research organisations.

To support the further expansion of the ACCN as a fully integrated national network connecting cancer services across Australia, the ACCN is governed by a committee of experts in cancer care and representatives of the Comprehensive Cancer Centres. Facilitated by Cancer Australia and chaired by Professor Dorothy Keefe PSM MD, the ACCN Committee provides guidance and leadership to the development and expansion of the ACCN.

In November 2024, the ACCN Discussion Forum (the Forum) was launched for members to connect, collaborate and share areas of interest in comprehensive cancer care and research. Within the Forum are collaborative communities, where members can work together on areas of interest aligned to a specific topic. The Forum aims to strengthen engagement across existing networks and support alliances within and across jurisdictions.

Cancer Australia released the OCP Framework in October 2024. It supports the Plan's 2-year goal under the strategic objective 'World Class Health Systems for Optimal Care'.

The OCP Framework standardises the approach to developing, updating, evaluating and embedding Optimal Care Pathways (OCPs) into cancer care. Cancer Australia undertook extensive consultation across the sector to develop the OCP Framework.

Cancer Australia commenced a number of OCP Framework implementation priorities in 2024–25, including:

- scoping nationally consistent indicators relevant to OCPs
- digitising OCPs to improve accessibility and functionality and examining opportunities to link OCPs with My Health Record in partnership with the Australian Digital Health Agency
- promoting awareness of OCPs
- developing an OCP for older people with cancer and an OCP for people with rare and less common cancers
- reviewing OCPs for improved functionality in primary care.

The Data Framework sets the strategic direction and priorities for the collection, management, use and ongoing development of comprehensive and consistent data to improve cancer outcomes. It supports the Plan's 2-year goal under the strategic objective 'Strong and Dynamic Foundations'.

Cancer Australia developed the Data Framework in partnership with Cancer Council Australia and the Australian Institute of Health and Welfare (AIHW), with significant sector, interjurisdictional and public consultation. The Data Framework was also informed by a First Nations-led process with Aboriginal and Torres Strait Islander leaders, practitioners and community members, ensuring the Data Framework and implementation remain culturally appropriate, effective and aligned with community values.

The Data Framework was agreed by the Minister for Health and Ageing in February 2025 and endorsed by state and territory Health Chief Executives in June 2025. Cancer Australia is taking a lead role in coordinating implementation, in collaboration with the sector.

The Genomics Framework was published on 6 February 2025, achieving a 5-year action under the Plan’s strategic objective ‘Maximising Cancer Prevention and Early Detection’. The Genomics Framework marks a significant step toward improved cancer outcomes through personalised cancer care. The development of the Genomics Framework was informed by a rigorous review of national and international evidence and extensive public consultation, including a focus on Aboriginal and Torres Strait Islander communities. To inform the development of an implementation plan, Cancer Australia will engage with stakeholders to determine key implementation priorities, risks and activities.

Performance criterion	2024–25 target	Criterion source	Result
Drive the implementation of the Australian Brain Cancer Mission to improve outcomes for Australians diagnosed with brain cancer.	Implementation of the Australian Brain Cancer Mission, in collaboration with the Department of Health, Disability and Ageing and other partners.	2024–25 Corporate Plan, page 9.	Achieved. See below.

In 2024–25, Cancer Australia continued to work in partnership with the Department of Health, Disability and Ageing to deliver the Australian Brain Cancer Mission (the Mission) and drive improved outcomes for Australians diagnosed with brain cancer.

The Mission is now investing at least \$172 million into brain cancer research over 10 years, consisting of \$50 million from the Australian Government and over \$122 million to date in funding and planned commitments from 12 funding partners (above the original commitment of \$50 million), as of 31 January 2025. An additional \$34 million in Medical Research Future Fund (MRFF) funding has been invested in brain cancer research beyond the original Mission budget, as of 1 September 2025.

Funding partners include Australian Capital Territory (ACT) Health and Canberra Health Services, Carrie’s Beanies 4 Brain Cancer, Children’s Hospital Foundation Queensland, Cure Brain Cancer Foundation, Financial Markets Foundation for Children, Mark Hughes Foundation, Minderoo Foundation Collaboration Against Cancer Initiative, Neurosurgical Research Foundation, Robert Connor Dawes Foundation, The Kids’ Cancer Project, the State of New South Wales and the State of Victoria.

In 2024–25, Cancer Australia continued to work with the department to renew the strategic governance of the Mission through an Expert Advisory Panel (EAP). The EAP met 5 times in 2024–25 and delivered a refreshed MRFF Australian Brain Cancer Mission Roadmap and Implementation Plan⁶ which was published in April 2025. The Implementation Plan sets out 3 aims and 5 priority areas for funding within the aims. The EAP’s term concluded in April 2025.

Cancer Australia continues to engage with funding partners to complement MRFF funding and progress implementation of Mission initiatives to 2027.

6 <https://www.health.gov.au/resources/publications/mrff-australian-brain-cancer-mission-strategic-documents?language=en>

Performance criterion	2024–25 target	Criterion source	Result
Provide technical support to the Department of Health to design and deliver the National Lung Cancer Screening Program (NLCSP).	Collaboratively engage with key stakeholders to develop and deliver Program Guidelines, information and education resources and other clinical materials to support the implementation of the NLCSP. Commence program-specific research activities.	2024–25 Corporate Plan, page 9. Program 1.1 Portfolio Budget Statements 2024–25, page 272.	Achieved. See below.

Cancer Australia worked in partnership with the Department of Health, Disability and Ageing and the National Aboriginal Community Controlled Health Organisation (NACCHO) to design and implement the National Lung Cancer Screening Program (NLCSP).

Cancer Australia led the development of the NLCSP clinical materials, including the Program Guidelines and a suite of information materials and workforce education resources, to support participants and health professionals in navigating the program.

To support the radiology sector, Cancer Australia worked closely with the Royal Australian and New Zealand College of Radiologists to develop a structured reporting template and a radiology-specific educational program.

Cancer Australia engaged a multidisciplinary research consortium led by the Thoracic Society of Australia and New Zealand to investigate how to optimise the Australian Lung Nodule Management Protocol for the NLCSP.

Performance criterion	2024–25 target	Criterion source	Result
Partner with Aboriginal and Torres Strait Islander people to co-design and deliver improved cancer care for Aboriginal and Torres Strait Islander people.	Priority Aboriginal and Torres Strait Islander cancer control initiatives led and co-designed by Aboriginal and Torres Strait Islander people. Lead delivery of activities to ensure mainstream health services are culturally safe and accessible. Award up to 20 cultural safety grants and up to 12 First Nations research grants over a three-year period (2024–25 to 26–27). Award up to 4 First Nations cancer scholarships annually over a three-year period (2024–25 to 26–27).	2024–25 Corporate Plan, page 9. Program 1.1 Portfolio Budget Statements 2024–25, page 273.	Achieved. See below.

Improving experience and outcomes for Aboriginal and Torres Strait Islander people affected by cancer is a key priority for Cancer Australia. Collaboration and engagement with Aboriginal and Torres Strait Islander health organisations, health professionals, researchers and consumers underpins Cancer Australia's work.

Throughout 2024–25 Cancer Australia has partnered with Aboriginal and Torres Strait Islander people to co-design programs and deliver improved cancer care across a range of priority policy initiatives and programs. This includes activities funded through the 2023–24 Improving First Nations Cancer Outcomes budget measure and early implementation priorities of the Plan that will embed Aboriginal and Torres Strait Islander voices into cancer policymaking, health service delivery and research.

In the 2023–24 Budget, Cancer Australia received \$38.6 million over 4 years to ensure mainstream cancer services are culturally safe and accessible for Aboriginal and Torres Strait Islander people. Funding was also received to support national cancer research to improve the health outcomes of Aboriginal and Torres Strait Islander people and build the capacity of the Aboriginal and Torres Strait Islander research sector.

In 2024–25, Cancer Australia awarded 15 grants through the Partnerships for Culturally Safe Cancer Care grant program for a total value of \$13.6 million over 3 years. The program aims to improve culturally safe, responsive and accessible cancer care in cancer services through partnerships with Aboriginal and/or Torres Strait Islander community-controlled organisations. The program was co-designed with a working group comprised of Aboriginal and Torres Strait Islander stakeholders with relevant expertise and representing diverse locations and settings, including from the community-controlled sector, Aboriginal and Torres Strait Islander people affected by cancer, and jurisdictional health networks.

In partnership with the Aurora Education Foundation (Aurora), a leading First Nations organisation, the First Nations Cancer Scholarships program awarded 5 postgraduate scholarships to the value of \$0.766 million over 3 years to build the cohort of Aboriginal and Torres Strait Islander people who will lead future cancer control research, planning and service delivery. Aurora will provide culturally appropriate mentoring, wraparound support and network building to underpin students' completion of their studies.

Cancer Australia awarded 5 grants through the Partnerships for Cancer Research grant program, totalling \$10.9 million over 3 years. The program facilitates partnerships between research organisations that will work together with community organisations to deliver research activities to improve outcomes for Aboriginal and Torres Strait Islander people. Additionally, it seeks to build the capacity of the Aboriginal and Torres Strait Islander cancer research sector.

In 2024–25, Cancer Australia established a funded partnership with the Australian Indigenous Doctors Association to support building the Aboriginal and Torres Strait Islander cancer care workforce. Cancer Australia is exploring similar opportunities with other professional groups in the nursing, allied health and Aboriginal Health Worker fields.

In 2024–25, the *Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer* (2nd ed) was released. The updated OCP includes strengthened guidance around health equity and culturally safe cancer care. It aims to reduce disparities in cancer outcomes by addressing the specific needs and challenges of Aboriginal and Torres Strait Islander people. In collaboration with a First Nations consultancy group, the refreshed OCP was developed through a series of national consultations with Aboriginal and Torres Strait Islander stakeholders.

Cancer Australia continued to support the National Centre for Aboriginal and Torres Strait Islander Wellbeing at the Australian National University to undertake the Kulay Kalingka Study. The study investigates Aboriginal and Torres Strait Islander people’s understanding of cancer, participation in health promotion and cancer screening programs, exposure to risk factors, and patient and carer experiences of cancers.

During 2024–25, the study delivered sustained engagement with First Nations communities and organisations, supported Aboriginal and Torres Strait Islander research leadership, and upheld Indigenous data sovereignty through culturally governed data collection across jurisdictions. These outcomes supported Cancer Australia’s commitment to culturally safe cancer care by embedding First Nations leadership in national research delivery and strengthening the foundations for culturally responsive models of care.

Cancer Australia continued to convene the Leadership Group on Aboriginal and Torres Strait Islander Cancer Control to drive a national, Indigenous-led approach to improving outcomes for Aboriginal and Torres Strait Islander people with cancer. Strategic input was also provided by Cancer Australia’s Advisors on Aboriginal and Torres Strait Islander Cancer Control.

Cancer Australia engaged with NACCHO across 2024–25 to ensure alignment between the Plan and its Aboriginal and Torres Strait Islander Cancer Plan. The 2 plans are complementary, especially in relation to the co-design of services, delivering place-based cancer care and partnering with Aboriginal community-controlled health providers to deliver culturally safe services. Both plans are strongly aligned with the National Agreement on Closing the Gap Priority Reforms.

In 2024–25, 5 grants were awarded to Aboriginal and Torres Strait Islander organisations through Round 16 of the Supporting People with Cancer grant program. These grants aim to improve the outcomes and experiences of Aboriginal and Torres Strait Islander people affected by cancer through activities that will:

- build equity across the cancer control spectrum, including prevention, screening and early detection, treatment and palliative care
- improve the availability of co-designed, culturally appropriate information and care.

Performance criterion	2024–25 target	Criterion source	Result
Lead delivery of 5 early implementation National Pancreatic Roadmap priorities to improve the timely detection, management and care of people affected by pancreatic cancer.	Engage collaboratively with key stakeholders to improve pancreatic cancer care, including exploring the feasibility of digitising the Optimal Care Pathway for people with pancreatic cancer and the Optimal Care Pathway for Aboriginal and Torres Strait Islander people to enhance information access and functionality. Deliver 5 National Pancreatic Roadmap implementation priorities.	2024–25 Corporate Plan, page 10. Program 1.1 Portfolio Budget Statements 2024–25, page 272.	Achieved. See below.

In 2024–25, priorities to improve the timely detection, management and care of people affected by pancreatic cancer were completed. This included the development of pathways for access to specialist interventional pain management and early referral to palliative care; and pancreatic cancer-specific risk guidelines and clinical guidance on identifying and investigating patients who have undiagnosed pancreatic cancer.

Cancer Australia progressed the digitisation of OCP resources to improve accessibility and functionality of OCPs for health professionals, health services and consumers. This includes digitisation of OCPs to allow for layering of population-based and cancer-type OCPs, including the *Optimal Care Pathway for people with pancreatic cancer* and the *Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer* to create tailored guides. Additionally, Cancer Australia progressed work to understand the integration of digitised OCPs into existing health platforms, including undertaking a scoping project to test the feasibility of integrating OCP consumer guides into My Health Record and the My Health App, in collaboration with the Australian Digital Health Agency.

Performance criterion	2024–25 target	Criterion source	Result
Provide leadership internationally in cancer control.	Engage collaboratively with international counterparts, including through the World Health Organization's International Agency for Research on Cancer and G7 Cancer.	2024–25 Corporate Plan, page 10.	Achieved. See below.

As the Australian Government’s national cancer control agency, Cancer Australia plays an important role in providing leadership and influence nationally and sharing experiences globally. Its international engagements and global partnerships help strengthen the agency’s leadership, expertise and provision of world-leading advice to the Australian Government on cancer policy priorities.

Professor Dorothy Keefe PSM MD, CEO, Cancer Australia, is the Australian Government representative on the World Health Organization (WHO) International Agency for Research on Cancer’s (IARC) Governing Council (GC). Professor Keefe served as Vice-Chair of the GC from May 2023 to May 2025 (66th and 67th sessions) and was elected as Chair for 2025–26 (68th session commencing 8 May 2025). Professor Vivienne Milch, Cancer Australia’s Medical Director and Head, Clinical Policy Advice Branch, serves on the expert working group as one of 5 international experts directing and overseeing the development of IARC Handbooks of Cancer Prevention Volume 21 on lung cancer screening.

Australia is a member of G7 Cancer – an initiative to promote international cooperation on cancer between the cancer control agencies of Australia, France, Germany, Japan, the United Kingdom (UK), the United States of America (USA) and Canada. The group focuses on shared priorities, including international data strategy, poor prognosis cancers, cancer outcome inequities and cancer prevention. The G7 Cancer group also collaborates with the newly formed network of European Comprehensive Cancer Centres – EUnetCCC.

Cancer Australia participates regularly in various G7 Cancer committees, including the quarterly operational committee, annual strategic committee meetings, and working groups focused on cancer prevention and cancer outcome inequities. Cancer Australia is leading the preparation of a policy-focused report on cancer inequities across G7 Cancer member countries.

Cancer Australia continues to engage with the China Anti-Cancer Association (CACA) – a non-government, non-profit cancer organisation in China. Cancer Australia, on behalf of the Australian Government, has entered into a Collaboration Arrangement with CACA to implement joint activities that support the mission of both organisations. In November 2024, Professor Keefe was elected to the Board of the World Association of Integrative Oncology, established by CACA.

In 2024–25, Cancer Australia also worked with partners from the Quad Cancer Moonshot initiative (Japan, India and the USA), the Lung Cancer Policy Network, the Union for International Cancer Control and the Asia-Pacific Liver Disease Alliance, and cancer control organisations in the UK and New Zealand.

2. Develop and promote evidence-based best practice cancer care

Performance criterion	2024–25 target	Criterion source	Result
Lead the development, dissemination, and implementation of evidence-based models of cancer care to support improved patient outcomes and safe and sustainable clinical practice.	Complete discovery project to test the feasibility of digitising and integrating the Optimal Care Pathway (OCP) for people with pancreatic cancer and the Optimal Care Pathway for Aboriginal and Torres Strait Islander people to improve information access and functionality. Develop and implement a national framework for Optimal Care Pathways. Develop new OCPs – OCP for Older People with Cancer and OCP for Rarer and Less Common cancers. Update the OCP for people with lung cancer.	2024–25 Corporate Plan, page 11.	Partially met. See below.

In 2024–25, Cancer Australia progressed projects to digitise OCPs to improve their accessibility and functionality for health professionals, health services and consumers. This work included scoping the integration of OCPs into digital health platforms, including the OCP consumer guides into My Health Record and the My Health App, in collaboration with the Australian Digital Health Agency. For a detailed update, see the performance criterion ‘Lead delivery of 5 early implementation National Pancreatic Roadmap priorities’ above.

Cancer Australia released the OCP Framework in October 2024. See the detailed update in performance criterion ‘Lead the implementation of the Australian Cancer Plan’ above.

During 2024–25, Cancer Australia commenced the development of 2 new population-based OCPs: the OCP for older people with cancer, in partnership with Clinical Oncology Society of Australia; and the OCP for people with rare and less common cancers, in partnership with Rare Cancer Australia. Cancer Australia also updated the OCP for people with lung cancer to include the National Lung Cancer Screening Program guidelines.

Performance criterion	2024–25 target	Criterion source	Result
Translate evidence to inform best practice cancer care.	Translate research into evidence-based information to assist and inform policy and cancer care. Develop a policy framework for genomics in cancer control across the cancer care continuum. Develop and implement the Australian Comprehensive Cancer Network to bring together cancer services, and existing networks and alliances within and across states and territories to enable collaboration, sharing of expertise, and access to comprehensive cancer care.	2024–25 Corporate Plan, page 11. Program 1.1 Portfolio Budget Statements 2024–25, page 274.	Achieved. See below.

The Genomics Framework was published on 6 February 2025. It marks a significant step toward improved cancer outcomes through personalised cancer care. The development of the Genomics Framework was informed by a rigorous review of national and international evidence and extensive public consultation, including a focus on Aboriginal and Torres Strait Islander communities. To inform the development of an implementation plan, Cancer Australia will engage with stakeholders to determine key implementation priorities, risks and activities.

In 2024–25, Cancer Australia continued to work with the sector to establish the ACCN. See the detailed update in the performance criterion ‘Lead the implementation of the Australian Cancer Plan’ above.

Performance criterion	2024–25 target	Criterion source	Result
Invest in community engagement to support evidence-based information and support for people affected by cancer through the Supporting People with Cancer Grant initiative.	Award at least 4 grants (targeting 2 community organisations and 2 Aboriginal and Torres Strait Islander organisations) per annum to improve outcomes and support for people affected by cancer.	2024–25 Corporate Plan, page 11.	Achieved. See below.

Cancer Australia awarded 9 grants through the 2024–25 round (Round 16) of the Supporting People with Cancer grant program with a total value of almost \$1 million. Four grants were awarded to community organisations, and 5 grants were awarded to Aboriginal and Torres Strait Islander organisations.

In alignment with the Plan, these grants have a strong focus on improving equity in outcomes and experiences for all people affected by cancer, and particularly for those groups whose health outcomes are poorest, including:

- Aboriginal and Torres Strait Islander people, Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, and Asexual and other sexuality of gender diverse (LGBTIQ+) people, people from culturally and linguistically diverse backgrounds, and people living in rural and remote areas
- people whose cancer outcomes are inequitable, including people affected by anal cancer and people affected by ovarian cancer.

3. Fund cancer research and drive efforts to strengthen national data capacity in consultation with relevant agencies

Performance criterion	2024–25 target	Criterion source	Result
Oversee a dedicated budget for research into cancer.	Award cancer research grants in areas of identified priority as per published grant guideline timeframes.	2024–25 Corporate Plan, page 12. Program 1.1 Portfolio Budget Statements 2024–25, page 275.	Partially met See below.

During 2024–25, following the review of Cancer Australia’s research investment programs, Cancer Australia worked with the research sector to redesign its future priority-driven research investment.

Accordingly, the Priority-driven Collaborative Cancer Research Scheme has been replaced by the Cancer Australia Research Initiative (CARI). CARI will be implemented in 2025–26 and will be delivered in partnership with the National Health and Medical Research Council. CARI has been designed to align with the Plan and better respond to emerging cancer research priorities.

Performance criterion	2024–25 target	Criterion source	Result
Support Australia’s national Multi-site Collaborative Cancer Clinical Trials Groups (CTGs).	Fund 14 CTGs as per published grant guideline timeframes. Providers of 3 national technical services engaged.	2024–25 Corporate Plan, page 12.	Achieved. See below.

In alignment with the Plan, the Support for Cancer Clinical Trials (SCCT) program continues to focus on improving equitable access to trials, increasing the number of trials and the number of people participating, and addressing areas of unmet need.

In 2024–25, through the SCCT program, Cancer Australia awarded \$22.2 million over 3 years to Australia’s 14 Multi-site Collaborative Cancer Clinical Trials Groups (CTGs) to build capacity to develop investigator-initiated and industry-independent cancer clinical trial protocols to the stage of application for clinical trial funding. A further \$1.2 million was provided to 3 National Technical Services (NTS) – Quality of Life NTS, Health- and Pharmaco-Economics NTS and the Genomic Cancer Clinical Trial Initiative – to deliver expert advice and services to CTGs in areas of common need to ensure clinical trial protocols developed are of high quality and competitive in bids for funding.

In 2024–25, Cancer Australia undertook scoping activity for a new Indigenous-led NTS to support CTGs to embed cultural safety into clinical trial concepts and protocols and to increase participation of Aboriginal and Torres Strait Islander people in cancer clinical trials. A roundtable with leaders in Aboriginal and Torres Strait Islander health and research, cancer care clinicians and CTG executives was held to refine the requirements for establishing this new service under the SCCT program.

Cancer Australia has commenced the development of a new \$3 million Cancer Genomics Clinical Trials Fund under the SCCT program, which will be open to the 14 CTGs. This new fund will commence in 2025–26 and will be the first step in implementing the Genomics Framework, addressing key objectives for genomics-informed diagnosis, treatment, clinical trials, research and data.

Performance criterion	2024–25 target	Criterion source	Result
Provide high quality cancer data to inform national cancer control.	Maintain published data analyses and insights on the National Cancer Control Indicators (NCCI) website. Progress initiatives to improve the collection, access, analysis and reporting of national cancer data. Partner with Movember to design and embed patient reported experience measures (PREMs) and patient reported outcome measures (PROMs) into national performance monitoring and reporting. National agreement of a national cancer data framework. Implementation of national cancer data framework priority actions.	2024–25 Corporate Plan, page 12. Program 1.1 Portfolio Budget Statements 2024–25, page 275.	Achieved. See below.

Cancer Australia continued work to strengthen national cancer data capacity to inform national cancer control. Cancer Australia published data for 5 prevention and screening measures on the National Cancer Control Indicators (NCCI) website. The NCCI website is a dynamic national cancer resource that brings together data from 15 authoritative sources and covers 31 key indicators across the cancer care continuum.

Cancer Australia has progressed initiatives to improve the collection, access, analysis and reporting of national cancer data. A focus in 2024–25 was finalising the development of the Data Framework.

Cancer Australia developed the Data Framework in partnership with Cancer Council Australia and the AIHW, with significant sector, interjurisdictional and public consultation. The Data Framework was agreed by the Minister for Health and Ageing in February 2025 and endorsed by state and territory Health Chief Executives in June 2025. Cancer Australia is taking a lead role in coordinating implementation, in collaboration with the sector.

Cancer Australia, in partnership with the Cancer Council Queensland (CCQ), has enhanced the national collection and reporting of data to improve knowledge of variations in outcomes for childhood cancer in Australia. Data collected and reported includes non-stage prognostic indicators, survival by remoteness and socio-economic status, and distribution and survival by cancer stage. Cancer Australia and CCQ have also progressed a data linkage project to study the late effects of childhood cancer and its treatment.

Cancer Australia and the Department of Health, Disability and Ageing partnered with Movember to design and embed patient-reported experience measures (PREMs) and patient-reported outcomes measures (PROMs) into national performance monitoring and reporting. A consortium of over 300 stakeholders has been engaged since the project was launched in September 2024.

The Kulay Kalingka Study, in partnership with Cancer Australia, continued to collect and analyse data to better understand Aboriginal and Torres Strait Islander people's perception and experiences of cancer. In June 2025, Kulay Kalingka delivered the study report covering 2 collection periods across 2023 to 2025. Findings are published on the Our Mob and Cancer, Cancer Australia and NCCI websites. This work is informing the development of Indigenous-specific indicators for the NCCI, addressing persistent gaps in national data and supporting improved monitoring of cancer outcomes and experiences for First Nations peoples.

In 2024–25, Cancer Australia scoped nationally consistent quality data indicators for optimal care to progress a short-term Data Framework action – 'to establish a set of core indicators to assess adherence to optimal care pathways'. Cancer Australia consulted with the cancer sector to understand what quality indicators are currently collected across health services in Australia relevant to OCPs. This included desktop mapping, focus group discussions and a national virtual workshop.

Cancer Australia is partnering with the AIHW to strengthen national cancer and screening data systems. Enduring data linkages are being established to support critical screening programs, improving the availability and consistency of cancer stage and metastatic data and enhancing the timeliness and quality of cancer data collection. Collectively, these initiatives support the actions in the Data Framework.

4. Provide consumer and health professional cancer information and resources

Performance criterion	2024–25 target	Criterion source	Result
Provide evidence-based cancer information to cancer consumers, health professionals and the community.	Up-to-date evidence-based cancer information available on the Cancer Australia website. >5 Cancer information topics are reviewed and updated.	2024–25 Corporate Plan, page 13. Program 1.1 Portfolio Budget Statements 2024–25, page 274.	Achieved. See below.

Cancer Australia is comprehensively reviewing, updating and improving the user experience for the agency's websites over 2023–2025, aligning with the goals and objectives of the Plan.

As part of this review, the redeveloped Cancer Australia website (www.canceraustralia.gov.au) was launched in February 2025. The new website features the consolidation of several former Cancer Australia websites into a single platform, designed to provide a seamless user experience for anyone seeking accessible, reliable information about cancer and cancer control.

This year, Cancer Australia completed a comprehensive review of its websites and updated over 16 cancer information topics and resources, ensuring the content remains clinically accurate and relevant for consumers and health professionals.

Analysis

Cancer Australia has substantially met its performance criteria relating to its 2024–25 program objectives as outlined in its 2024–25 Portfolio Budget Statements chapter and Corporate Plan.

The agency's 2024–25 program objectives were:

- Provide national leadership in cancer control
- Develop and promote evidence-based best practice cancer care
- Fund cancer research and drive efforts to strengthen national data capacity in consultation with relevant agencies
- Provide consumer and health professional cancer information and resources.

Cancer Australia's work was supported by its 2024–25 budget allocation. Details on Cancer Australia's financial performance is available at Appendix A.

Cancer Australia defined, planned and prioritised work in light of its purpose, program objectives and budget allocation. The agency's performance reporting and monitoring framework enabled it to effectively report, analyse and monitor its performance for 2024–25. This framework, coupled with Cancer Australia's strategic approach to business planning, ensured the alignment of effort with the agency's purpose.

Financial overview

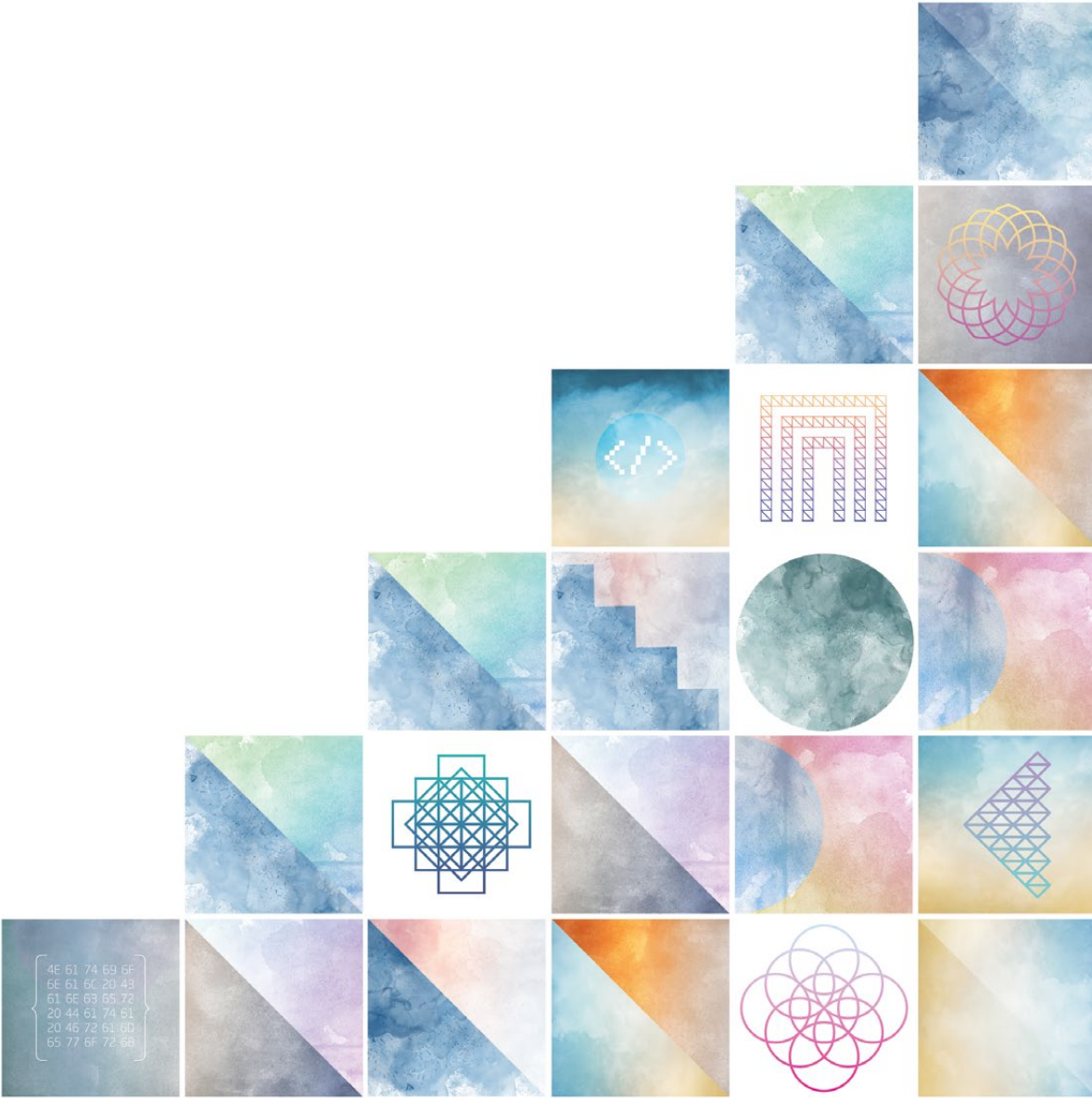
The 2024–25 departmental expenses were \$17.317 million (GST exclusive). The 2024–25 administered expenses were \$34.325 million (GST exclusive).

Cancer Australia delivered a planned program of work in 2024–25, in line with the departmental and administered appropriations.

Further information on Cancer Australia's financial performance is available in the financial statements and accompanying notes of this annual report. Cancer Australia's audited financial statements are at Appendix B.

4

Management and accountability



Management and accountability

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

Cancer Australia's Corporate Operations Branch led the administration of and compliance with relevant legislation and Commonwealth policy regarding financial management, asset management, business continuity planning, fraud control, freedom of information, human resources, information technology, records management, security, and general administrative services required to support the agency's operations.

Cancer Australia's audited financial statements are at Appendix B. Other mandatory information can be found at Appendix D, and covers:

- advertising and market research
- disability reporting
- ecologically sustainable development
- freedom of information
- grant programs
- work health and safety.

Corporate governance

Strategic and business planning

All Cancer Australia projects in 2024–25 were underpinned by a robust business planning framework which incorporated the agency’s Portfolio Budget Statements 2024–25 (PBS), 2024–25 Corporate Plan and 2024–25 Business Plan.

Cancer Australia’s 2024–25 Corporate Plan articulated the agency’s purpose and strategic outlook, as well as strategies for achieving its purpose and how success will be measured.

The Cancer Australia 2024–25 Business Plan supported Cancer Australia’s strategic direction as outlined in its 2024–25 Corporate Plan. The Business Plan identified the agency’s project deliverables, incorporating the key performance indicators listed in both the Corporate Plan and the PBS.

Through this process of alignment, Cancer Australia ensures its resources and investments are delivering value for money and improving outcomes for people affected by cancer. Cancer Australia’s Annual Performance Statements, published in this Annual Report (see Part 3), acquit the agency’s performance against the performance measures included in the 2024–25 Corporate Plan and the agency’s deliverables and key performance indicators outlined in the PBS.

Compliance reporting

There were no instances of significant noncompliance with finance law related to the entity in 2024–25.

Table 4.1: Significant noncompliance with the finance law

Description of noncompliance	Remedial action
Nil	n/a

Internal audit arrangements

In 2024–25, Cancer Australia’s auditors, Stewart Brown, performed the internal audit function. These audits were conducted in compliance with the risk-based internal audit plan, endorsed by the Audit and Risk Committee. See pages 44–45 for more information on Cancer Australia’s Audit and Risk Committee.

Fraud and corruption control

Cancer Australia has in place appropriate fraud and corruption prevention, detection, investigation, monitoring and reporting mechanisms which meet the specific needs of the agency.

Cancer Australia has also taken all reasonable measures to minimise and appropriately deal with fraud and corruption relating to the agency, to comply with the Commonwealth Fraud and Corruption Control Framework 2024.

Cancer Australia staff were trained in fraud awareness and cybersecurity awareness, which included phishing scam and simulation training. All new employees are required to complete the fraud awareness module of the APS Induction Program.

Ethical standards

Cancer Australia, as an Australian Government agency, is bound by the *Public Service Act 1999* (Cth) and the Australian Public Service Commission guidelines for the management and development of its people.

During 2024–25, Cancer Australia continued to reinforce its internal guidelines and policies to ensure consistency with appropriate ethical standards. Our staff act ethically, support a collaborative culture, and take pride in their work. All new employees are required to complete the integrity, diversity and inclusion module in the Australian Public Service (APS) Induction Program, as well as an online inclusion training program developed by SBS (Special Broadcasting Service) in collaboration with subject-matter experts.

Cancer Australia provided all new employees with a copy of the APS Values and Code of Conduct to ensure awareness of ethical standards and organisational expectations.

External scrutiny

No judicial or administrative tribunal decisions relating to Cancer Australia were handed down during 2024–25. There were no reports by the Auditor-General on the operations of the agency, other than the report on the financial statements at Appendix B. In 2024–25 there were no reports on the operations of Cancer Australia conducted by a parliamentary committee or the Commonwealth Ombudsman. From May to September 2025, Cancer Australia underwent a review of its governance structure in accordance with the Commonwealth Governance Structures Policy.

Ministerial and parliamentary coordination

During 2024–25, Cancer Australia provided high-quality, timely and evidence-based information to the Minister for Health and Ageing on national cancer control related issues. The agency continued to collaborate closely with the Department of Health, Disability and Ageing to support the Minister and implement Australian Government policies.

Audit and Risk Committee

Cancer Australia’s Audit and Risk Committee met 4 times during the year to provide independent advice and assistance to the Chief Executive Officer (CEO) on Cancer Australia’s risk control and compliance framework, and its external accountability responsibilities, in accordance with the

The Cancer Australia Audit and Risk Committee Charter is available online.

Table 4.2: Audit committee charter

Direct electronic address of the charter determining the functions of the audit committee	
URL	https://www.canceraustralia.gov.au/about-us/accountability-and-reporting#audit-risk-committee-charter

The 3 independent Audit and Risk Committee members were appointed from outside Cancer Australia. Members' details are outlined in Table 4.3 below.

Table 4.3: Cancer Australia's Audit and Risk Committee

Member name	Qualifications, knowledge, skills or experience	Number of meetings attended	Total number of meetings held	Total annual remuneration (GST incl)	Additional Information (including role on committee)
Ms Gayle Ginnane FAICD, BA (Qld), BEcon (Qld), MDefStudies (NSW)	Ms Gayle Ginnane has over 30 years' experience in the public sector, including 12 years as the CEO of the Private Health Insurance Administration Council. Ms Ginnane also has 20 years' experience as a company director in public and private sectors and on audit and risk committees.	4	4	\$17,600	Chair
Ms Roslyn Jackson FCA FGIA FAICD	Ms Roslyn Jackson is a Fellow Chartered Accountant with over 30 years' experience in the profession, working in both the public and the private sectors.	4	4	\$9,240	Member
Ms Belinda Small BCom, MBA	Ms Belinda Small holds a Bachelor of Commerce and a Master of Business Administration. She has extensive experience leading enterprise-wide strategic initiatives and complex transformation agendas; and has a breadth of corporate and governance knowledge from working in both large government departments and small government agencies.	4	4	\$0	Member

Competitive tendering and contracting

All open tenders and contracts over \$10,000 (GST incl) awarded by Cancer Australia during 2024–25 were published on AusTender.

Consultancy and non-consultancy contracts

Annual reports contain information about actual expenditure on reportable consultancy contracts and non-consultancy contracts. Information on the value of reportable consultancy and non-consultancy contracts is available on the AusTender website: tenders.gov.au.

During 2024–25, 8 new reportable consultancy contracts were entered into totalling actual expenditure of \$0.461 million (GST incl). In addition, 2 ongoing reportable consultancy contracts were active during 2024–25, involving total actual expenditure of \$0.287 million (GST incl). The total number of reportable consultancies (10) recorded in financial year 2024–25 amounted to \$0.748 million in total expenditure (GST incl).

Additionally, there were 100 new reportable non-consultancies entered into totalling actual expenditure of \$7.387 million (GST incl). Fourteen (14) ongoing reportable non-consultancy contracts were active during 2024–25, involving total actual expenditure of \$9.710 million (GST incl). The total number of reportable non-consultancies (114) recorded in financial year 2024–25 amounted to \$17.097 million in total expenditure (GST incl).

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

Prior to engaging consultants, the agency takes into account the skills and resources required for the task, the skills available internally and the cost-effectiveness of engaging external expertise. The decision to engage a consultant is made in accordance with the *Public Governance, Performance and Administration Act 2013* (Cth) and regulations (including the Commonwealth Procurement Rules) and relevant internal policies.

Cancer Australia is a non-corporate Commonwealth entity. Cancer Australia's reportable contract data for 2024–25 is as follows.

Table 4.4: Expenditure on reportable consultancy contracts (2024–25)

	Number	Expenditure \$'000 (GST incl)
New contracts entered into during the reporting period	8	461
Ongoing contracts entered into during a previous reporting period	2	287
Total	10	748

Table 4.5: Expenditure on reportable non-consultancy contracts (2024–25)

	Number	Expenditure \$'000 (GST incl)
New contracts entered into during the reporting period	100	7,387
Ongoing contracts entered into during a previous reporting period	14	9,710
Total	114	17,097

Table 4.6: Organisations receiving a share of reportable consultancy contract expenditure (2024–25)

Name of organisation	Organisation ABN	Expenditure \$'000 (GST incl)
Jacinta Elston Pty Ltd	98 657 253 220	269
University of South Australia	37 191 313 308	202
ARTD Pty. Ltd.	75 003 701 764	187
Deloitte Touche Tohmatsu	74 490 121 060	25
Chan, Raymond	28 412 853 630	18

Note: This table provides information on those organisations that received the 5 largest shares of Cancer Australia’s expenditure on such contracts, and those organisations that received 5% or more of expenditure on such contracts.

Table 4.7: Organisations receiving a share of reportable non-consultancy contract expenditure (2024–25)

Name of organisation	Organisation ABN	Expenditure \$'000 (GST incl)
The University of Sydney	15 211 513 464	2,135
The Movember Foundation	48 894 537 905	1,746
Aurora Education Foundation Limited	28 158 391 363	1,567
Evolve FM Pty Ltd	52 605 472 580	1,284
Chill IT Pty Ltd	83 137 898 296	897

Note: This table provides information on those organisations that received the 5 largest shares of Cancer Australia’s expenditure on such contracts, and those organisations that received 5% or more of expenditure on such contracts.

Strategic Commissioning Framework

Cancer Australia operates in line with the Strategic Commissioning Framework. Core work is done in-house in most cases, and any outsourcing of core work is minimal and aligns with the limited circumstances permitted under the framework.

Australian National Audit Office access

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

Purchasing

In 2024–25, Cancer Australia sourced goods and services in accordance with the principles set out in the Commonwealth Procurement Rules.

The agency continued to reinforce procurement policies and procedures reflecting the need for compliance with these guidelines, focusing on:

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

The agency also provides training, education and support for staff in procurement and grants.

All procurement and grant activity within the agency is reviewed to ensure compliance with legislative requirements and to maximise best practice.

Indigenous Procurement Policy

Cancer Australia continues to support diversity in our supplier base through the ongoing promotion and application of the Indigenous Procurement Policy, providing greater opportunities for Indigenous-owned businesses to contribute to the Australian economy and create more jobs for local communities.

Small business

Cancer Australia supports small business participation in the Commonwealth Government procurement market. Small and Medium Enterprise (SME) and Small Enterprise participation statistics are available on the Department of Finance's website: [Department of Finance Statistics on Australian Government Procurement Contracts](https://www.finance.gov.au/government/procurement/statistics-australian-government-procurement-contracts-).⁷

To ensure SMEs can engage in fair competition for Australian Government business, Cancer Australia's procurement practices include use of:

- the Commonwealth Contracting Suite for low-risk procurements valued under \$200,000
- electronic systems and other processes to facilitate on-time payment performance, including payment cards.

Exempt contracts

There were no contracts in excess of \$10,000 entered into by Cancer Australia during 2024–25 that were exempt from being published on AusTender due to freedom of information reasons.

7 <https://www.finance.gov.au/government/procurement/statistics-australian-government-procurement-contracts->

Management of human resources

At 30 June 2025, Cancer Australia had 84 employees, of whom 73 were ongoing and 11 were non-ongoing. Most staff were located in Sydney and Canberra. The workforce was predominantly female (81%).

Cancer Australia continues to place great value on reinforcing a productive and inclusive workplace by attracting and retaining high-calibre talented and engaged staff. Cancer Australia staff have a diverse range of skill sets, with expertise in areas including epidemiology, clinical practice, research, data analysis, population health, public health, public policy, communications, project management, human resources management and financial management.

Employment arrangements

Cancer Australia staff at non-Senior Executive Service (non-SES) level are employed under the terms and conditions of the Cancer Australia Enterprise Agreement 2024–2027.

As of 30 June 2025, Cancer Australia had 81 non-SES staff, and 3 Senior Executive Service (SES) staff (excluding Cancer Australia's CEO and Advisory Council members). Fifteen staff receive individual flexibility arrangements under clauses 32–37 of the Enterprise Agreement.

Training and development

Cancer Australia supports staff to develop their capabilities in line with business needs and career aspirations. Each year the agency implements a professional development plan to help staff to realise their full potential. In addition to formal training and other development opportunities, the professional development plan incorporates financial assistance and study leave for staff to undertake relevant tertiary education. Study leave allowances were expanded under the Cancer Australia Enterprise Agreement 2024–2027, delivering improved benefit to staff.

During 2024–25, training and education was delivered to staff in line with Cancer Australia's strategy and individual development needs (as identified through the Performance Development Program). In 2024–25, Cancer Australia's training was delivered through face-to-face, virtual and e-learning programs provided by accredited training organisations.

The agency also provided training for some or all staff in integrity, privacy awareness, records management, fraud awareness, cybersecurity, appropriate workplace behaviour, diversity and inclusion, and work health and safety.

Cancer Australia staffing statistics

Tables 4.8 to 4.17 provide information relating to the distribution and classification of Cancer Australia staff as at 30 June 2025 for financial year 2024–25.

Table 4.8: All ongoing employees current reporting period (2024–25)

	Man/male			Woman/female			Non-binary			Prefers not to answer			Uses a different term			Total
	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	
NSW	8	1	9	36	6	42	0	0	0	0	0	0	0	0	0	51
Qld	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tas	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	1
Vic	0	0	0	2	0	2	0	0	0	0	0	0	0	0	0	2
WA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ACT	5	1	6	7	4	11	0	0	0	0	0	0	0	0	0	17
NT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
External territories	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Overseas	0	0	0	1	1	2	0	0	0	0	0	0	0	0	0	2
Total	13	2	15	47	11	58	0	0	0	0	0	0	0	0	0	73

Notes:

The figures in Table 4.8 include:

1. headcount figures of Cancer Australia staff as at 30 June 2025
2. staff on leave and secondment
3. staff acting at a higher level, for any period as at 30 June 2025 (that is, these staff are listed against their higher duties classification).

The figures exclude the Cancer Australia CEO and Advisory Council members and Chair, who are appointed under the *Cancer Australia Act 2006* (Cth).

Table 4.9: All non-ongoing employees current reporting period (2024–25)

	Man/male			Woman/female			Non-binary			Prefers not to answer			Uses a different term			Total
	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	
NSW	0	0	0	3	1	4	0	0	0	0	0	0	0	0	0	4
Qld	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Vic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
WA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ACT	1	0	1	4	2	6	0	0	0	0	0	0	0	0	0	7
NT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
External territories	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Overseas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	1	0	1	7	3	10	0	0	0	0	0	0	0	0	0	11

Notes:

The figures in Table 4.9 include:

1. headcount figures of Cancer Australia staff as at 30 June 2025
2. staff on leave and secondment
3. staff acting at a higher level, for any period as at 30 June 2025 (that is, these staff are listed against their higher duties classification).

The figures exclude the Cancer Australia CEO and Advisory Council members and Chair, who are appointed under the *Cancer Australia Act 2006* (Cth).

Table 4.10: Australian Public Service Act ongoing employees current reporting period (2024–25)

	Man/male			Woman/female			Non-binary			Prefers not to answer			Uses a different term			Total
	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	
SES 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SES 2	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	1
SES 1	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2
EL 2	2	0	2	8	0	8	0	0	0	0	0	0	0	0	0	10
EL 1	5	1	6	14	4	18	0	0	0	0	0	0	0	0	0	24
APS 6	3	0	3	20	5	25	0	0	0	0	0	0	0	0	0	28
APS 5	1	1	2	2	1	3	0	0	0	0	0	0	0	0	0	5
APS 4	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	1
APS 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
APS 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
APS 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	1	1	2	0	0	0	0	0	0	0	0	0	2
Total	13	2	15	47	11	58	0	0	0	0	0	0	0	0	0	73

Notes:

The figures in Table 4.10 include:

1. headcount figures of Cancer Australia staff as at 30 June 2025
2. staff on leave and secondment
3. staff acting at a higher level, for any period as at 30 June 2025 (that is, these staff are listed against their higher duties classification).

The figures exclude the Cancer Australia CEO and Advisory Council members and Chair, who are appointed under the *Cancer Australia Act 2006* (Cth).

Table 4.11: Australian Public Service Act non-ongoing employees current reporting period (2024–25)

	Man/male			Woman/female			Non-binary			Prefers not to answer			Uses a different term			Total
	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	
SES 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SES 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SES 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EL 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EL 1	0	0	0	1	1	2	0	0	0	0	0	0	0	0	0	2
APS 6	1	0	1	3	1	4	0	0	0	0	0	0	0	0	0	5
APS 5	0	0	0	3	1	4	0	0	0	0	0	0	0	0	0	4
APS 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
APS 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
APS 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
APS 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	1	0	1	7	3	10	0	0	0	0	0	0	0	0	0	11

Notes:

The figures in Table 4.11 include:

1. headcount figures of Cancer Australia staff as at 30 June 2025
2. staff on leave and secondment
3. staff acting at a higher level, for any period as at 30 June 2025 (that is, these staff are listed against their higher duties classification).

The figures exclude the Cancer Australia CEO and Advisory Council members and Chair, who are appointed under the *Cancer Australia Act 2006* (Cth).

Table 4.12: Australian Public Service Act employees by full time and part time status current reporting period (2024–25)

	Ongoing			Non-ongoing			Total
	Full time	Part time	Total ongoing	Full time	Part time	Total Non-ongoing	
SES 3	0	0	0	0	0	0	0
SES 2	1	0	1	0	0	0	1
SES 1	2	0	2	0	0	0	2
EL 2	10	0	10	0	0	0	10
EL 1	19	5	24	1	1	2	26
APS 6	23	5	28	4	1	5	33
APS 5	3	2	5	3	1	4	9
APS 4	1	0	1	0	0	0	1
APS 3	0	0	0	0	0	0	0
APS 2	0	0	0	0	0	0	0
APS 1	0	0	0	0	0	0	0
Other	1	1	2	0	0	0	2
Total	60	13	73	8	3	11	84

Notes:

The figures in Table 4.12 include:

1. headcount figures of Cancer Australia staff as at 30 June 2025
2. staff on leave and secondment
3. staff acting at a higher level, for any period as at 30 June 2025 (that is, these staff are listed against their higher duties classification).

The figures exclude the Cancer Australia CEO and Advisory Council members and Chair, who are appointed under the *Cancer Australia Act 2006* (Cth).

Table 4.13: Australian Public Service Act employment type by location current reporting period (2024–25)

	Ongoing	Non-ongoing	Total
NSW	51	4	55
Qld	0	0	0
SA	0	0	0
Tas	1	0	1
Vic	2	0	2
WA	0	0	0
ACT	17	7	24
NT	0	0	0
External territories	0	0	0
Overseas	2	0	2
Total	73	11	84

Notes:

The figures in Table 4.13 include:

1. headcount figures of Cancer Australia staff as at 30 June 2025
2. staff on leave and secondment
3. staff acting at a higher level, for any period as at 30 June 2025 (that is, these staff are listed against their higher duties classification).

The figures exclude the Cancer Australia CEO and Advisory Council members and Chair, who are appointed under the *Cancer Australia Act 2006* (Cth).

Table 4.14: Australian Public Service Act Indigenous employment current reporting period (2024–25)

	Total
Ongoing	0
Non-ongoing	1
Total	1

Notes:

The figures in Table 4.14 include:

1. headcount figures of Cancer Australia staff as at 30 June 2025.
2. staff on leave and secondment
3. staff acting at a higher level, for any period as at 30 June 2025 (that is, these staff are listed against their higher duties classification).

The figures exclude the Cancer Australia CEO and Advisory Council members and Chair, who are appointed under the *Cancer Australia Act 2006* (Cth).

Table 4.15: Australian Public Service Act employment arrangements current reporting period (2024–25)

	SES	Non-SES	Total
Cancer Australia Enterprise Agreement 2024–2027	0	81	81
SES determination	3	0	3
Total	3	81	84

Table 4.16: Australian Public Service Act employment salary ranges by classification level (minimum/maximum) current reporting period (2024–25)

	Minimum salary	Maximum salary
SES 3	\$0	\$0
SES 2	\$265,257	\$310,198
SES 1	\$219,851	\$234,823
EL 2	\$141,062	\$167,007
EL 1	\$118,230	\$134,845
APS 6	\$96,211	\$108,543
APS 5	\$87,213	\$92,051
APS 4	\$80,183	\$84,723
APS 3	\$70,774	\$78,448
APS 2	\$61,242	\$66,831
APS 1	\$54,516	\$58,849
Other	\$129,543	\$144,958
Minimum/maximum range	\$54,516	\$310,198

Table 4.17: Australian Public Service Act employment performance pay by classification level current reporting period (2024–25)

	Number of employees receiving performance pay	Aggregated (sum total) of all payments made	Average of all payments made	Minimum payment made to employees	Maximum payment made to employees
SES 3	0	0	0	0	0
SES 2	0	0	0	0	0
SES 1	0	0	0	0	0
EL 2	0	0	0	0	0
EL 1	0	0	0	0	0
APS 6	0	0	0	0	0
APS 5	0	0	0	0	0
APS 4	0	0	0	0	0
APS 3	0	0	0	0	0
APS 2	0	0	0	0	0
APS 1	0	0	0	0	0
Other	0	0	0	0	0
Total	0	0	0	0	0

Performance pay: No member of Cancer Australia’s staff was employed under performance-based remuneration conditions in 2024–25.

Tables 4.18 to 4.27 provide information relating to the distribution and classification of Cancer Australia staff as at 30 June 2024 for the 2023–24 financial year.

Table 4.18: All ongoing employees previous reporting period (2023–24)

	Man/male			Woman/female			Non-binary			Prefers not to answer			Uses a different term			Total
	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	
NSW	8	1	9	33	6	39	0	0	0	0	0	0	0	0	0	48
Qld	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
SA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tas	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	1
Vic	0	0	0	3	0	3	0	0	0	0	0	0	0	0	0	3
WA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ACT	3	1	4	6	4	10	0	0	0	0	0	0	0	0	0	14
NT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
External territories	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Overseas	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	1
Total	12	2	14	43	11	54	0	0	0	0	0	0	0	0	0	68

Notes:

The figures in Table 4.18 include:

1. headcount figures of Cancer Australia staff as at 30 June 2024
2. staff on leave and secondment
3. staff acting at a higher level, for any period as at 30 June 2024 (that is, these staff are listed against their higher duties classification).

The figures exclude the Cancer Australia CEO and Advisory Council members and Chair, who are appointed under the *Cancer Australia Act 2006* (Cth).

Table 4.19: All non-ongoing employees previous reporting period (2023–24)

	Man/male			Woman/female			Non-binary			Prefers not to answer			Uses a different term			Total
	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	
NSW	1	0	1	4	3	7	0	0	0	0	0	0	0	0	0	8
Qld	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Tas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Vic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
WA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
ACT	1	0	1	0	1	1	0	0	0	0	0	0	0	0	0	2
NT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
External territories	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Overseas	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	2	0	2	4	4	8	0	0	0	0	0	0	0	0	0	10

Notes:

The figures in Table 4.19 include:

1. headcount figures of Cancer Australia staff as at 30 June 2024
2. staff on leave and secondment
3. staff acting at a higher level, for any period as at 30 June 2024 (that is, these staff are listed against their higher duties classification).

The figures exclude the Cancer Australia CEO and Advisory Council members and Chair, who are appointed under the *Cancer Australia Act 2006* (Cth).

Table 4.20: Australian Public Service Act ongoing employees previous reporting period (2023–24)

	Man/male			Woman/female			Non-binary			Prefers not to answer			Uses a different term			Total
	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	
SES 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SES 2	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	1
SES 1	2	0	2	1	0	1	0	0	0	0	0	0	0	0	0	3
EL 2	2	0	2	9	0	9	0	0	0	0	0	0	0	0	0	11
EL 1	7	1	8	14	3	17	0	0	0	0	0	0	0	0	0	25
APS 6	1	0	1	15	6	21	0	0	0	0	0	0	0	0	0	22
APS 5	0	1	1	3	2	5	0	0	0	0	0	0	0	0	0	6
APS 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
APS 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
APS 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
APS 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	12	2	14	43	11	54	0	0	0	0	0	0	0	0	0	68

Notes:

The figures in Table 4.20 include:

1. headcount figures of Cancer Australia staff as at 30 June 2024
2. staff on leave and secondment
3. staff acting at a higher level, for any period as at 30 June 2024 (that is, these staff are listed against their higher duties classification).

The figures exclude the Cancer Australia CEO and Advisory Council members and Chair, who are appointed under the *Cancer Australia Act 2006* (Cth).

Table 4.21: Australian Public Service Act non-ongoing employees previous reporting period (2023–24)

	Man/male			Woman/female			Non-binary			Prefers not to answer			Uses a different term			Total
	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	Full time	Part time	Total	
SES 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SES 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SES 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EL 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
EL 1	1	0	1	0	1	1	0	0	0	0	0	0	0	0	0	2
APS 6	1	0	1	1	1	2	0	0	0	0	0	0	0	0	0	3
APS 5	0	0	0	3	2	5	0	0	0	0	0	0	0	0	0	5
APS 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
APS 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
APS 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
APS 1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	2	0	2	4	4	8	0	0	0	0	0	0	0	0	0	10

Notes:

The figures in Table 4.21 include:

1. headcount figures of Cancer Australia staff as at 30 June 2024
2. staff on leave and secondment
3. staff acting at a higher level, for any period as at 30 June 2024 (that is, these staff are listed against their higher duties classification).

The figures exclude the Cancer Australia CEO and Advisory Council members and Chair, who are appointed under the *Cancer Australia Act 2006* (Cth).

Table 4.22: Australian Public Service Act employees by full time and part time status previous reporting period (2023–24)

	Ongoing			Non-ongoing			Total
	Full time	Part time	Total ongoing	Full time	Part time	Total Non-ongoing	
SES 3	0	0	0	0	0	0	0
SES 2	1	0	1	0	0	0	1
SES 1	3	0	3	0	0	0	3
EL 2	11	0	11	0	0	0	11
EL 1	21	4	25	1	1	2	27
APS 6	16	6	22	2	1	3	25
APS 5	3	3	6	3	2	5	11
APS 4	0	0	0	0	0	0	0
APS 3	0	0	0	0	0	0	0
APS 2	0	0	0	0	0	0	0
APS 1	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0
Total	55	13	68	6	4	10	78

Notes:

The figures in Table 4.22 include:

1. headcount figures of Cancer Australia staff as at 30 June 2024
2. staff on leave and secondment
3. staff acting at a higher level, for any period as at 30 June 2024 (that is, these staff are listed against their higher duties classification).

The figures exclude the Cancer Australia CEO and Advisory Council members and Chair, who are appointed under the *Cancer Australia Act 2006* (Cth).

Table 4.23: Australian Public Service Act employment type by location previous reporting period (2023–24)

	Ongoing	Non-ongoing	Total
NSW	48	8	56
Qld	1	0	1
SA	0	0	0
Tas	1	0	1
Vic	3	0	3
WA	0	0	0
ACT	14	2	16
NT	0	0	0
External territories	0	0	0
Overseas	1	0	1
Total	68	10	78

Notes:

The figures in Table 4.23 include:

1. headcount figures of Cancer Australia staff as at 30 June 2024
2. staff on leave and secondment
3. staff acting at a higher level, for any period as at 30 June 2024 (that is, these staff are listed against their higher duties classification).

The figures exclude the Cancer Australia CEO and Advisory Council members and Chair, who are appointed under the *Cancer Australia Act 2006* (Cth).

Table 4.24: Australian Public Service Act Indigenous employment previous reporting period (2023–24)

	Total
Ongoing	0
Non-ongoing	0
Total	0

Notes:

The figures in Table 4.24 include:

1. headcount figures of Cancer Australia staff as at 30 June 2024
2. staff on leave and secondment
3. staff acting at a higher level, for any period as at 30 June 2024 (that is, these staff are listed against their higher duties classification).

The figures exclude the Cancer Australia CEO and Advisory Council members and Chair, who are appointed under the *Cancer Australia Act 2006* (Cth).

Table 4.25: Australian Public Service Act employment arrangements previous reporting period (2023–24)

	SES	Non-SES	Total
Cancer Australia Enterprise Agreement 2024–2027	0	74	74
SES determination	4	0	4
Total	4	74	78

Table 4.26: Australian Public Service Act employment salary ranges by classification level (minimum/maximum) previous reporting period (2023–24)

	Minimum salary	Maximum salary
SES 3	\$0	\$0
SES 2	\$299,421	\$299,421
SES 1	\$211,395	\$225,791
EL 2	\$135,898	\$160,893
EL 1	\$113,902	\$129,908
APS 6	\$92,689	\$104,569
APS 5	\$84,020	\$88,681
APS 4	\$77,248	\$81,621
APS 3	\$68,183	\$75,576
APS 2	\$59,000	\$64,384
APS 1	\$50,816	\$56,695
Other	\$0	\$0
Minimum/maximum range	\$50,816	\$299,421

Table 4.27: Australian Public Service Act employment performance pay by classification level previous reporting period (2023–24)

	Number of employees receiving performance pay	Aggregated (sum total) of all payments made	Average of all payments made	Minimum payment made to employees	Maximum payment made to employees
SES 3	0	0	0	0	0
SES 2	0	0	0	0	0
SES 1	0	0	0	0	0
EL 2	0	0	0	0	0
EL 1	0	0	0	0	0
APS 6	0	0	0	0	0
APS 5	0	0	0	0	0
APS 4	0	0	0	0	0
APS 3	0	0	0	0	0
APS 2	0	0	0	0	0
APS 1	0	0	0	0	0
Other	0	0	0	0	0
Total	0	0	0	0	0

Performance pay: No member of Cancer Australia’s staff was employed under performance-based remuneration conditions in 2023–24.

Remuneration for Senior Executive Service officers

The CEO is a Full-time Public Office holder, as defined in the *Remuneration Tribunal Act 1973* (Cth). The position’s remuneration is set by the Minister for Health and Ageing within the salary determination set by the Remuneration Tribunal.

Senior Executive Service (SES) officers employed under the *Public Service Act 1999* (Cth) have conditions set out under the Cancer Australia SES Handbook. Remuneration is determined by the CEO, in accordance with remuneration guidelines promulgated by the Department of Health, Disability and Ageing.

Key management personnel are those people who have authority and responsibility for planning, directing and controlling the activities of the entity, directly or indirectly, including any director (whether executive or otherwise) of that entity.

Cancer Australia has determined the key management personnel to be the CEO, Deputy CEO, SES officers, Chief Operating Officer and Chief Financial Officer, Medical Director and Ministers.

The key management personnel remuneration information provided below excludes the remuneration and other benefits of the Ministers. The Ministers’ remuneration and other benefits are set by the Remuneration Tribunal and are not paid by Cancer Australia.

Table 4.28: Details of accountable authority during the reporting period (2024–25)

		Period as the accountable authority or member within the reporting period	
Name	Position title/position held	Start date (1 July 2024 or after)	End date (30 June 2025 or before)
Professor Dorothy Keefe PSM MD	Chief Executive Officer (CEO)	1 Jul 24	30 Jun 25

Table 4.29: Information about remuneration for key management personnel (2024–25)

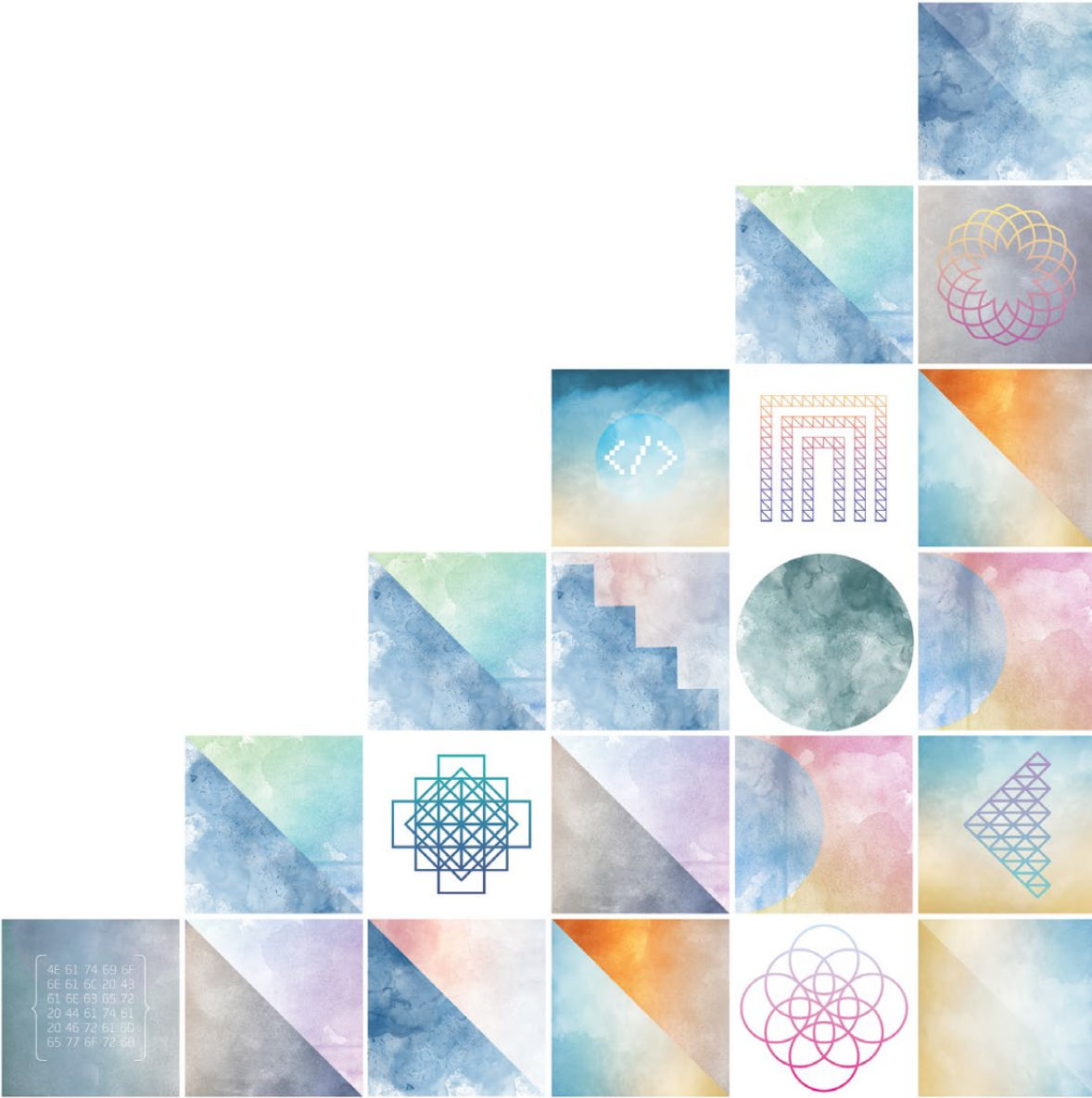
Name	Position title	Short-term benefits			Post-employment benefits	Other long-term benefits		Termination benefits	Total remuneration
		Base salary	Bonuses	Other benefits and allowances	Superannuation contributions	Long service leave	Other long-term benefits		
Keefe, Dorothy	Chief Executive Officer	\$430,675	\$0	\$122,001	\$53,086	\$11,487	\$0	\$0	\$617,249
Howlett, Claire	Deputy CEO	\$325,390	\$0	\$79	\$58,176	\$8,144	\$0	\$0	\$391,789
Wiegold, Elmer	Head Corporate Operations / CFO	\$205,523	\$0	\$0	\$40,995	\$4,384	\$0	\$0	\$250,902
Milch, Vivienne	Medical Director	\$235,096	\$0	\$25,153	\$34,122	\$5,965	\$0	\$0	\$300,336
Meredyth, David	Head Cancer Control Strategy	\$227,727	\$0	\$21,595	\$45,696	\$5,965	\$0	\$0	\$300,983
Lambert, Adam	Head Evidence, Priority Initiatives and Communications	\$111,544	\$0	\$6,326	\$14,717	\$2,742	\$0	\$0	\$135,329
Toms, Cindy	Head Evidence, Priority Initiatives and Communications	\$148,580	\$0	\$17,450	\$25,787	\$4,312	\$0	\$0	\$196,129

Management and accountability

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Appendices



Appendix A: Report on financial performance

Table A.1: Entity Resource Statement current reporting period (2024–25)

	Current available appropriation (a)	Payments made (b)	Balance remaining (a)–(b)
	\$'000	\$'000	\$'000
Departmental			
Annual appropriations – ordinary annual services	14,109	10,469	3,640
Prior year appropriations available – ordinary annual services	3,111	3,111	0
Departmental capital budget	85	12	73
s74 retained revenue receipts	3,823	3,323	500
Total departmental annual appropriations	21,128	16,915	4,213
Total departmental resourcing (A)	21,128	16,915	4,213
Administered			
Annual appropriations – ordinary annual services	34,362	29,426	4,936
Prior year appropriations available – ordinary annual services	1,051	1,051	0
Total administered annual appropriations	35,413	30,477	4,936
Total administered resourcing (B)	35,413	30,477	4,936
Total resourcing and payments for Cancer Australia (A+B)	56,541	47,392	9,149

Table A.2: Expenses for outcomes

	Budget* 2024–25 \$'000	Actual expenses 2024–25 \$'000	Variation 2024–25 \$'000
Outcome 1: Improved cancer control	(a)	(b)	(a) – (b)
Program 1.1: Improved cancer control			
Administered expenses			
Ordinary annual services (Appropriation Act No 1)	34,362	34,325	37
Other services (Appropriation Act Nos 2, 4 and 6)	–	–	–
s 74 External Revenue ¹	–	–	–
Payments to corporate entities	–	–	–
Expenses not requiring appropriation in the Budget year ²	–	–	–
Administered total	34,362	34,325	37
Departmental expenses			
Departmental appropriation	14,109	14,109	–
s 74 External Revenue ¹	421	2,115	(1,694)
Expenses not requiring appropriation in the Budget year ²	284	984	(700)
Departmental total	14,814	17,208	(2,394)
Total expenses for Program 1.1	49,176	51,534	(2,358)
		2024–25	2023–24
Average Staffing level (number)		78	71

* Full-year budget, including any subsequent adjustment made to the 2024–25 budget at Additional Estimates.

1 Estimated expenses incurred in relation to receipts retained under section 74 of the *Public Governance, Performance and Accountability Act 2013* (Cth).

2 Expenses not requiring appropriation in the Budget year are made up of depreciation expenses, amortisation expenses, make good expenses and audit fees.

Appendix B: Audited financial statements

Independent Auditor's Report



INDEPENDENT AUDITOR'S REPORT

To the Minister for Health and Ageing

Opinion

In my opinion, the financial statements of the Cancer Australia (the Entity) for the year ended 30 June 2025:

- (a) comply with Australian Accounting Standards – Simplified Disclosures and the *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015*; and
- (b) present fairly the financial positions of the Entity as at 30 June 2025 and their financial performance and cash flows for the year then ended.

The financial statements of the Entity, which I have audited, comprise the following as at 30 June 2025 and for the year then ended:

- Statement by the Accountable Authority and Chief Financial Officer;
- Statements of Comprehensive Income;
- Statements of Financial Position;
- Statements of Changes in Equity;
- Cash Flow Statement;
- Administered Schedule of Comprehensive Income;
- Administered Schedule of Assets and Liabilities;
- Administered Reconciliation Schedule;
- Administered Cash Flow Statement; and
- Notes to and forming part of the financial statements, comprising material accounting policy information and other explanatory information.

Basis for opinion

I conducted my audit in accordance with the Australian National Audit Office Auditing Standards, which incorporate the Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Statements* section of my report. I am independent of the Entity in accordance with the relevant ethical requirements for financial statement audits conducted by the Auditor-General and their delegates. These include the relevant independence requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) to the extent that they are not in conflict with the *Auditor-General Act 1997*. I have also fulfilled my other responsibilities in accordance with the Code. I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Accountable Authority's responsibility for the financial statements

As the Accountable Authority of the Entity, the Chief Executive Officer is responsible under the *Public Governance, Performance and Accountability Act 2013* (the Act) for the preparation and fair presentation of annual financial statements that comply with Australian Accounting Standards – Simplified Disclosures and the rules made under the Act. The Accountable Authority is also responsible for such internal control as the Accountable Authority determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accountable Authority is responsible for assessing the ability of the Entity to continue as a going concern, taking into account whether the entities' operations will cease as a result of an administrative restructure or for any other reason. The Accountable Authority is also responsible for

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disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the assessment indicates that it is not appropriate.

Auditor's responsibilities for the audit of the financial statements

My objective is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian National Audit Office Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with the Australian National Audit Office Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control;
- obtain an understanding of internal control relevant to the audit 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;
- evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Accountable Authority;
- conclude on the appropriateness of the Accountable Authority's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the Entity's to cease to continue as a going concern;
- evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation; and

I communicate with the Accountable Authority regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Australian National Audit Office



Michael Bryant
Senior Director

Delegate of the Auditor-General

Canberra

5 September 2025

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Statement by the Accountable Authority and Chief Financial Officer

STATEMENT BY THE ACCOUNTABLE AUTHORITY AND CHIEF FINANCIAL OFFICER

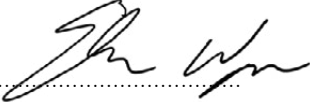
In our opinion, the attached financial statements for the year ended 30 June 2025 comply with subsection 42(2) of the *Public Governance, Performance and Accountability Act 2013* (PGPA Act), and are based on properly maintained financial records as per subsection 41(2) of the PGPA Act.

In our opinion, at the date of this statement, there are reasonable grounds to believe that Cancer Australia will be able to pay its debts as and when they fall due.

Signed 

Professor Dorothy Keefe PSM
Accountable Authority / CEO

5 September 2025

Signed 

Elmer Wiegold
Chief Financial Officer

5 September 2025

Statement of Comprehensive Income

for the period ended 30 June 2025

	Notes	2025 \$	2024 \$	Original Budget ¹ \$
NET COST OF SERVICES				
Expenses				
Employee benefits	3A	11,953,205	10,922,671	11,736,000
Suppliers	3B	2,755,293	4,099,642	1,965,000
Grants	3C	1,548,750	700,000	-
Depreciation and amortisation	7	1,031,342	1,105,721	1,085,000
Finance costs		4,117	4,067	4,000
Interest on right-of-use asset		24,382	31,608	24,000
Losses from asset disposals		-	1,268	-
Total expenses		17,317,089	16,864,977	14,814,000
Own-source income				
Own-source revenue				
Rendering of services	4A	3,583,526	3,042,754	421,000
Other revenue	4B	127,072	90,301	72,000
Total own-source revenue		3,710,598	3,133,055	493,000
Total own-source income		3,710,598	3,133,055	493,000
Net cost of services		13,606,491	13,731,922	14,321,000
Revenue from Government	4C	14,109,000	13,323,000	14,109,000
Surplus/(Deficit)		502,509	(408,922)	(212,000)
Total comprehensive income/(loss)		502,509	(408,922)	(212,000)
OTHER COMPREHENSIVE INCOME				
Items not subject to subsequent reclassification to net cost of services				
Changes in asset revaluation reserve		-	103,157	-
Total other comprehensive income		-	103,157	-
Total comprehensive income/(loss)		502,509	(305,765)	(212,000)

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

¹ Budget reported in the 2024-25 Portfolio Budget Statements published in May 2024.

Budget Variance Commentary

Explanations are only provided where the variance is greater than 10% of the Prorata/Original Budget. If the variance is greater than 10%, but small in the overall context of the financial statements, judgement was used to determine if an explanation would be useful in analysing Cancer Australia's performance.

Employee benefits

The overspend in employee benefits of \$0.2 million relates to higher than expected staffing costs per employee, as well as the impact of the March 2025 annual salary increase in accordance with the Cancer Australia Enterprise Agreement 2024-27.

Suppliers

The variance relates to expenditure related to additional memorandum of understanding (MOU) funds received which was not known at the time the budget was developed.

Grants

The variance relates to the additional MOU funded by the Department of Health, Disability and Ageing for the Strengthening Support and Primary Cancer Care and Genomic Cancer Clinical Trials which was not yet agreed at the time the budget was developed.

Rendering of services

Rendering of services revenue was \$3.2 million higher than budget because of additional MOU funding from the Department of Health, Disability and Ageing for various activities such as: evidence on treatment and care for patients with cancer, strengthening support and primary cancer care and genomic cancer clinical trials. The MOU extension was executed after the 2024-25 Budget.

Total comprehensive income

The year to date comprehensive income for the period ending June 2025 is \$0.5 million. This result is reflective of additional MOU funding received.

Statement of Financial Position

as at 30 June 2025

	Notes	2025 \$	2024 \$	Original Budget ¹ \$
ASSETS				
Financial assets				
Cash and cash equivalents		124,933	167,032	123,000
Trade and other receivables	6	4,287,761	3,268,028	2,645,000
Total financial assets		4,412,694	3,435,060	2,768,000
Non-financial assets				
Property, plant and equipment	7	2,233,418	3,154,770	2,087,000
Intangibles	7	7,544	56,060	-
Prepayments		168,782	181,710	314,000
Total non-financial assets		2,409,744	3,392,540	2,401,000
Total assets		6,822,438	6,827,600	5,169,000
LIABILITIES				
Payables				
Suppliers	8A	213,983	120,749	391,000
Other payables	8B	398,186	329,962	17,000
Total payables		612,169	450,711	408,000
Interest bearing liabilities				
Leases	9	2,127,195	3,000,786	2,126,000
Total interest bearing liabilities		2,127,195	3,000,786	2,126,000
Provisions				
Employee provisions	10A	2,766,064	2,650,719	2,590,000
Other provisions	10B	276,715	272,598	277,000
Total provisions		3,042,779	2,923,317	2,867,000
Total liabilities		5,782,143	6,374,814	5,401,000
Net assets		1,040,295	452,786	(232,000)
EQUITY				
Contributed equity		1,810,160	1,725,160	1,810,000
Reserves		103,157	103,157	-
Accumulated deficit		(873,022)	(1,375,531)	(2,042,000)
Total equity		1,040,295	452,786	(232,000)

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

¹ Budget reported in the 2024-25 Portfolio Budget Statements published in May 2024.

Budget Variance Commentary

Trade and other receivables

The receivables balance is largely comprised of appropriation receivable \$4.1 million. The residual balance consists of trade debtors, such as funds outstanding from other government entities for the transfer of staff leave balances.

Property, plant and equipment, and intangibles

The variance reflects the Right of Use asset relating to the Canberra office lease not included in the budget.

Suppliers and other payables

The budget variance relates to the timing of payments and the final payroll run for the financial year.

Employee provision

The variance is due to the impact of the March 2025 payrise, leave takings and changes in indexation rates applied to reported leave liabilities.

Accumulated deficit: The Accumulated Deficit is lower than budget due to the operating surplus at end of financial year.

Statement of Changes in Equity

for the period ended 30 June 2025

	2025 \$	2024 \$	Original Budget ¹ \$
CONTRIBUTED EQUITY			
Opening balance			
Balance carried forward from previous period	1,725,160	1,641,160	1,725,000
Opening balance	1,725,160	1,641,160	1,725,000
Transactions with owners			
Contributions by owners			
Departmental capital budget	85,000	84,000	85,000
Total transactions with owners	85,000	84,000	85,000
Closing balance as at 30 June	1,810,160	1,725,160	1,810,000
RETAINED EARNINGS			
Opening balance			
Balance carried forward from previous period	(1,375,531)	(966,609)	(1,830,000)
Opening balance	(1,375,531)	(966,609)	(1,830,000)
Comprehensive income			
Surplus/(Deficit) for the period	502,509	(408,922)	(212,000)
Total comprehensive income	502,509	(408,922)	(212,000)
Closing balance as at 30 June	(873,022)	(1,375,531)	(2,042,000)
Asset Revaluation Reserve			
Opening balance			
Balance carried forward from previous period	103,157	-	-
Other comprehensive income	-	103,157	-
Closing balance as at 31 March	103,157	103,157	-
TOTAL EQUITY	1,040,295	452,786	(232,000)

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

¹ Budget reported in the 2024-25 Portfolio Budget Statements published in May 2024.

Accounting Policy

Equity injections

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

Budget Variance Commentary

Surplus for the period

The surplus reflects additional MOU revenue recognised in June 2025 for activities and expenses in the following financial year.

Cash Flow Statement

for the period ended 30 June 2025

	2025	2024	Original Budget ¹
Notes	\$	\$	\$
OPERATING ACTIVITIES			
Cash received			
Appropriations	12,964,973	13,236,000	14,117,000
Rendering of services	3,622,439	2,976,139	421,000
Net GST received	615,770	773,341	186,000
Fundraising	56,358	25,215	-
Total cash received	17,259,540	17,010,695	14,724,000
Cash used			
Employees	(11,757,516)	(10,784,539)	(11,736,000)
Suppliers	(3,120,926)	(4,671,676)	(1,897,000)
Interest payments on lease liability	(24,382)	(31,608)	(24,000)
Grants	(1,548,750)	(700,000)	-
Net GST paid	-	-	(186,000)
Total cash used	(16,451,574)	(16,187,823)	(13,843,000)
Net cash from operating activities	807,966	822,872	881,000
INVESTING ACTIVITIES			
Cash used			
Purchase of property, plant and equipment	(58,434)	(33,835)	(93,000)
Purchase of intangible assets	(3,040)	-	-
Total cash used	(61,474)	(33,835)	(93,000)
Net cash (used by) investing activities	(61,474)	(33,835)	(93,000)
FINANCING ACTIVITIES			
Cash received			
Departmental capital budget	85,000	84,000	85,000
Total cash received	85,000	84,000	85,000
Cash used			
Lease principal repayments	(873,591)	(829,482)	(873,000)
Total cash used	(873,591)	(829,482)	(873,000)
Net cash from (used by) financing activities	(788,591)	(745,482)	(788,000)
Net increase/(decrease) in cash held	(42,099)	43,555	-
Cash and cash equivalents at the beginning of the reporting period	167,032	123,477	123,000
Cash and cash equivalents at the end of the reporting period	124,933	167,032	123,000

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

¹ Budget reported in the 2024-25 Portfolio Budget Statements published in May 2024.

Budget Variance Commentary

Appropriations

Appropriation cashflows are below budget reflecting timing differences in payments and additional MOU funding received during the year.

Rendering of services and section 74 receipts transferred to OPA

Rendering of services cashflows are higher than budget due to additional MOU funding received. In accordance with appropriations Acts and guidelines, all revenues or moneys raised or received by government shall form one Consolidated Revenue Fund and will be transferred to the Government's Official Public Account.

Net GST received and paid

Cancer Australia is required to make Goods and Services Tax (GST) payments on eligible goods and services. The net GST received represents the refund of those amounts from the Australia Taxation Office. GST estimates are based on prior years' trends and fluctuate from year to year based on the payments for goods and services. The net GST received was used to settle commitments, rather than drawing on additional funding.

Suppliers

Cashflows are above budget due to additional expenditure associated with the additional MOU funding received.

Grants

The variance is due to additional funding to support research for clinical trials.

Administered Schedule of Comprehensive Income

for the period ended 30 June 2025

	Notes	2025 \$	2024 \$	Original Budget ¹ \$
NET COST OF SERVICES				
Expenses				
Suppliers	15A	17,040,937	13,072,404	12,562,000
Grants and service delivery contracts	15B	17,284,335	11,670,304	21,800,000
Total expenses		<u>34,325,272</u>	<u>24,742,708</u>	<u>34,362,000</u>
Income				
Revenue				
Non-taxation revenue				
Return of grant monies		<u>56,556</u>	<u>322,242</u>	<u>-</u>
Total non-taxation revenue		<u>56,556</u>	<u>322,242</u>	<u>-</u>
Total revenue		<u>56,556</u>	<u>322,242</u>	<u>-</u>
Net cost of services		<u>(34,268,716)</u>	<u>(24,420,466)</u>	<u>(34,362,000)</u>
Deficit on continuing operations		<u>(34,268,716)</u>	<u>(24,420,466)</u>	<u>(34,362,000)</u>
Total comprehensive loss		<u>(34,268,716)</u>	<u>(24,420,466)</u>	<u>(34,362,000)</u>
The above schedule should be read in conjunction with the accompanying notes.				
¹ Budget reported in the 2024-25 Portfolio Budget Statements published in May 2024.				

Budget Variance Commentary
Suppliers and grants and service delivery contracts
At the time of the preparation of the Original Budget, supplier and grant payments vary from year to year depending upon grant applications received and awarded.

Administered Schedule of Assets and Liabilities

as at 30 June 2025

	Notes	2025 \$	2024 \$	Original Budget ¹ \$
ASSETS				
Financial assets				
Cash and cash equivalents	16A	33,550	29,873	33,000
Trade and other receivables	16B	1,523,883	840,273	390,000
Total financial assets		1,557,433	870,146	423,000
Non-financial assets				
Prepayments		252,381	111,587	-
Total non-financial assets		252,381	111,587	-
Total assets administered on behalf of Government		1,809,814	981,733	423,000
LIABILITIES				
Payables				
Suppliers	17A	2,084,685	561,380	259,000
Grants	17B	3,011,073	586,674	-
Total payables		5,095,758	1,148,054	259,000
Total liabilities administered on behalf of Government		5,095,758	1,148,054	259,000
Net assets/(liabilities)		(3,285,944)	(166,321)	164,000

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

¹ Budget reported in the 2024-25 Portfolio Budget Statements published in May 2024.

Budget Variance Commentary

Trade and other receivables

Trade and other receivables are mainly GST receivable from the Australian Taxation Office.

Supplier payables

Supplier payables vary year to year being dependent on the timing of work delivered by suppliers and the payment terms of contracts.

Grant payables

Grant payables vary with the timing of grant finalisations.

Administered Reconciliation Schedule

as at 30 June 2025

	2025	2024
	\$	\$
Opening assets less liabilities as at 1 July	(166,321)	164,216
Net cost of services		
Income	56,556	322,242
Expenses		
Payments to entities other than Commonwealth entities	(25,122,686)	(24,491,607)
Payments to Commonwealth entities	(9,202,586)	(251,101)
Transfers from/(to) the Australian Government		
Appropriation transfers from Official Public Account		
Annual appropriations		
Payments to entities other than Commonwealth entities	31,205,649	24,412,171
Appropriation transfers to Official Public Account		
Receipts from entities other than Commonwealth entities ¹	(56,556)	(322,242)
Closing assets less liabilities as at 30 June	(3,285,944)	(166,321)

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

¹ In 2024-25, \$0.057 million of grant funding paid from prior years administered appropriations and in previous financial years were returned to Cancer Australia by grant recipients in accordance with the grant acquittal and funding agreements. The unspent funds from various funding agreements have been returned to the Consolidated Revenue Fund in accordance with the Appropriation Acts and guidelines.

Accounting Policy

Administered Cash Transfers to and from the Official Public Account (OPA)

Administered revenues are collected by Cancer Australia on behalf of the Government with parties outside the Government. Collections are transferred to the OPA maintained by the Department of Finance. Conversely, cash is drawn from the OPA to make payments under Parliamentary appropriation on behalf of Government. These transfers to and from the OPA are adjustments to the administered cash held by the entity on behalf of the Government and reported as such in the schedule of administered cash flows and in the administered reconciliation schedule.

Administered Cash Flow Statement

for the period ended 30 June 2025

	Notes	2025 \$	2024 \$
OPERATING ACTIVITIES			
Cash received			
Net GST received		1,654,350	864,742
Other		56,556	322,242
Total cash received		1,710,906	1,186,984
Cash used			
Grants		(14,859,937)	(11,217,369)
Suppliers		(17,945,636)	(14,113,626)
Total cash used		(32,805,573)	(25,330,995)
Net cash from/(used by) operating activities		(31,094,667)	(24,144,011)
Cash and cash equivalents at the beginning of the reporting period		29,873	33,207
Cash from Official Public Account			
Appropriations		31,205,649	24,412,171
Cash to Official Public Account			
Administered receipts		(107,305)	(271,494)
Cash and cash equivalents at the end of the reporting period	16A	33,550	29,873
The above statement should be read in conjunction with the accompanying notes.			

Notes to and forming part of the financial statements

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Notes to and forming part of the financial statements

Note 1: Overview

The entity conducts the following administered activities on behalf of the Government: provide national leadership in cancer control, guide scientific improvements to cancer prevention, treatment and care; coordinate and liaise between the wide range of groups and health care providers with an interest in cancer care and provide advice and make recommendations to the Australian Government on cancer policy and priorities.

Cancer Australia is an Australian Government controlled entity. It is a non-corporate Commonwealth entity and a not-for-profit entity, with registered office at Level 14, 300 Elizabeth Street, Surry Hills NSW.

1.1 Basis of Preparation of the Financial Statements

The financial statements are required by section 42 of the *Public Governance, Performance and Accountability Act 2013* (the PGPA Act).

The financial statements have been prepared in accordance with:

- Public Governance, Performance and Accountability (Financial Reporting) Rule 2015 (FRR); and
- Australian Accounting Standards and Interpretations – including simplified disclosures for Tier 2 Entities under AASB 1060 issued by the Australian Accounting Standards Board (AASB) that apply for the reporting period.

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

1.2 New Accounting Standards

Adoption of New Australian Accounting Standard Requirements

One amending standard (AASB 2022-10) has been adopted for the 2024-25 reporting period and is not expected to have a material impact on the entity's financial statements for the current reporting period or future reporting periods.

AASB 2022-10 Amendments to Australian Accounting Standards – Fair Value Measurement of Non-Financial Assets of Not-for-Profit Public Sector Entities (AASB 2022-10)

AASB 2022-10 amends AASB 13 Fair Value Measurement for fair value measurements of non-financial assets of not-for-profit public sector entities not held primarily for their ability to generate net cash inflows. This standard also adds implementation advice and relevant illustrative examples for fair value measurements of non-financial assets of not-for-profit public sector entities not held primarily for their ability to generate net cash inflows.

1.3 Significant Accounting Judgements and Estimates

In the process of applying the accounting policies listed in this note, Cancer Australia has made judgements that would have a significant impact on the amounts recorded in the financial statements.

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

In accordance with AASB 13 *Fair Value Measurement* Cancer Australia has applied estimations of assets at fair value. Estimations of employee long service leave entitlements have also been applied in accordance with AASB 119 *Employee Benefits*. Cancer Australia uses the short-hand method to calculate employee long service leave entitlements, discounted using the government bond rate issued by the Department of Finance.

1.4 Taxation

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

1.5 Reporting of Administered Activities

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

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

Note 2: Events After the Reporting Period

Cancer Australia is not aware of any events occurring after 30 June 2025 that have the potential to significantly affect the on-going structure or activities of either Cancer Australia's administered or departmental functions.

Notes to and forming part of the financial statements

Note 3: Expenses

	2025	2024
	\$	\$
Note 3A: Employee Benefits		
Wages and salaries	8,921,502	8,256,634
Superannuation		
Defined contribution plans	1,320,611	1,186,493
Defined benefit plans	258,091	184,594
Leave and other entitlements	1,453,001	1,294,950
Total employee benefits	11,953,205	10,922,671

Accounting Policy

Liabilities for 'short-term' employee benefits and termination benefits expected within twelve months of the end of reporting period are measured at their nominal amounts.

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

Leave and entitlements

The liability for employee benefits includes provision for annual leave and long service leave.

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

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

Superannuation

Cancer Australia's staff are members of the Commonwealth Superannuation Scheme (CSS), the Public Sector Superannuation Scheme (PSS), or the PSS accumulation plan (PSSap), or other superannuation funds held outside the Australian Government.

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

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

Cancer Australia makes employer contributions to the employees' defined benefit superannuation scheme at rates determined by an actuary to be sufficient to meet the current cost to the Government. Cancer Australia accounts for the contributions as if they were contributions to defined contribution plans.

The liability for superannuation recognised as at 30 June represents outstanding contributions for the final fortnight of the year.

Notes to and forming part of the financial statements

Note 3: Expenses

	2025 \$	2024 \$
Note 3B: Suppliers		
Goods and services supplied or rendered		
Consultants	212,851	177,299
Contractors	600,687	1,901,971
Information technology and licenses	785,628	784,641
Property and office	432,664	406,497
Travel	135,193	263,134
Learning and development	34,972	51,786
Other	504,097	466,553
Total goods and services supplied or rendered	2,706,092	4,051,881
 Goods supplied	 12,143	 16,180
Services rendered	2,693,949	4,035,701
Total goods and services supplied or rendered	2,706,092	4,051,881
 Other suppliers		
Workers compensation expenses	49,201	47,761
Total other suppliers	49,201	47,761
Total suppliers	2,755,293	4,099,642

Note 3C: Grants

Private sector:		
Non-profit organisations	1,548,750	700,000
Total grants	1,548,750	700,000

Accounting Policy

Grants

Cancer Australia administers a number of grant schemes. Grant liabilities are recognised to the extent that (i) the services required to be performed by the grantee have been performed or (ii) the grant eligibility criteria have been satisfied, but payments due have not been made. When the Government enters into an agreement to make these grants and services but services have not been performed or criteria satisfied, this is considered a commitment.

Notes to and forming part of the financial statements

Note 4: Own-Source Income

	Notes	2025 \$	2024 \$
Own-source revenue			
<u>Note 4A: Rendering of services</u>			
Rendering of services		<u>3,583,526</u>	<u>3,042,754</u>
Total rendering of services		<u>3,583,526</u>	<u>3,042,754</u>
Disaggregation of revenue from contracts with customers			
Type of customer:			
Australian Government entities (related parties)		3,583,526	3,042,754
Non-government entities		<u>-</u>	<u>-</u>
		<u>3,583,526</u>	<u>3,042,754</u>

Accounting Policy

Rendering of services

Revenue from the sale of goods is recognised when control has been transferred to the buyer.

In relation to AASB 1058, Cancer Australia recognises the revenue when control of the cash is obtained.

Receivables for goods and services, which have 30 day terms (2023-24: 30 days), are recognised at the nominal amounts due less any impairment allowance account. Collectability of debts is reviewed at the end of the reporting period. Allowances are made when collectability of the debt is no longer probable.

Note 4B: Other revenue

Fundraising	56,358	25,215
Resources received free of charge - remuneration of auditors	61,000	61,000
Other revenue	<u>9,714</u>	<u>4,086</u>
Total other revenue	<u>127,072</u>	<u>90,301</u>

Accounting Policy

Resources received free of charge

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

Fundraising revenue

Fundraising revenue is recognised when Cancer Australia obtains control over the funds.

Note 4C: Revenue from Government

Appropriations:

Departmental appropriations	<u>14,109,000</u>	<u>13,323,000</u>
Total revenue from Government	<u>14,109,000</u>	<u>13,323,000</u>

Accounting Policy

Revenue from Government

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

Appropriations receivable are recognised at their nominal amounts.

Notes to and forming part of the financial statements

Note 5: Fair Value Measurements		
	Fair value measurements at the end of the reporting period	
	2025	2024
	\$	\$
Non-financial assets		
Buildings	473,637	666,856
Property, plant and equipment	93,166	85,655

- Notes:
- 1. There has been no change to valuation techniques.
 - 2. Cancer Australia's assets are held for operational purposes and not held for the purposes of deriving a profit. The current use of all controlled assets is considered their highest and best use.
 - 3. The remaining assets reported by Cancer Australia are not measured at fair value in the Statement of Financial Position.

Accounting Policy
Cancer Australia performs an internal management review of the fair value of its fixed assets at least once every 12 months. If a particular asset class experiences significant and volatile changes in fair value (i.e. where indicators suggest that the value of the class has changed materially since the previous reporting period), that class is subject to specific valuation in the reporting period, where practicable, regardless of the timing of the last review. The nature of Cancer Australia's assets are predominantly low value assets with a useful life of between 3 to 10 years.

Notes to and forming part of the financial statements

Note 6: Financial Assets

	2025	2024
	\$	\$
Note 6: Trade and other receivables		
Goods and services	124,369	151,837
Total goods and services receivables	<u>124,369</u>	<u>151,837</u>
Appropriation receivable		
Appropriation receivable	4,087,965	2,943,938
Total appropriation receivable	<u>4,087,965</u>	<u>2,943,938</u>
Other receivables		
GST receivable from the Australian Taxation Office	75,427	172,253
Total other receivables	<u>75,427</u>	<u>172,253</u>
Total trade and other receivables (net)	<u>4,287,761</u>	<u>3,268,028</u>

Credit terms for goods and services were within 30 days (2023-24: 30 days).

No allowance for impairment was required at reporting date (2023-24: nil).

Accounting Policy

Trade and other receivables

Trade and other receivables that are held for the purpose of collecting the contractual cash flows where the cash flows are solely payments of principal and interest, that are not provided at below-market interest rates, are subsequently measured at amortised cost using the effective interest method adjusted for any loss allowance.

Notes to and forming part of the financial statements

Note 7: Non-Financial Assets

Reconciliation of the opening and closing balances of Property, Plant and Equipment and Intangibles for 2025

	Buildings	Plant & Equipment	Intangibles	Total
	\$	\$	\$	\$
As at 1 July 2024				
Gross book value	5,504,314	903,554	1,251,224	7,659,092
Accumulated depreciation and amortisation	(2,435,199)	(817,899)	(1,195,164)	(4,448,262)
Total as at 1 July 2024	3,069,115	85,655	56,060	3,210,830
Additions	17,175	41,259	3,040	61,474
Depreciation and amortisation	(210,394)	(33,747)	(51,557)	(295,698)
Depreciation on right-of-use assets	(735,644)	-	-	(735,644)
Total as at 30 June 2025	2,140,252	93,167	7,543	2,240,962
Total as at 30 June 2025 represented by:				
Gross book value	5,521,489	944,813	1,254,264	7,720,566
Accumulated depreciation and amortisation	(3,381,237)	(851,646)	(1,246,721)	(5,479,604)
Total as at 30 June 2025:	2,140,252	93,167	7,543	2,240,962
Carrying amount of right-of-use assets	1,666,615	-	-	1,666,615

Notes to and forming part of the financial statements

Note 7: Non-Financial Assets (cont'd)					
Accounting Policy					
Assets are recorded at cost on acquisition except as stated below. The cost of acquisition includes the fair value of assets transferred in exchange for consideration and liabilities undertaken. Financial assets are initially measured at their fair value plus transaction costs where appropriate.					
Assets acquired at no cost, or for nominal consideration, are initially recognised as assets and income at their fair value at the date of acquisition, unless acquired as a consequence of restructuring of administrative arrangements. In the latter case, assets are initially recognised as contributions by owners at the amounts at which they were recognised in the transferor's accounts immediately prior to the restructuring.					
Asset recognition threshold					
Purchases of property, plant and equipment are recognised initially at cost in the Statement of Financial Position, except for purchases costing less than \$2,000, which are expensed in the year of acquisition (other than where they form part of a group of similar items which are significant in total).					
Leased right-of-use (ROU) Assets					
Leased ROU assets are capitalised at the commencement date of the lease and comprise of the initial lease liability amount, initial direct costs incurred when entering into the lease less any lease incentives received. These assets are accounted for by Commonwealth lessees as separate asset classes to corresponding assets owned outright, but included in the same column as where the corresponding underlying assets would be presented if they were owned.					
An impairment review is undertaken for any right-of-use lease asset that shows indicators of impairment and an impairment loss is recognised against any right of use lease asset that is impaired. Leased ROU assets continue to be measured at cost after initial recognition in Commonwealth agency, General Government Sector and Whole of Government financial statements.					
Revaluations					
Following initial recognition at cost, property, plant and equipment (excluding ROU assets) are carried at fair value less subsequent accumulated depreciation and accumulated impairment losses. Valuation reviews are conducted with sufficient frequency to ensure that the carrying amounts of assets did not differ materially from the assets' fair values as at the reporting date. The regularity of independent valuations depends upon the nature of the assets and volatility of movements in market values for the relevant assets.					
Revaluation adjustments are made on a class basis. Any revaluation increment is credited to equity under the heading of asset revaluation reserve except to the extent that it reversed a previous revaluation decrement of the same asset class that was previously recognised in the surplus/deficit. Revaluation decrements for a class of assets are recognised directly in the surplus/deficit except to the extent that they reversed a previous revaluation increment for that class.					
Depreciation					
Depreciable property, plant and equipment assets are written-off to their estimated residual values over their estimated useful lives to Cancer Australia using, in all cases, the straight-line method of depreciation.					
Depreciation rates (useful lives), residual values and methods are reviewed at each reporting date and necessary adjustments are recognised in the current, or current and future reporting periods, as appropriate.					
Depreciation rates applying to each class of depreciable asset are based on the following useful lives:					
	<table> <tr> <th>2025</th><th>2024</th></tr> <tr> <td>Property, Plant & Equipment</td><td>3 to 10 years</td></tr> </table>	2025	2024	Property, Plant & Equipment	3 to 10 years
2025	2024				
Property, Plant & Equipment	3 to 10 years				
The depreciation rates for ROU assets are based on the commencement date to the earlier of the end of the useful life of the ROU asset or the end of the lease term.					
Impairment					
For non-cash generating assets held at fair value, the recoverable amount is expected to be materially the same as fair value at 30 June 2025. No indicators of impairment were identified.					
The recoverable amount of an asset is the higher of its fair value less costs of disposal and its value in use. Value in use is the present value of the future cash flows expected to be derived from the asset. Where the future economic benefit of an asset is not primarily dependent on the asset's ability to generate future cash flows, and the asset would be replaced if Cancer Australia were deprived of the asset, its value in use is taken to be its depreciated replacement cost.					
Derecognition					
An item of property, plant and equipment is derecognised upon disposal or when no further future economic benefits are expected from its use or disposal.					
Intangibles					
Cancer Australia's intangibles comprise purchased software and website costs. These assets are carried at cost less accumulated amortisation and accumulated impairment losses.					
Software and website costs are amortised on a straight-line basis over its anticipated useful life. The anticipated useful life of Cancer Australia's intangibles is three years (2023-24: three years).					
All software and website assets were assessed for indications of impairment as at 30 June 2025. No indicators of impairment were identified.					

Notes to and forming part of the financial statements

Note 8: Payables

	2025	2024
	\$	\$
Note 8A: Suppliers		
Trade creditors and accruals	213,983	120,749
Total suppliers	213,983	120,749

Settlement is usually made within 30 days (2023-24: 30 days).

Note 8B: Other payables

Salaries and wages	313,183	245,484
Superannuation	49,520	36,919
Other	35,483	47,559
Total other payables	398,186	329,962

Note 9: Interest Bearing Liabilities

	2025	2024
	\$	\$
Leases		
Lease liabilities	2,127,195	3,000,786
Total leases	2,127,195	3,000,786

Total cash outflow for leases for the year ended 30 June 2025 was \$873,591 (2023-24: \$861,090)

Maturity analysis - contractual undiscounted cash flows

Within 1 year	936,059	897,972
Between 1 to 5 years	1,216,901	2,152,960
More than 5 years	-	-
Total leases	2,152,960	3,050,932

Cancer Australia, in its capacity as lessee has entered into a lease agreement for Sydney office in 2020-21 with a seven (7) year lease term without extension options. Similarly, Cancer Australia also entered another agreement for Canberra Lease during 2022-23 with a five (5) year Lease term without extension options.

The above lease disclosures should be read in conjunction with the accompanying notes 3B and 7.

Accounting Policy

Leases

For all new contracts entered into, Cancer Australia considers whether the contract is, or contains a lease. A lease is defined as 'a contract, or part of a contract, that conveys the right to use an asset (the underlying asset) for a period of time in exchange for consideration'.

Once it has been determined that a contract is, or contains a lease, the lease liability is initially measured at the present value of the lease payments unpaid at the commencement date, discounted using the interest rate implicit in the lease, if that rate is readily determinable, or the department's incremental borrowing rate.

Subsequent to initial measurement, the liability will be reduced for payments made and increased for interest. It is remeasured to reflect any reassessment or modification to the lease. When the lease liability is remeasured, the corresponding adjustment is reflected in the right-of-use asset or profit and loss depending on the nature of the reassessment or modification.

Notes to and forming part of the financial statements

Note 10: Provisions

	2025	2024
	\$	\$
Note 10A: Employee provisions		
Leave	2,766,064	2,650,719
Total employee provisions	2,766,064	2,650,719
Note 10B: Other provisions		
	Provision for	Provision for
	make good	make good
	\$	\$
As at 1 July 2023	272,598	268,532
Additional provisions made	-	-
Amounts used	-	-
Unwinding of discount or change in discount rate	4,117	4,066
Total as at 30 June 2024	276,715	272,598

Cancer Australia, in its capacity as a lessee, has entered into two lease agreements (FY2023 Canberra office , FY2021 Sydney office). The Sydney lease agreement includes a provision requiring Cancer Australia to restore the premises to their original condition at the conclusion of the lease. Cancer Australia recognises a provision for make good to reflect the present value of the obligation.

Note 11: Contingent Assets and Liabilities

Cancer Australia has not identified any quantifiable, unquantifiable or significant remote contingent assets or liabilities as at 30 June 2025 (2023-24: Nil).

Accounting Policy

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

Notes to and forming part of the financial statements

Note 12: Key Management Personnel Remuneration

Key management personnel are those persons having authority and responsibility for planning, directing and controlling the activities of the entity, directly or indirectly, including any director (whether executive or otherwise) of that entity. Cancer Australia has determined the key management personnel to be the Chief Executive Officer, Deputy CEO, Senior Executive Service Officers, Medical Officer, Chief Operating Officer and Chief Financial Officer and Ministers. Key management personnel remuneration is reported in the table below:

	2025	2024
	\$	\$
Short-term employee benefits	1,877,139	1,799,973
Post-employment benefits	272,579	252,015
Other long-term employee benefits	42,999	66,964
Termination benefits		-
Total key management personnel remuneration expenses ¹	2,192,717	2,118,952

The total number of key management personnel included in the above table are seven (2023-24: seven).

¹ The above key management personnel remuneration excludes the remuneration and other benefits of the Ministers. The Ministers' remuneration and other benefits are set by the Remuneration Tribunal and are not paid by Cancer Australia.

Note 13 : Related Party Disclosures

Related party relationships

Cancer Australia is an Australian Government controlled entity. Related parties to this entity are Key Management Personnel, including the Ministers and Executive, and other Australian Government entities.

Transactions with related parties:

Given the breadth of Government activities, related parties may transact with the government sector in the same capacity as ordinary citizens. Such transactions include the payment or refund of taxes, receipt of a Medicare rebate or higher education loans. These transactions have not been separately disclosed in this note.

Significant transactions with related parties can include:

- the payments of grants or loans;
- purchases of goods and services;
- asset purchases, sales transfers or leases;
- debts forgiven; and
- guarantees.

Giving consideration to relationships with related entities, and transactions entered into during the reporting period by Cancer Australia, it has been determined that there are no related party transactions to be separately disclosed.

Notes to and forming part of the financial statements

Note 14: Financial Instruments

	2025	2024
	\$	\$

Note 14: Financial instruments

Financial assets measured at amortised cost

Cash and cash equivalents	124,933	167,032
Trade receivables	124,369	151,837
Total financial assets measured at amortised cost	249,302	318,869
Total financial assets	249,302	318,869

Financial liabilities

Financial liabilities measured at amortised cost

Trade creditors and accruals	213,983	120,749
Financial liabilities measured at amortised cost	213,983	120,749
Total financial liabilities	213,983	120,749

Accounting Policy

Financial assets

Cancer Australia is a non-financial entity whose financial assets are limited to trade receivables and bank deposits. Cancer Australia's trade receivables relate to services provided and do not arise as a result of their primary business objectives. Accordingly, the receivables are more aligned to a basic lending arrangement whereby cash flows will be generated through the collection of the amounts outstanding.

Cancer Australia's business model is to hold financial assets to collect the contractual cash flows and the cash flows relate solely to payments of interest and principal amounts.

Based on the above, Cancer Australia's financial assets should subsequently be measured at amortised cost.

Amortised cost is determined using the effective interest method.

Effective interest method

Income is recognised on an effective interest rate basis for financial assets that are recognised at amortised cost.

Impairment of financial assets

Financial assets are assessed for impairment at the end of each reporting period based on Expected Credit Losses, using the general approach which measures the loss allowance based on an amount equal to lifetime expected credit losses where risk has significantly increased, or an amount equal to 12-month expected credit losses if risk has not increased.

The simplified approach for trade, contract and lease receivables is used. This approach always measures the loss allowance as the amount equal to the lifetime expected credit losses.

A write-off constitutes a derecognition event where the write-off directly reduces the gross carrying amount of the financial asset.

Financial liabilities

Financial liabilities are classified as other financial liabilities. Financial liabilities are recognised and derecognised upon 'trade date'.

Financial liabilities at amortised cost

Financial liabilities are initially measured at fair value, net of transaction costs. These liabilities are subsequently measured at amortised cost using the effective interest method, with interest expense recognised on an effective interest basis.

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

Notes to and forming part of the financial statements

Note 15: Administered - Expenses		
	2025	2024
	\$	\$
<u>Note 15A: Suppliers</u>		
Goods and services supplied or rendered		
Consultants	684,536	556,258
Contractors	14,389,307	10,293,747
Sitting and advisory fees	416,381	514,186
Travel	431,797	197,178
Printing	-	38,920
Other	1,118,915	1,472,115
Total goods and services supplied or rendered	17,040,937	13,072,404
Goods and services are made up of:		
Goods supplied	48,564	48,854
Services rendered	16,992,373	13,023,550
Total goods and services supplied or rendered	17,040,937	13,072,404
Total suppliers	17,040,937	13,072,404
<u>Note 15B: Grants and service delivery contracts</u>		
Public sector		
State and Territory Governments	6,337,723	-
Private sector		
Not-for-profit organisations	10,946,612	11,670,304
Total grants and service delivery contracts	17,284,335	11,670,304
Accounting Policy		
Grants		
Cancer Australia administers a number of grants on behalf of the Government. Grant liabilities are recognised to the extent that (i) the services required to be performed by the grantee have been performed or (ii) the grant eligibility criteria have been satisfied, but payments due have not been made. When the Government enters into an agreement to make these grants and services, but services have not been performed or criteria satisfied, this is considered a commitment.		

Notes to and forming part of the financial statements

Note 16: Administered - Financial Assets

	2025	2024
	\$	\$
Note 16A: Cash and cash equivalents		
Cash on hand or on deposit	33,550	29,873
Total cash and cash equivalents	33,550	29,873
Note 16B: Trade and other receivables		
Net GST receivable from Australian Taxation Office	1,512,307	789,524
Other receivables	11,576	50,749
Total trade and other receivables	1,523,883	840,273
Credit terms for goods and services were within 30 days (2023-24: 30 days).		
No allowance for impairment was required at reporting date (2023-24: nil).		

Accounting Policy

Cash

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

- a) cash on hand; and
- b) demand deposits in bank accounts with an original maturity of 3 months or less that are readily convertible to known amounts of cash and subject to insignificant risk of changes in value.

Trade and other receivables

Trade and other receivables that are held for the purpose of collecting the contractual cash flows where the cash flows are solely payments of principal and interest, that are not provided at below-market interest rates, are subsequently measured at amortised cost using the effective interest method adjusted for any loss allowance.

Note 17: Administered - Payables

	2025	2024
	\$	\$
Note 17A: Suppliers		
Trade creditors and accruals	2,084,685	561,380
Total suppliers	2,084,685	561,380
Settlement is usually made within 30 days (2023-24: 30 days).		
Note 17B: Grants		
Non-profit and profit organisations	3,011,073	586,674
Total grants	3,011,073	586,674

Settlement is usually made according to the terms and conditions of each grant. This is usually within 30 days of performance or eligibility (2023-24: 30 days).

Note 18: Administered - Contingent Assets and Liabilities

Cancer Australia has not identified any quantifiable, unquantifiable or significant remote contingencies as at 30 June 2025 (2023-24: Nil).

Notes to and forming part of the financial statements

Note 19: Administered - Financial Instruments		
	2025	2024
	\$	\$
Financial assets measured at amortised cost		
Cash on hand or on deposit	33,550	29,873
Trade and other receivables		
Other receivables	11,575	50,749
Trade and other receivables	11,575	50,749
Total financial assets measured at amortised cost	45,125	80,622
Total financial assets	45,125	80,622
Financial liabilities		
Financial liabilities measured at amortised cost		
Trade creditors	2,084,685	561,380
Grants payable	3,011,073	586,674
Financial liabilities measured at amortised cost	5,095,758	1,148,054
Total financial liabilities	5,095,758	1,148,054

Notes to and forming part of the financial statements

Note 20: Appropriations

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

Annual Appropriations for 2024-25

	Annual Appropriation ¹	Adjustments to Appropriation ²	Total Appropriation	Appropriation Applied in 2025 (current and prior years)	Variance ³
	\$	\$	\$	\$	\$
Departmental					
Ordinary annual services	14,109,000	3,823,354	17,932,354	16,852,986	1,079,368
Capital Budget ⁴	85,000	-	85,000	62,441	22,559
Total departmental	14,194,000	3,823,354	18,017,354	16,915,427	1,101,927
Administered					
Ordinary annual services					
Administered items	34,362,000	-	34,362,000	30,476,731	3,885,269
Total administered	34,362,000	-	34,362,000	30,476,731	3,885,269

Notes:

¹ In departmental there were no amounts withheld against 2024-25 ordinary annual services Appropriation under Section 51 of the PGPA Act. There were no amounts quarantined from 2025 Administered Appropriations.

² Adjustments to Appropriation including PGPA Act Section 74 receipts.

³ The departmental variance primarily represents the timing difference of payments to suppliers and employees and section 74 receipts. The administered variance is mainly due to the timing difference of payments to suppliers.

⁴ Departmental Capital Budgets are appropriated through Appropriation Acts (No.1). They form part of ordinary annual services, and are not separately identified in the annual Appropriation Acts.

Annual Appropriations for 2023-24

	Annual Appropriation ¹	Adjustments to Appropriation ²	Total Appropriation	Appropriation Applied in 2024 (current and prior years)	Variance ³
	\$	\$	\$	\$	\$
Departmental					
Ordinary annual services	13,323,000	3,056,201	16,379,201	16,298,811	80,390
Capital Budget ⁴	84,000	-	84,000	33,835	50,165
Total departmental	13,407,000	3,056,201	16,463,201	16,332,646	130,555
Administered					
Ordinary annual services					
Administered items	24,743,000	-	24,743,000	23,959,098	783,902
Total administered	24,743,000	-	24,743,000	23,959,098	783,902

Notes:

¹ In departmental there were no amounts withheld against 2023-24 ordinary annual services Appropriation under Section 51 of the PGPA Act. There were no amounts quarantined from 2024 Administered Appropriations.

² Adjustments to Appropriation including PGPA Act Section 74 receipts.

³ The departmental variance primarily represents the timing difference of payments to suppliers and employees and section 74 receipts. The administered variance is mainly due to the timing difference of payments to suppliers.

⁴ Departmental Capital Budgets are appropriated through Appropriation Acts (No.1). They form part of ordinary annual services, and are not separately identified in the annual Appropriation Acts.

Notes to and forming part of the financial statements

Table B: Unspent Annual Appropriations ('Recoverable GST exclusive')

	2025	2024
	\$	\$
Departmental		
Appropriation Act (No.1) 2023-24	-	3,110,970
Appropriation Act (No.1) 2024-25 ¹	4,212,897	-
Total departmental	4,212,897	3,110,970
Administered		
Appropriation Act (No.1) 2023-24	-	1,050,617
Appropriation Act (No.1) 2024-25 ¹	4,935,886	-
Total administered	4,935,886	1,050,617

¹ Appropriation Act (No.1) 2024-25 includes cash and cash equivalents at 30 June 2025

Table C: Net Cash Appropriation Arrangements

	2025	2024
	\$	\$
Total comprehensive income/(loss) - as per the Statement of Comprehensive Income	502,509	(408,922)
Plus : depreciation/amortisation of assets funded through appropriations (departmental capital budget funding and/or equity injections) ¹	295,698	370,310
Plus : depreciation of right-of-use assets ²	735,644	735,411
Less : lease principal repayments ²	(873,591)	(829,482)
Net Cash Operating Surplus/ (Deficit)	660,260	(132,683)

¹ From 2010-11, the Government introduced net cash appropriation arrangements where revenue appropriations for depreciation/amortisation expenses of non-corporate Commonwealth entities and selected corporate Commonwealth entities were replaced with a separate capital budget provided through equity appropriations. Capital budgets are to be appropriated in the period when cash payment for capital expenditure is required.

² The inclusion of depreciation/amortisation expenses related to right-of-use leased assets and the lease liability principal repayment amount reflects the impact of AASB 16 Leases, which does not directly reflect a change in appropriation arrangements.

Notes to and forming part of the financial statements

21. Current/non-current distinction for assets and liabilities

21A: Current/non-current distinction for assets and liabilities

	2025	2024
	\$	\$
Assets expected to be recovered in:		
No more than 12 months		
Cash and cash equivalents	124,933	167,032
Trade and other receivables	4,287,761	3,268,028
Prepayments	168,782	181,710
Total no more than 12 months	4,581,476	3,616,770
More than 12 months		
Property, plant and equipment	2,233,418	3,154,770
Intangibles	7,544	56,000
Total more than 12 months	2,240,962	3,210,770
Total assets	6,822,438	6,827,540
Liabilities expected to be settled in:		
No more than 12 months		
Suppliers	213,982	120,749
Other payables	398,186	329,962
Leases	919,476	873,591
Employee provisions	791,721	742,265
Other provisions	276,715	272,598
Total No more than 12 months	2,600,080	2,339,165
More than 12 months		
Leases	1,207,718	2,127,195
Employee provisions	1,974,345	1,908,454
Total more than 12 months	3,182,063	4,035,649
Total liabilities	5,782,143	6,374,814

21B: Administered - Current/non-current distinction for assets and liabilities

	2025	2024
	\$	\$
Assets expected to be recovered in:		
No more than 12 months		
Cash and cash equivalents	33,550	29,873
Trade and other receivables	1,523,883	840,273
Prepayments	252,381	111,587
Total no more than 12 months	1,809,814	981,733
More than 12 months	-	-
Total more than 12 months	-	-
Total assets	1,809,814	981,733
Liabilities expected to be settled in:		
No more than 12 months		
Suppliers	2,084,685	561,380
Grants	3,011,073	586,674
Total no more than 12 months	5,095,758	1,148,054
More than 12 months	-	-
Total more than 12 months	-	-
Total liabilities	5,095,758	1,148,054

Appendix C: Acquittal audit report related to Cancer Australia fundraising activities

Independent auditor's report – Cancer Australia fundraising activities



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ACQUITTAL AUDIT REPORT
FOR THE YEAR ENDED 30 JUNE 2025

INDEPENDENT AUDITOR'S REPORT
TO THE EXECUTIVES OF CANCER AUSTRALIA

Independent audit report in relation to Cancer Australia's statement of income and expenditure of the fundraising activities relating to the Pink Pony appeal ("the Project").

We have audited:

- a) the accompanying statement of Project income and expenditure of Cancer Australia for the year ended 30 June 2025, a summary of significant accounting policies, other explanatory information, and management's attestation statement; and
- b) Cancer Australia's compliance with the *Charitable Fundraising Act 1991* for the year ended 30 June 2025.

Management's responsibility

Management is responsible for:

- a) the preparation and fair presentation of the financial statement in accordance with the *Corporations Act 2001* and Australian Accounting Standards;
- b) such internal control as management determines is necessary to enable the preparation of the financial statement that is free from material misstatement, whether due to fraud or error.

Auditor's responsibility

Our responsibility is to express an opinion, based on our audit, on the statement of income & expenditure of the Project.

We conducted our audit of the financial statement in accordance with *Corporations Act 2001* and Australian Accounting Standards. The applicable Standards require that we comply with relevant ethical requirements and plan and perform our work to:

- a) obtain reasonable assurance about whether the financial statement is free from material misstatement.
- b) Complying with Accounting Standards, *Corporations Regulations 2001*, *Charitable Fundraising Act 1991* and other mandatory professional reporting requirements.

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Liability limited by a scheme approved under Professional Standards Legislation

CANCER AUSTRALIA
ABN: 21 075 951 918

ACQUITTAL AUDIT REPORT
FOR THE YEAR ENDED 30 JUNE 2025

INDEPENDENT AUDITOR'S REPORT
TO THE EXECUTIVES OF CANCER AUSTRALIA

Auditor's responsibility (continued)

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statement. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial statement, whether due to fraud or error.

In making those risk assessments, the auditor considers internal control relevant to the fundraising recipient's preparation and fair presentation of the financial statement, 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 fundraising recipient's internal control. An audit also includes evaluating the appropriateness of accounting policies used by management, as well as evaluating the overall presentation of the financial statement.

Charitable Fundraising Act 1991

We have a responsibility under section 24 of the New South Wales *Charitable Fundraising Act 1991* to report to the entity's members whether, in our opinion the annual financial report of the entity complies with the *Charitable Fundraising Act 1991*, including:

- a) whether the accounts show a true and fair view of the financial results of fundraising appeals for the year to which they relate; and
- b) whether the accounts and associated records have been properly kept during that year in accordance with this Act and the regulations; and
- c) whether money received as a result of fundraising appeals conducted during the year has been properly accounted for and applied in accordance with this Act and the regulations; and
- d) the solvency of the organisation.

We must also report to members if we are satisfied that

- a) There has been a contravention of this Act or the regulations; and
- b) the circumstances are such that, in the auditor's opinion, the matter has not been or will not be adequately dealt with by comment in the auditor's report on the accounts or by bringing the matter to the notice of the person concerned or of the trustees or members of the governing body of the organisation concerned.

CANCER AUSTRALIA

ABN: 21 075 951 918

ACQUITTAL AUDIT REPORT
FOR THE YEAR ENDED 30 JUNE 2025

INDEPENDENT AUDITOR'S REPORT
TO THE EXECUTIVES OF CANCER AUSTRALIA

Opinion

Pursuant to the requirements of section 24(2) of the New South Wales *Charitable Fundraising Act 1991*, in our opinion:

- a) the financial report gives a true and fair view of the financial result of fundraising appeal activities for the financial year ended 30 June 2025; and
- b) the financial report has been properly drawn up, and the associated records have been properly kept for the year ended 30 June 2025, in accordance with the New South Wales *Charitable Fundraising Act 1991*; and
- c) money received as a result of fundraising appeal activities conducted during the year ended 30 June 2025 have been properly accounted for and applied in accordance with the New South Wales *Charitable Fundraising Act 1991*; and
- d) at the date of this report there are reasonable grounds to believe that entity will be able to pay its debts as and when they become due and payable.

Use of Report

This report has been prepared for Cancer Australia in accordance with the Accounting Standards, *Corporations Regulations 2001*, *Charitable Fundraising Act 1991*, and other mandatory professional reporting requirements. We disclaim any assumption of responsibility for any reliance on this report to any persons or users other than Cancer Australia, or for any purpose other than that for which it was prepared.



Stewart Brown

Chartered Accountants
Level 2, Tower 1, 495 Victoria Avenue
Chatswood NSW 2067



Justin Weiner

Audit Partner
Chartered Accountant (357529)
ASIC Registered Company Auditor (540726)

1 August 2025

Charitable fundraising

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

Fundraising appeals conducted during the financial period

Donations received to improve outcomes for Australians affected by breast cancer in 2024–25.

Table C.1: Details of aggregated gross income and total expenses of fundraising appeals

	2025 \$	2024 \$
Donations		
Gross proceeds of fundraising appeal	56,358	25,215
Total direct costs of fundraising appeal	–	–
Net surplus from fundraising appeal	56,358	25,215
Net margin from fundraising appeals	100%	100%

Statement demonstrating how funds received were applied to charitable purposes

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

Table C.2: Comparison by monetary figures and percentages

	2025 \$	2024 \$
Total cost of fundraising appeals	–	–
Gross income from fundraising appeals	56,358	25,215
Percentage	0%	0%
Net surplus from fundraising appeals	56,358	25,215
Gross income from fundraising appeals	56,358	25,215
Percentage	100%	100%



Appendix D: Mandatory reporting information

Advertising and market research

During 2024–25, Cancer Australia conducted the following advertising campaigns:

- Blood Cancer Awareness Month Campaign
- Gynaecological Cancer Awareness Month Campaign
- Prostate Cancer Awareness Month Campaign
- Breast Cancer Awareness Month Campaign
- Liver Cancer Awareness Month Campaign
- Lung Cancer Awareness Month Campaign
- Stomach Cancer Awareness Campaign
- Pancreatic Cancer Awareness Campaign
- Brain Cancer Awareness Campaign
- Bowel Cancer Awareness Campaign
- National Technical Service Call for Applications
- Australian Comprehensive Cancer Network Showcase Event Awareness Campaign
- Partnerships for Culturally Safe Cancer Care grant program
- Partnerships for Cancer Research grant program
- Release of the National Optimal Care Pathways Framework and the *Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer* (2nd ed).

Further information on those advertising campaigns is available on the Cancer Australia website (www.canceraustralia.gov.au) and in the reports on Australian Government advertising prepared by the Department of Finance. Those reports are available on the Department of Finance's website.

The Campaign Advertising by Australian Government Departments and Agencies Report, prepared annually by the Department of Finance, provides details of campaigns for which expenditure was greater than \$250,000 (including GST).

Table D.1: Advertising agencies used by Cancer Australia in 2024–25

Organisation	Service provided	Amount paid (GST incl)
Romanava	Targeted advertising for promotion of 2024 Partnerships for Cancer Research grant program	\$11,000.00
The Media Precinct	Targeted LinkedIn campaigns promoting the release of the National Optimal Care Pathways Framework and the <i>Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer</i> (2nd ed)	\$11,000.00
Universal McCann	Bowel Cancer Awareness digital social and ad service	\$9,899.95
Romanava	Targeted advertising for promotion of 2024 Partnerships for Culturally Safe Cancer Care grant program	\$7,700.00
Romanava	Provision of services executing a social media campaign to promote lung cancer awareness messages and to drive traffic to the dedicated mini site.	\$6,600.00
Universal McCann	Brain Cancer Awareness digital social and ad service	\$5,610.38
Romanava	Targeted advertising across social media for the Blood Cancer Awareness Month Campaign. Campaign preparation, management, and reporting of all advertising for Blood Cancer Awareness Month Campaign.	\$5,500.00
Romanava	Targeted advertising across social media for the Prostate Cancer Awareness Month Campaign. Campaign preparation, management, and reporting of all advertising for Prostate Cancer Awareness Month Campaign.	\$5,500.00
Romanava	Gynecological Cancer Awareness Month Campaign.	\$5,500.00
Romanava	Provision of services executing a social media campaign to promote liver cancer awareness messages and to drive traffic to the dedicated mini site.	\$5,500.00
Romanava	Provision of services executing a social media campaign to promote breast cancer in young women awareness messages and to drive traffic to the dedicated mini site.	\$5,500.00
Web Marketing Workshop Australia	Google Ads advertising fees for Pancreatic Cancer Awareness Campaign in November 2024.	\$4,950.00
Web Marketing Workshop Australia	Google Ads advertising fees for Stomach Cancer Awareness Campaign in November 2024.	\$4,950.00
Koori Mail	Digital advertising on Koori Mail website – National Technical Service.	\$1,650.00
Public Health Association Australia	Digital advertising for promotion of 2024 Partnerships for Cancer Research grant program.	\$445.00

Table D.2: Market research undertaken by Cancer Australia in 2024–25

Organisation	Service provided	Amount paid (GST incl)
Nil	Nil	–

Grant programs

The following grant programs were administered by Cancer Australia during the period 1 July 2024 to 30 June 2025:

- Priority-driven Collaborative Cancer Research Scheme
- Support for Cancer Clinical Trials program
- Supporting People with Cancer grant program
- Partnerships for Culturally Safe Cancer Care grant program
- Partnerships for Cancer Research grant program.

Information on grants awarded by Cancer Australia during the period 1 July 2024 to 30 June 2025 is available at canceraustralia.gov.au.

Disability reporting

Australia’s Disability Strategy 2021–2031 (the Strategy) is the overarching framework for inclusive policies, programs and infrastructure that will support people with disability to participate in all areas of Australian life. The Strategy sets out where practical changes will be made to improve the lives of people with disability in Australia. It acts to ensure the principles underpinning the United Nations Convention on the Rights of Persons with Disabilities are incorporated into Australia’s policies and programs that affect people with disability, their families and carers. All levels of government have committed to deliver more comprehensive and visible reporting under the Strategy. A range of reports on progress of the Strategy’s actions and outcome areas will be published and available at www.disabilitygateway.gov.au/ads.

Disability reporting is included the Australian Public Service Commission’s State of the Service reports and the APS Statistical Bulletin. These reports are available at www.apsc.gov.au.

Freedom of information

Entities subject to the *Freedom of Information Act 1982* (Cth) (FOI Act) are required to publish information to the public as part of the Information Publication Scheme (IPS). This requirement is in Part II of the FOI Act and has replaced the former requirement to publish a section 8 statement in an annual report. Each agency must display on its website a plan showing what information it publishes in accordance with the IPS requirements.

Cancer Australia displays an IPS Plan on its website listing the information it publishes and how it proposes to comply with IPS requirements. This is available on the Cancer Australia website: [Cancer Australia Freedom of Information Act](https://www.canceraustralia.gov.au/about-us/freedom-information-act).⁸

8 <https://www.canceraustralia.gov.au/about-us/freedom-information-act>

Ecologically sustainable development and environmental performance

Section 516A of the *Environment Protection and Biodiversity Conservation Act 1999* (Cth) requires Australian Government entities to detail their environmental performance and contribution to ecologically sustainable development in their annual reports.

In 2024–25, Cancer Australia maintained a range of measures which contributed to ecologically sustainable development, including:

- adopting a ‘paper-light’ office, going digital wherever possible
- using ecologically friendly printer paper, paper-based stationery items and cleaning products
- recycling paper, cardboard, printer cartridges and waste
- setting printers to default to print on both sides of the paper and in black and white
- ensuring equipment such as laptops, photocopiers, dishwashers and printers incorporate energy-saving features.

The buildings in which Cancer Australia leases its office accommodation have a minimum National Australian Built Environment Rating System energy rating of 5.0 stars in Sydney and 2 stars in Canberra (this is due to limited occupancy, previously reported at 5.5 when at full occupancy).

Cancer Australia will continue to consider ecologically sustainable development as part of its business management approach.

Climate Action in Government Operations APS Net Zero 2030 emissions reporting

As part of the reporting requirements under section 516A of the *Environment Protection and Biodiversity Conservation Act*, and in line with the Government’s Net Zero in Government Operations Strategy, all non-corporate Commonwealth entities are required to publicly report on the emissions from their operations.

The Greenhouse Gas Emissions Inventory presents greenhouse gas emissions over the 2024–25 period. Results are presented on the basis of carbon dioxide equivalent (CO₂-e) emissions. Greenhouse gas emissions have been calculated in line with the Australian Public Service Emissions Reporting Framework, consistent with the Whole of Australian Government approach as part of the APS Net Zero 2030 policy.

Not all data sources were available at the time of the report and amendments to data may be required in future reports.

Reporting on refrigerants is being phased in over time as emissions reporting matures.

Table D.3: 2024–25 greenhouse gas emissions inventory – location-based method

Emission source	Scope 1 t CO ₂ -e	Scope 2 t CO ₂ -e	Scope 3 t CO ₂ -e	Total t CO ₂ -e
Electricity (location-based approach)	n/a	48.36	2.93	51.29
Natural gas	–	n/a	–	–
Solid waste	–	n/a	2.28	2.28
Refrigerants*	–	n/a	n/a	–
Fleet and other vehicles	–	n/a	–	–
Domestic commercial flights	n/a	n/a	94.43	94.43
Domestic hire car	n/a	n/a	0.18	0.18
Domestic travel accommodation	n/a	n/a	21.73	21.73
Other energy	–	n/a	–	–
Total t CO₂-e	–	48.36	121.55	169.91

Note: The table above presents emissions related to electricity usage using the location-based accounting method. CO₂-e = carbon dioxide equivalent.

* Reporting on refrigerants is being phased in over time as emissions reporting matures and may be an optional source in 2024–25 emissions reporting. See the [Emissions Reporting Framework](#)⁹ for more details.

Table D.4: 2024–25 electricity greenhouse gas emissions

	Scope 2 t CO ₂ -e	Scope 3 t CO ₂ -e	Total t CO ₂ -e	Electricity kWh
Location-based electricity emissions	48.36	2.93	51.29	73,271.89
Market-based electricity emissions	33.10	4.50	37.60	40,867.07
Total renewable electricity consumed	n/a	n/a	n/a	32,404.82
Renewable Power Percentage ¹	n/a	n/a	n/a	13,331.82
Jurisdictional Renewable Power Percentage ^{2,3}	n/a	n/a	n/a	19,073.00
GreenPower ²	n/a	n/a	n/a	–
Large-scale generation certificates ²	n/a	n/a	n/a	–
Behind the meter solar ⁴	n/a	n/a	n/a	–
Total renewable electricity produced	n/a	n/a	n/a	–
Large-scale generation certificates ²	n/a	n/a	n/a	–
Behind the meter solar ⁴	n/a	n/a	n/a	–

Note: The table above presents emissions related to electricity usage using both the location-based and the market-based accounting methods. CO₂-e = carbon dioxide equivalent. Electricity usage is measured in kilowatt hours (kWh). n/a = not applicable.

1 Listed as 'Mandatory renewables' in 2023–24 annual reports. The renewable power percentage (RPP) accounts for the portion of electricity used, from the grid, that falls within the Renewable Energy Target (RET).

2 Listed as 'Voluntary renewables' in 2023–24 annual reports.

3 The Australian Capital Territory is currently the only state with a Jurisdictional Renewable Power Percentage (JRPP).

4 Reporting behind the meter solar consumption and/or production is optional. The quality of data is expected to improve over time as emissions reporting matures.

9 <https://www.finance.gov.au/government/climate-action-government-operations/commonwealth-emission-reporting/emissions-reporting-framework>

Work health and safety

During 2024–25, the following initiatives were undertaken in relation to work health and safety:

- Influenza vaccinations were offered to all employees.
- Workstation assessments were carried out for employees.
- Cancer Australia continued to offer an Employee Assistance Program for employees and their immediate family members.
- The agency's Work Health and Safety Committee met periodically to review the safety management plan and workplace practices.
- Comcare conducted a proactive inspection of Cancer Australia's Consultation, Coordination and Cooperation system and found the system to be compliant.

Corrections of errors in previous annual report

In the Cancer Australia Annual Report 2023–24, the figures reported in Table D.4: Expenditure on reportable non-consultancy contracts (2023–24) were incorrectly interpreted in the previous years to exclude a number of contracts which should have been included.

In previous Cancer Australia Annual Reports from 2018–19 through to 2023–24 the tables A.1: Entity resource statement have incorrectly categorised s74 retained revenue receipts as annual appropriations – other services – non-operating.

Appendix E: Cancer Australia advisory groups

Cancer Australia's advisory group structure supports the agency's purpose and its leadership role in national cancer control. Advisory group members represent a broad range of expertise, experiences and sectors, including consumer representation.

Cancer Australia values the advice and support extended to the organisation by the following strategic and project-specific advisory groups.

Intercollegiate Advisory Group

The Intercollegiate Advisory Group provides expert advice to Cancer Australia across the spectrum of cancer control to inform national approaches to reduce variations in cancer outcomes; promotes the use of best available evidence to achieve effective cancer care; identifies collaborative approaches across the system to address cancer control challenges across the cancer care continuum from prevention to treatment; and provides advice on emerging issues nationally and internationally to inform Cancer Australia's work.

The group is chaired by Professor Sandra O'Toole.

Leadership Group on Aboriginal and Torres Strait Islander Cancer Control

The Leadership Group on Aboriginal and Torres Strait Islander Cancer Control (Leadership Group) provides strategic advice and guidance to assist Cancer Australia and the Australian Government in Aboriginal and Torres Strait Islander cancer control. The Leadership Group champions cross-sector collaboration in addressing and monitoring the progress of priorities in the Australian Cancer Plan and the National Aboriginal and Torres Strait Islander Cancer Framework; identifies and leverages opportunities to improve cancer outcomes at system, service and community levels; identifies emerging issues of national importance in Aboriginal and Torres Strait Islander cancer control and options to address these across multiple sectors; and provides input and advice in areas of specialised expertise.

The group is chaired by Associate Professor Lisa Whop.

Research and Data Advisory Group

The Research and Data Advisory Group provides strategic advice to Cancer Australia on priority areas in cancer research and data. This includes expert guidance on Cancer Australia's research, clinical trials and data initiatives; strategies to enhance current programs, addressing emerging issues in national and international cancer research; setting research and data priorities; and fostering key national and international partnerships and collaborations that support Cancer Australia's leadership in these areas.

The group is chaired by Professor Raymond Chan.

National Framework for Genomics in Cancer Control Expert Advisory Group

The National Framework for Genomics in Cancer Control Expert Advisory Group provided high-level strategic and expert advice to Cancer Australia to guide the design and development of the National Framework for Genomics in Cancer Control. The group identified and advised on priority areas and emerging issues of relevance in cancer genomics across the cancer care continuum. They supported engagement with the wider sector to ensure that outputs meet the needs of people affected by cancer and provided input and advice in areas of specialised expertise.

The group was chaired by Professor Chris Karapetis, with the final meeting held in October 2024.

National Framework for Genomics in Cancer Control Indigenous Governance Group

The National Framework for Genomics in Cancer Control Indigenous Governance Group provides expert advice on the approach to Aboriginal and Torres Strait Islander engagement for the National Framework for Genomics in Cancer Control.

The group was chaired by Professor Dorothy Keefe PSM MD, with the final meeting held in October 2024.

National Cancer Expert Group

The National Cancer Expert Group provides advice, guidance and expertise on cancer control matters of national interest to Cancer Australia. The group provides strategic input on emerging jurisdictional trends and issues of national significance to cancer control in Australia and advice on priorities for cancer control in Australia from a national perspective. The group supports implementation of the Australian Cancer Plan and, on request, assists the Cancer and Population Screening Committee through Cancer Australia's Chief Executive Officer.

The group is chaired by Professor Dorothy Keefe PSM MD.

National Cancer Data Framework Steering Committee

The National Cancer Data Framework Steering Committee provided advice and guidance to Cancer Australia on the development of a national cancer data framework to improve accessibility, consistency and comprehensiveness of integrated data assets. The steering committee provided expert strategic advice and guidance related to current gaps in Australia's cancer data ecosystem; framework governance and risk management; issues which may impact framework development and implementation; implementation priorities and opportunities; and ways to monitor and report progress.

The group was chaired by Claire Howlett, with the final meeting held in January 2025.

Appendix F: List of requirements

PGPA rule reference	Part of report	Description	Requirement
17AD(g)	Letter of transmittal		
17AI	1	A copy of the letter of transmittal signed and dated by accountable authority on date final text approved, with statement that the report has been prepared in accordance with section 46 of the Act and any enabling legislation that specifies additional requirements in relation to the annual report.	Mandatory
17AD(h)	Aids to access		
17AJ(a)	2–3	Table of contents (print only).	Mandatory
17AJ(b)	134–140	Alphabetical index (print only).	Mandatory
17AJ(c)	128–133	Glossary of abbreviations and acronyms.	Mandatory
17AJ(d)	122–127	List of requirements.	Mandatory
17AJ(e)	IFC	Details of contact officer.	Mandatory
17AJ(f)	IFC	Entity's website address.	Mandatory
17AJ(g)	IFC	Electronic address of report.	Mandatory
17AD(a)	Review by accountable authority		
17AD(a)	6–10	A review by the accountable authority of the entity.	Mandatory
17AD(b)	Overview of the entity		
17AE(1)(a)(i)	20	A description of the role and functions of the entity.	Mandatory
17AE(1)(a)(ii)	21	A description of the organisational structure of the entity.	Mandatory
17AE(1)(a)(iii)	21	A description of the outcomes and programmes administered by the entity.	Mandatory
17AE(1)(a)(iv)	19	A description of the purposes of the entity as included in corporate plan.	Mandatory
17AE(1)(aa)(i)	66	Name of the accountable authority or each member of the accountable authority	Mandatory
17AE(1)(aa)(ii)	66	Position title of the accountable authority or each member of the accountable authority	Mandatory
17AE(1)(aa)(iii)	66	Period as the accountable authority or member of the accountable authority within the reporting period	Mandatory

PGPA rule reference	Part of report	Description	Requirement
17AE(1)(b)	N/A	An outline of the structure of the portfolio of the entity.	Portfolio departments – mandatory
17AE(2)	N/A	Where the outcomes and programs administered by the entity differ from any Portfolio Budget Statement, Portfolio Additional Estimates Statement or other portfolio estimates statement that was prepared for the entity for the period, include details of variation and reasons for change.	If applicable, Mandatory
17AD(c)	Report on the Performance of the entity		
	<i>Annual performance Statements</i>		
17AD(c)(i); 16F	26–38	Annual performance statement in accordance with paragraph 39(1)(b) of the Act and section 16F of the Rule.	Mandatory
17AD(c)(ii)	Report on Financial Performance		
17AF(1)(a)	39	A discussion and analysis of the entity's financial performance.	Mandatory
17AF(1)(b)	72–73	A table summarising the total resources and total payments of the entity.	Mandatory
17AF(2)	N/A	If there may be significant changes in the financial results during or after the previous or current reporting period, information on those changes, including: the cause of any operating loss of the entity; how the entity has responded to the loss and the actions that have been taken in relation to the loss; and any matter or circumstances that it can reasonably be anticipated will have a significant impact on the entity's future operation or financial results.	If applicable, Mandatory.
17AD(d)	Management and Accountability		
	<i>Corporate Governance</i>		
17AG(2)(a)	1, 43	Information on compliance with section 10 (fraud systems)	Mandatory
17AG(2)(b)(i)	1	A certification by accountable authority that fraud risk assessments and fraud control plans have been prepared.	Mandatory
17AG(2)(b)(ii)	1	A certification by accountable authority that appropriate mechanisms for preventing, detecting incidents of, investigating or otherwise dealing with, and recording or reporting fraud that meet the specific needs of the entity are in place.	Mandatory
17AG(2)(b)(iii)	1	A certification by accountable authority that all reasonable measures have been taken to deal appropriately with fraud relating to the entity.	Mandatory
17AG(2)(c)	43–48	An outline of structures and processes in place for the entity to implement principles and objectives of corporate governance.	Mandatory
17AG(2)(d) – (e)	N/A	A statement of significant issues reported to Minister under paragraph 19(1)(e) of the Act that relates to noncompliance with Finance law and action taken to remedy noncompliance.	If applicable, Mandatory

PGPA rule reference	Part of report	Description	Requirement
Audit Committee			
17AG(2A)(a)	44	A direct electronic address of the charter determining the functions of the entity's audit committee.	Mandatory
17AG(2A)(b)	45	The name of each member of the entity's audit committee.	Mandatory
17AG(2A)(c)	45	The qualifications, knowledge, skills or experience of each member of the entity's audit committee.	Mandatory
17AG(2A)(d)	45	Information about the attendance of each member of the entity's audit committee at committee meetings.	Mandatory
17AG(2A)(e)	45	The remuneration of each member of the entity's audit committee.	Mandatory
External Scrutiny			
17AG(3)	44	Information on the most significant developments in external scrutiny and the entity's response to the scrutiny.	Mandatory
17AG(3)(a)	44	Information on judicial decisions and decisions of administrative tribunals and by the Australian Information Commissioner that may have a significant effect on the operations of the entity.	If applicable, Mandatory
17AG(3)(b)	44	Information on any reports on operations of the entity by the AuditorGeneral (other than report under section 43 of the Act), a Parliamentary Committee, or the Commonwealth Ombudsman.	If applicable, Mandatory
17AG(3)(c)	44	Information on any capability reviews on the entity that were released during the period.	If applicable, Mandatory
Management of Human Resources			
17AG(4)(a)	49	An assessment of the entity's effectiveness in managing and developing employees to achieve entity objectives.	Mandatory
17AG(4)(aa)	50–55	Statistics on the entity's employees on an ongoing and nonongoing basis, including the following: (a) statistics on fulltime employees; (b) statistics on parttime employees; (c) statistics on gender; (d) statistics on staff location.	Mandatory
17AG(4)(b)	52–57	Statistics on the entity's APS employees on an ongoing and nonongoing basis, including the following: – Statistics on staffing classification level; – Statistics on fulltime employees; – Statistics on parttime employees; – Statistics on gender; – Statistics on staff location; – Statistics on employees who identify as Indigenous.	Mandatory

PGPA rule reference	Part of report	Description	Requirement
17AG(4)(c)	49, 56	Information on any enterprise agreements, individual flexibility arrangements, Australian workplace agreements, common law contracts and determinations under subsection 24(1) of the Public Service Act 1999.	Mandatory
17AG(4)(c)(i)	49, 56	Information on the number of SES and nonSES employees covered by agreements etc identified in paragraph 17AG(4)(c).	Mandatory
17AG(4)(c)(ii)	56	The salary ranges available for APS employees by classification level.	Mandatory
17AG(4)(c)(iii)	49	A description of nonsalary benefits provided to employees.	Mandatory
17AG(4)(d)(i)	57	Information on the number of employees at each classification level who received performance pay.	If applicable, Mandatory
17AG(4)(d)(ii)	57	Information on aggregate amounts of performance pay at each classification level.	If applicable, Mandatory
17AG(4)(d)(iii)	57	Information on the average amount of performance payment, and range of such payments, at each classification level.	If applicable, Mandatory
17AG(4)(d)(iv)	57	Information on aggregate amount of performance payments.	If applicable, Mandatory
Assets Management			
17AG(5)	N/A	An assessment of effectiveness of assets management where asset management is a significant part of the entity's activities	If applicable, mandatory
Purchasing			
17AG(6)	48	An assessment of entity performance against the Commonwealth Procurement Rules.	Mandatory
Reportable consultancy contracts			
17AG(7)(a)	46	A summary statement detailing the number of new reportable consultancy contracts entered into during the period; the total actual expenditure on all such contracts (inclusive of GST); the number of ongoing reportable consultancy contracts that were entered into during a previous reporting period; and the total actual expenditure in the reporting period on those ongoing contracts (inclusive of GST).	Mandatory
17AG(7)(b)	46	A statement that "During [reporting period], [specified number] new reportable consultancy contracts were entered into involving total actual expenditure of \$[specified million]. In addition, [specified number] ongoing reportable consultancy contracts were active during the period, involving total actual expenditure of \$[specified million]".	Mandatory
17AG(7)(c)	46	A summary of the policies and procedures for selecting and engaging consultants and the main categories of purposes for which consultants were selected and engaged.	Mandatory

PGPA rule reference	Part of report	Description	Requirement
17AG(7)(d)	46	A statement that <i>"Annual reports contain information about actual expenditure on reportable consultancy contracts. Information on the value of reportable consultancy contracts is available on the AusTender website."</i>	Mandatory
Reportable non-consultancy contracts			
17AG(7A)(a)	46	A summary statement detailing the number of new reportable non-consultancy contracts entered into during the period; the total actual expenditure on such contracts (inclusive of GST); the number of ongoing reportable non-consultancy contracts that were entered into during a previous reporting period; and the total actual expenditure in the reporting period on those ongoing contracts (inclusive of GST).	Mandatory
17AG(7A)(b)	46	A statement that <i>"Annual reports contain information about actual expenditure on reportable non-consultancy contracts. Information on the value of reportable non-consultancy contracts is available on the AusTender website."</i>	Mandatory
17AD(daa)	Additional information about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts		
17AGA	46–47	Additional information, in accordance with section 17AGA, about organisations receiving amounts under reportable consultancy contracts or reportable non-consultancy contracts.	Mandatory
Australian National Audit Office Access Clauses			
17AG(8)	N/A	If an entity entered into a contract with a value of more than \$100 000 (inclusive of GST) and the contract did not provide the AuditorGeneral with access to the contractor's premises, the report must include the name of the contractor, purpose and value of the contract, and the reason why a clause allowing access was not included in the contract.	If applicable, Mandatory
Exempt contracts			
17AG(9)	48	If an entity entered into a contract or there is a standing offer with a value greater than \$10 000 (inclusive of GST) which has been exempted from being published in AusTender because it would disclose exempt matters under the FOI Act, the annual report must include a statement that the contract or standing offer has been exempted, and the value of the contract or standing offer, to the extent that doing so does not disclose the exempt matters.	If applicable, Mandatory
Small business			
17AG(10)(a)	48	A statement that <i>"[Name of entity] supports small business participation in the Commonwealth Government procurement market. Small and Medium Enterprises (SME) and Small Enterprise participation statistics are available on the Department of Finance's website."</i>	Mandatory

PGPA rule reference	Part of report	Description	Requirement
17AG(10)(b)	48	An outline of the ways in which the procurement practices of the entity support small and medium enterprises.	Mandatory
17AG(10)(c)	N/A	If the entity is considered by the Department administered by the Finance Minister as material in nature—a statement that “[Name of entity] recognises the importance of ensuring that small businesses are paid on time. The results of the Survey of Australian Government Payments to Small Business are available on the Treasury’s website.”	If applicable, Mandatory
Financial Statements			
17AD(e)	74–112	Inclusion of the annual financial statements in accordance with subsection 43(4) of the Act.	Mandatory
Executive Remuneration			
17AD(da)	66–69	Information about executive remuneration in accordance with Subdivision C of Division 3A of Part 23 of the Rule.	Mandatory
17AD(f)	Other Mandatory Information		
17AH(1)(a)(i)	114–116	If the entity conducted advertising campaigns, a statement that “During [reporting period], the [name of entity] conducted the following advertising campaigns: [name of advertising campaigns undertaken]. Further information on those advertising campaigns is available at [address of entity’s website] and in the reports on Australian Government advertising prepared by the Department of Finance. Those reports are available on the Department of Finance’s website.”	If applicable, Mandatory
17AH(1)(a)(ii)	N/A	If the entity did not conduct advertising campaigns, a statement to that effect.	If applicable, Mandatory
17AH(1)(b)	116	A statement that “Information on grants awarded by [name of entity] during [reporting period] is available at [address of entity’s website].”	If applicable, Mandatory
17AH(1)(c)	116	Outline of mechanisms of disability reporting, including reference to website for further information.	Mandatory
17AH(1)(d)	116	Website reference to where the entity’s Information Publication Scheme statement pursuant to Part II of FOI Act can be found.	Mandatory
17AH(1)(e)	119	Correction of material errors in previous annual report	If applicable, mandatory
17AH(2)	12–13 Advisory Council Chair review as per Section 37 of the Cancer Australia Act 2006	Information required by other legislation	Mandatory

Glossary

Term	Description
cancer care continuum	A person's cancer experience and interactions with the health system, including prevention and early detection, initial presentation, diagnosis, treatment, survivorship, and/or end-of-life care.
cancer control	Cancer control aims to reduce the incidence, morbidity, and mortality of cancer and to improve the quality of life of cancer patients in a defined population, through the systematic implementation of evidence-based interventions for prevention, early detection, diagnosis, treatment, and palliative care. Comprehensive cancer control addresses the whole population, while seeking to respond to the needs of the different subgroups at risk.
care pathway	The management and sequence of care for a well-defined group of patients during a well-defined period of time, to provide efficient and effective care for patients with similar conditions.
carer	A person who helps someone through an illness or disability such as cancer.
clinical guidelines	Clinical guidelines are a graded set of recommendations to help clinical decision-making or service planning based on best available research. Ideally all clinical guidelines are developed according to international quality criteria. Some clinical guidelines may be based on systematic review of relevant research.
clinical trial	Research conducted with the patient's permission, which usually involves a comparison of 2 or more treatments or diagnostic methods. The aim is to gain better understanding of the underlying disease process and/or methods to treat it. A clinical trial is conducted with rigorous scientific method for determining the effectiveness of a proposed treatment.
co-design	An approach that brings professionals and end-users together to design new services, resources, and policies. Applied to policy, this means enabling or empowering people affected by a policy issue to contribute to its solution. Co-design with Aboriginal and Torres Strait Islander people is fundamental to achieving change across the health system and to achieve better outcomes. Key Principles and Best Practices for co-design in health with First Nations Australians¹⁰ include First Nations leadership, culturally grounded approach, respect, benefit to community, inclusive partnerships, and transparency and evaluation.

¹⁰ <https://www.mdpi.com/1660-4601/20/1/147>

Term	Description
consumer	A person affected by cancer as a patient, survivor, carer, or family member; or a consumer organisation representing the views of consumers. See also people affected by cancer.
dataset	A complete collection of all observations of particular characteristics about a set of individuals.
diagnosis	The identification and naming of a person's disease.
epidemiology	The study of the patterns and causes of health and disease in populations, and the application of this research to improve health.
genomics	The study of genes and other genetic information, their functions, how they interact with each other and with the environment, and how certain diseases, such as cancer, form. This may lead to new ways to prevent, diagnose, and treat cancer.
governance	The set of responsibilities and practices, policies and procedures, applied by the project or program steering committee. These provide strategic direction, ensure objectives are achieved, manage risks, and use resources responsibly and with accountability.
health outcome	A health-related change due to a preventive or clinical intervention or service. The intervention may be single or multiple, and the outcome may relate to a person, group or population, or be partly or wholly due to the intervention.
industry-independent cancer clinical trials	Clinical trials not funded by industry e.g. pharmaceutical companies. Industry-independent clinical trials may be funded by government, non-government agencies, the not-for-profit sector, or philanthropic organisations.
leukaemia	Cancer that starts in blood-forming tissue such as the bone marrow and produces large numbers of abnormal blood cells. It can be acute or chronic.
mortality	The death rate, or the number of deaths in a certain group of people in a certain period of time.
Multi-site Collaborative National Cancer Clinical Trials Groups	Networks of institutions and researchers who conduct studies jointly, using identical protocols and pooling their data.
oncology	A branch of medicine that is focused on the prevention, diagnosis, and treatment of cancer.

Term	Description
palliative care	Care that improves the quality of life of patients and their families facing problems associated with a life-threatening illness. Prevention and relief of suffering is provided through early identification and treatment of pain and other problems such as physical, psychosocial and spiritual.
patient-centred	Considers patients' cultural traditions, their personal preferences and values, their family situations, and their lifestyles. Patient-centred approach makes patients and their families an integral part of the care team that collaborates with healthcare professionals in making clinical decisions.
prevention	Action to reduce or eliminate the onset, causes, complications or recurrence of disease or ill health, including through health promotion activities. Prevention is the ability to modify certain cancer-causing risk factors to reduce the likelihood of developing cancer.
primary care	A sub-component of the broader primary healthcare system. Primary health care is usually the first contact an individual with a health concern has with the health system. Primary health care covers health care that is not related to a hospital visit, including health promotion, prevention, early intervention, treatment of acute conditions, and chronic condition management. Primary healthcare services are delivered in settings such as general practices, community health centres, allied health practices, Aboriginal Community Controlled Health Services and via technologies such as telehealth and video consultations. Primary healthcare professionals include general practitioners, nurses, nurse practitioners, allied health professionals, midwives, pharmacists, dentists, and Aboriginal and/or Torres Strait Islander Health Workers and Health Practitioners.
protocol	Detailed written instructions about how to complete a specific task. A protocol describes how, when, where and who should be involved in the task. Protocols may refer to a clinical care process or the working relationship between agencies.
proton beam therapy	A therapy where a beam of protons is used to irradiate cancerous tissue. It is a precise type of radiotherapy that results in less damage to healthy tissue.
psychosocial	Concerned with mental, emotional, social, and spiritual wellbeing, or issues relating to these states. Psychosocial treatment is intended to address psychological, social and some spiritual needs.

Term	Description
quality of life	An individual's overall appraisal of their situation and subjective sense of wellbeing. Quality of life encompasses symptoms of disease and side effects of treatment, functional capacity, social interactions and relationships, and occupational functioning. Key psychological aspects include subjective distress, satisfaction with treatment, existential issues, and the impact of illness and treatment on sexuality and body image.
radiation oncology	The use of radiation, usually x-rays or gamma rays, to kill tumour cells or injure them so they cannot grow or multiply.
risk factor	A substance or condition that increases an individual's chances of getting a particular type of cancer.
sarcoma	A malignant tumour that starts in connective tissue.
screening	An organised program (using tests, examinations or other procedures) to identify diseases such as cancer, or changes which may later develop into disease such as cancer, before symptoms appear.
squamous cell carcinoma of the skin	A type of skin cancer that affects the topmost layer of skin cells. It can develop in response to lifetime UV exposure and may spread to other parts of the body.
stage	The extent of a cancer and whether the disease has spread from an original site to other parts of the body.
supportive care	The prevention and management of the adverse effects of cancer and its treatment. This includes management of physical and psychological symptoms and side effects across the continuum of the cancer journey from diagnosis through treatment to post-treatment care. Supportive care includes rehabilitation, secondary cancer prevention, survivorship and end-of-life care.
telehealth	The use of technology, such as video calls, to provide health care where the patient and clinician are not in the same location.
translation science	The process of turning observations in the laboratory, clinic, and community into interventions that improve the health of individuals and populations.

Abbreviations

Term	Description
ABN	Australian Business Number
ACCN	Australian Comprehensive Cancer Network
ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Welfare
APS	Australian Public Service
Aurora	Aurora Education Foundation
CACA	China Anti-Cancer Association
CARI	Cancer Australia Research Initiative
CCQ	Cancer Council Queensland
CEO	Chief Executive Officer
CO ₂ -e	carbon dioxide equivalent
CTGs	Clinical Trials Groups
Cth	Commonwealth
Data Framework	National Cancer Data Framework
EAP	Expert Advisory Panel
EL	Executive Level
FOI Act	<i>Freedom of Information Act 1982</i> (Cth)
Forum	ACCN Discussion Forum
GC	Governing Council of the IARC
Genomics Framework	National Framework for Genomics in Cancer Control
GST	goods and services tax
IARC	International Agency for Research on Cancer
Incl	including
IPS	Information Publication Scheme
JRPP	jurisdictional renewable power percentage
LGBTIQ+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual and other sexuality
Mission	Australian Brain Cancer Mission
MRFF	Medical Research Future Fund
n/a	not applicable

Term	Description
NACCHO	National Aboriginal Community Controlled Health Organisation
NCCI	National Cancer Control Indicators
NLCSP	National Lung Cancer Screening Program
NT	Northern Territory
NTS	National Technical Services
NSW	New South Wales
OCP	Optimal Care Pathway
OCP Framework	National Optimal Care Pathways Framework
PBS	Portfolio Budget Statements 2024-25
PGPA Act	<i>Public Governance, Performance and Accountability Act 2013 (Cth)</i>
Plan	Australian Cancer Plan
PREMs	patient reported experience measures
PROMs	patient reported outcome measures
PSM	Public Service Medal
Qld	Queensland
RANZCR	Royal Australian and New Zealand College of Radiologists
RET	Renewable Energy Target
RPP	renewable power percentage
SA	South Australia
SCCT	Support for Cancer Clinical Trials
SES	Senior Executive Service
SME	Small and Medium Enterprise
Strategy	Australia's Disability Strategy 2021--2031
Tas	Tasmania
UK	United Kingdom
USA	United States of America
Vic	Victoria
WA	Western Australia
WHO	World Health Organization

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