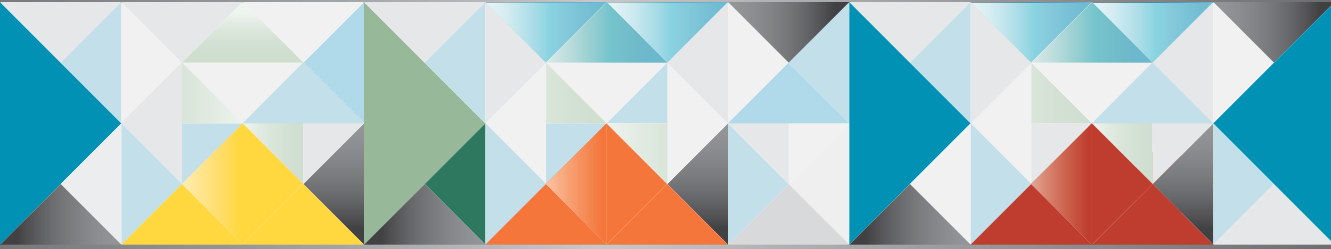




Australian Government  

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Cancer Australia



2017-2018



ANNUAL  
REPORT





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

2017–2018



ANNUAL  
REPORT



## About this report

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

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All information in this publication is correct as at 3 October, 2018

# LETTER OF TRANSMITTAL



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

Dear Minister,

I am pleased to present Cancer Australia's Annual Report for the year ended 30 June 2018.

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. It reflects the Requirements for Annual Reports approved by the Joint Committee of Public Accounts and Audit under sections 63(2) and 70(2) of the *Public Service Act 1999*.

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

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; and
- 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 'Helen Zorbas'.

Dr Helen Zorbas AO  
Chief Executive Officer  
Cancer Australia  
3 October, 2018



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## OVERVIEW



# CHIEF EXECUTIVE OFFICER'S REVIEW



I am very pleased to present Cancer Australia's Annual Report 2017-18 and to reflect on the agency's achievements in working towards minimising the impact of cancer on the community, addressing disparities and improving the health outcomes of people affected by cancer by providing national leadership in cancer control.

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Cancer Australia's work was underpinned by the agency's strong performance framework which incorporated Cancer Australia's Portfolio Budget Statement 2017-18; Corporate Plan 2017-18; Strategic Plan 2014-19; and Business Plan 2017-18.

In line with this performance framework, and consistent with the agency's program objectives, Cancer Australia provided leadership in national cancer control, promoted effective cancer care, funded priority research, strengthened national data capacity, promoted cancer awareness, and provided information about cancer to the community. The results achieved in each of these program objectives are outlined in Part 3 of this Annual Report; and information on Cancer Australia's management and accountability, including financial results, is provided in Part 4.

In 2017-18, Cancer Australia released key publications providing leadership in national cancer control and informing appropriate cancer care. The *Position Statement on genetic testing for women diagnosed with ovarian cancer*, endorsed by the Australian Society of Gynaecologic Oncologists, the Human Genetics Society of Australasia, the Medical Oncology Group of Australia, Ovarian Cancer Australia, and the Royal College of Pathologists of Australasia, provides health professionals with information and recommendations on genetic testing for women diagnosed with invasive epithelial ovarian cancer, based on available evidence and on consensus.

Cancer Australia also released *The investigation of a new breast symptom: a guide for General Practitioners* (the INBS GP Guide). This Guide supports General Practitioners at the point of care to undertake effective, evidence-based investigation of symptoms to enable timely diagnosis of breast cancer. It recommends the “triple test” approach to investigating new breast symptoms which includes: medical history and clinical breast examination; breast imaging with mammography and/or ultrasound; and non-excisional biopsy. To facilitate uptake, the INBS GP Guide was distributed in hard copy to over 36,000 GPs nationally.

### Cancer Australia delivered on a body of work to advance evidence about the most appropriate interventions across the continuum of cancer care.

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Cancer Australia released the *Lung Cancer Framework: Principles for Best Practice Lung Cancer Care in Australia*. This resource for health professionals, service providers and policy makers, includes evidence-based information, strategies, tools and resources to support local adoption of the five key principles identified by Cancer Australia for best practice lung cancer treatment and care. The five principles are: patient-centred care; multidisciplinary care; timely access to evidence-based care; coordination, communication and continuity of care; and data driven improvements.

Cancer Australia held a very successful National Lung Cancer Summit which brought together policy makers, clinical stakeholders and consumers to advance implementation of the Framework and strategies to progress best practice lung cancer care in Australia.

To lead a shared agenda for improvements in cancer outcomes and address disparities for Aboriginal and Torres Strait Islander people affected by cancer, Cancer Australia progressed the mapping and identification of implementation priorities and processes for reporting against the *National Aboriginal and Torres Strait Islander Cancer Monitoring and Reporting Framework*. This Framework provides a strategic approach to monitoring and reporting data in the seven priority areas of the *National Aboriginal and Torres Strait Islander Cancer Framework*.

To drive improvements in the delivery of best practice cancer care for Aboriginal and Torres Strait Islander people with cancer, Cancer Australia, working with the Victorian Department of Health and Human Services (DHHS), in collaboration with Cancer Council Victoria, finalised development of the *Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer*. This is the first population-based Optimal Care Pathway to be developed and provides clinicians and health administrators with guidance to facilitate the delivery of consistent, safe, high-quality, culturally appropriate and evidence-based care for Aboriginal and Torres Strait Islander Australians.

Additionally, Cancer Australia released *Gynaecological Cancers: a handbook for Aboriginal and Torres Strait Islander Health Workers and Health Practitioners* to build the capacity of Aboriginal and Torres Strait Islander Health Workers and Health Practitioners to improve gynaecological cancer outcomes for Aboriginal and Torres Strait Islander women.

Though the Priority-driven Collaborative Cancer Research Scheme (PdCCRS), Cancer Australia partners with other organisations to coordinate and maximise funding of cancer research at a national level. In 2017–18, together with four Funding Partners, Cancer Australia awarded 28 cancer research grants totaling \$10.55 million in priority areas covering a range of cancers, including cancers with a high burden of disease and low survival cancers in adults and in children. The three research projects in childhood cancers of low survival funded in the 2017 round of the PdCCRS were: (1) a study in sensitising medulloblastoma to conventional treatment; (2) a study of the critical role of DDX2 in promoting neuroblastoma as a possible therapeutic target; and (3) a study to investigate targeting copper metabolism as a novel approach to the treatment of neuroblastoma.

Cancer Australia also provided a total of \$5.98 million in funding to 13 Multi-site Collaborative Cancer Clinical Trials Groups (CTGs) to support the development of industry-independent cancer clinical trial protocols and a further \$1 million to three National Technical Services (NTSs) to support the CTGs in the development of trial protocols. The work of the CTGs and NTSs contributes to generating the evidence for best-practice care for people diagnosed with cancer.

Additionally, under the 2017–18 budget measure *Invest in Medical Research — fighting childhood cancer*, and together with the Robert Conner Dawes Foundation, Cancer Australia provided funding to the Australian and New Zealand Children's Haematology/Oncology Group (ANZCHOG) to fast-track two international collaborations for paediatric brain cancers research. This funding supports the participation of Australian children with brain cancer in the Low Grade Glioma (LGG) Avastin international phase II clinical trial and the Access to Innovative Molecular diagnostic Profiling for paediatric brain tumours (AIM BRAIN) project.

To address national data gaps and guide improvements in national cancer data to improve cancer outcomes, Cancer Australia released the National Cancer Control Indicator (NCCI) website in November 2017. This website is a unique national resource that brings together, for the first time in Australia, trusted national data for a set of key indicators spanning the continuum of cancer care. The NCCI website will enable the ongoing monitoring, reporting and benchmarking of trends in key indicators of cancer control over time, nationally and internationally.

In another data “first” for Australia, in April 2018 Cancer Australia released national data on cancer stage at diagnosis for the top five incidence cancers (female breast cancer, colorectal cancer, lung cancer, prostate cancer and melanoma).

Led by Cancer Australia, the release of this data is the culmination of years of collaborative effort with all state and territory population-based cancer registries and the Australian Institute of Health and Welfare.

Throughout the year, Cancer Australia promoted cancer awareness and provided evidence-based information about cancer to the community. Cancer Australia's website continued to act as an important resource for trusted, reliable evidence-based information for health professionals; people with cancer and their families; media and the community. In 2017–18, there was an average of 129,911 visits per month to the website. Two hundred and thirty three thousand six hundred (233,600) copies of resources were downloaded from Cancer Australia's online publications library and Cancer Australia featured in 1,903 stories across all forms of media.

To contribute to reducing the impact of cancer in local communities and improve the information and support networks available to people diagnosed with cancer, Cancer Australia awarded three grants to community organisations through the *Supporting people with cancer* Grant initiative in 2017–18.

Under the *Investing in Medical Research – fighting childhood cancer* measure, Cancer Australia awarded a grant to *The Kids' Cancer Project* to support a range of events and initiatives to raise awareness of childhood cancer, raise funds for childhood cancer research and maximise collaboration with childhood cancer non-government organisations. Events included the launch of the 2017 Childhood Cancer Awareness Month

(September) at Government House, the 'Light up the Sails' and Candlelight Vigil where the sails of the Sydney Opera House were lit in gold to promote awareness of children's cancers and the Kids Cancer Crusaders reception at Parliament House Canberra in June 2018. These events were attended by children affected by cancer and their families, non-government organisations, clinicians and government representatives.

In 2017–18, the Australian Government announced the establishment of the Australian Brain Cancer Mission (the Mission) which seeks to double survival rates and improve the quality of life of people living with brain cancer over the next 10 years. Cancer Australia assumed responsibility for administering this important initiative on behalf of the Medical Research Future Fund (MRFF) in January 2018. In the period to 30 June 2018, Cancer Australia achieved the following:

- established the Australian Brain Cancer Mission Strategic Advisory Group, comprising brain cancer patients and consumers, clinicians, researchers, initial investors, industry representatives, and a member of the Medical Research Future Fund's (MRFF) Australian Medical Research Advisory Board
- provided a funding opportunity to support the Australian and New Zealand Children's Haematology/Oncology Group (ANZCHOG) and the Cooperative Group for Neuro-Oncology (COGNO) to improve treatments and outcomes for Australian children and adults with brain cancer through increasing access to high quality international cancer clinical trials

- provided funding to consolidate the ZERO Childhood Cancer initiative as a national clinical trial open to Australian children with high risk brain cancer, and
- established a contestable grants program to support new and expanded clinical trials and international collaborations in brain cancer.

In 2017–18, The Cure Brain Cancer Foundation, the Minderoo Foundation's Eliminate Cancer Initiative, Carrie's Beanies 4 Brain Cancer and the Mark Hughes Foundation joined the Mission, collectively providing \$37.5 million towards strategic areas of investment under the Mission.

With key structural arrangements in place, the Mission is well positioned to move toward reaching its goals of increasing survival rates and improving the quality of life of Australians with brain cancer over the next decade.

I extend my sincere thanks to the Minister for Health, the Hon Greg Hunt MP, for his leadership and vision in cancer control and support of Cancer Australia's work throughout 2017–18.

I acknowledge and thank the members of the Cancer Australia Advisory Council for their valued contribution and advice throughout 2017–18. I especially thank the Chair of the Advisory Council, Professor Robert Thomas OAM, for his strategic insights, commitment and guidance.

I also extend my thanks to the members of Cancer Australia's strategic and tumour specific advisory groups and the members of the agency's various project steering committees, working groups and assessment panels.

These groups provide invaluable guidance about priorities for the agency and emerging issues in cancer control and support the delivery of quality program outcomes.

Throughout the year, Cancer Australia's work has been supported by the expert and timely advice provided by many health professionals, professional colleges and organisations. I recognise and thank them for their valuable contributions to our work.

Cancer Australia remained deeply committed to the meaningful engagement of people affected by cancer in all aspects of the agency's work. In 2017–18, 136 consumers participated in Cancer Australia activities through representation on the agency's strategic advisory groups, working and reference groups, steering committees, assessment panels and grant review panels, and I extend my thanks to each of them.

I would also like to acknowledge our PdCCRS funding partners in 2017: Cancer Council Australia, Cancer Council NSW, Cure Cancer Australia, and the National Breast Cancer Foundation.

I extend thanks to the executive and staff at the Department of Health and our fellow Health agencies, the Australian Institute of Health and Welfare (AIHW), the National Health and Medical Research Council (NHMRC) and the Australian Commission on Safety and Quality in Health Care (ACSQHC) for their ongoing support throughout the year.

It gives me great pleasure to also acknowledge and thank my Executive team and all Cancer Australia's highly skilled and talented staff for their dedication, passion and

professionalism that once again enabled the agency to effectively deliver on its extensive program of work.

2017–18 has been another year of significant achievement for Cancer Australia. I look forward to continuing to work collaboratively with our many valued stakeholders to further deliver on our purpose in 2018–19, providing leadership in national cancer control and improving outcomes for people affected by cancer and their families and carers.



**Helen Zorbas AO**

I acknowledge and thank the members of the Cancer Australia Advisory Council for their valued contribution and advice throughout 2017–18. I especially thank the Chair of the Advisory Council, Professor Robert Thomas OAM, for his strategic insights, commitment and guidance.



# ADVISORY COUNCIL CHAIR'S REVIEW



During 2017-18, the Cancer Australia Advisory Council (the Council) has functioned to provide advice to Cancer Australia. The Council has supported the agency in the performance of its functions aiming to provide national leadership in cancer control.

---

I am pleased to advise that the Council welcomed three new members in 2017–18: Dr Benjamin Brady, Dr Elizabeth Marles and Associate Professor Chris Milross. (Please see page 10 for a complete list of Council members.)

I particularly want to acknowledge the expertise, knowledge, skill and experience that Council members have collectively brought to the deliberations of the Council. This expertise has encompassed many areas including cancer research, clinical practice, health policy, psychosocial care, supportive care and most importantly an understanding of the experience of cancer.

I thank Council members for their careful consideration of the national cancer control issues addressed by Cancer Australia in 2017–18 and acknowledge their commitment to Cancer Australia's vision and mission and their informed contribution to the Council's deliberations.

During the year, Council members contributed their insights to significant bodies of work across Cancer Australia's portfolios, including the following initiatives:

### **Strengthening national cancer data:**

- The National Cancer Control Indicators (NCCI) website, a landmark website launched in 2017–18 that brings together data from a variety of sources to monitor and report national trends in cancer control over time.

- The National Cancer Data on Stage, Treatment and Recurrence (STaR) initiative. Cancer Australia's inaugural release of national stage at diagnosis data for the top five incidence cancers (female breast cancer, colorectal cancer, lung cancer, prostate cancer and melanoma) is a truly notable achievement.

#### **Funding priority research:**

- The setting of research priorities for childhood cancers of low survival, with the priorities being used in the 2018 and 2019 rounds of the Priority-driven Collaborative Cancer Research Scheme (PdCCRS).

#### **Providing national leadership and promoting optimal cancer care:**

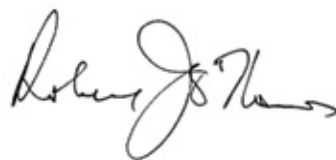
- The *Principles of Cancer Survivorship*, a national framework to guide policy, planning and health system responses to cancer survivorship.
- The *Optimal Care Pathway for Aboriginal and Torres Strait Islander people with cancer* which aims to complement the existing tumour specific Optimal Care Pathways and guide the delivery of consistent, safe, high quality, culturally appropriate care for Aboriginal and Torres Strait Islander people with cancer.

On behalf of the Council, I thank the Hon Greg Hunt MP, Minister for Health, for his support for Cancer Australia's work during the year and his leadership in cancer control.

On behalf of the Council,  
I thank the Hon Greg Hunt MP,  
Minister for Health, for his support  
for Cancer Australia's work during  
the year and his leadership in  
cancer control.

I am very pleased to acknowledge Cancer Australia's outstanding CEO, Dr Helen Zorbas AO and thank her for her vision and prudent leadership. I also commend the agency's senior management team and staff for their professionalism and dedication.

The Council looks forward to providing guidance to Cancer Australia in 2018–19 and supporting the agency to build on its achievements in providing national leadership in cancer control and improving health outcomes for all Australians affected by cancer, their families and carers.



**Professor Robert Thomas OAM**



# CANCER AUSTRALIA ADVISORY COUNCIL

## Establishment and functions

The Advisory Council was established under the *Cancer Australia Act 2006* to 'give advice to the Chief Executive Officer about the performance of Cancer Australia's functions'. During 2017–18, the Advisory Council comprised twelve members, as appointed by the Minister for Health.

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

## Membership

The 2017–18 members of the Advisory Council are:

- Professor Robert Thomas OAM (Chair)
- Ms Michelle Ace
- Dr Benjamin Brady
- Dr William Glasson AO
- Ms Keri Huxley OAM
- Professor Dorothy Keefe PSM
- Dr Elizabeth Marles
- Associate Professor Chris Milross
- Ms Dianne Rule
- Dr Judith Soper
- Ms Perry Sperling PSM
- Professor George Yeoh.

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





2



ABOUT CANCER  
AUSTRALIA

# ABOUT CANCER AUSTRALIA

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

Cancer is a major cause of illness in Australia. In 2018, an estimated 138,321 Australians are expected to be diagnosed with cancer, excluding non-melanoma skin cancer.<sup>1</sup> Based on current estimates, it is anticipated that one in two Australians will be diagnosed with cancer by the age of 85 years.<sup>1</sup>

Cancer is also a leading cause of death across all age groups. It is estimated that there will be 48,586 deaths due to cancer in Australia in 2018<sup>1</sup>. Cancer is the greatest contributor to the fatal burden of disease in the nation, accounting for 34 per cent of the total fatal disease burden.<sup>2</sup>

More people in Australia are living longer after a diagnosis with cancer, with the five-year relative survival for all cancers combined increasing from 49% in 1985–89 to 69% in 2010–14<sup>3</sup>.

Increasing cancer incidence; increasing cancer survival rates; continuing disparities in the distribution of cancer and its impact; variations in outcomes across population and tumour groups; and the increasing complexity and costliness of cancer treatments and care are among the key trends and challenges faced by the health system. A strategic and coordinated response that promotes prevention, early detection and effective cancer treatment and care is critical to improve cancer outcomes in Australia.

Cancer Australia is a specialist agency providing national leadership in cancer control across the continuum of care. Cancer Australia builds the evidence base to guide scientific improvements in cancer prevention, treatment and care; coordinates and liaises between the wide range of groups and health care providers with an interest in cancer; makes recommendations to the Australian Government about cancer policies and priorities and assists with the implementation of Australian Government policies and programs in cancer control.

Cancer Australia works to address disparities in cancer outcomes, with a particular focus on Aboriginal and Torres Strait Islander peoples and people living in rural and remote Australia.

Cancer Australia oversees a dedicated budget for research into cancer, works to strengthen national data capacity by driving nationally consistent cancer data collection and

- 1 Australian Institute of Health and Welfare (AIHW) 2017. Cancer in Australia 2017. Cancer series no.100. Cat.no. CAN 100. Canberra: AIHW
- 2 Australian Institute of Health and Welfare (AIHW) 2016. Australian Burden of Disease Study: impact and causes of illness and death in Australia 2011. Australian Burden of Disease Study. Series No. 3. Cat. No. BOD 4. Canberra: AIHW
- 3 Australian Institute of Health and Welfare (AIHW) 2018. Cancer compendium: information and trends by cancer type (web report) [accessed 24.8.18] <https://www.aihw.gov.au/reports/cancer/cancer-compedium-information-trends-by-cancer/report-contents/all-cancers-combined>

monitoring across the cancer control continuum and provides information for people affected by cancer about their diagnosis and treatment and promotes cancer awareness to the community.

Cancer Australia achieves its objectives by harnessing expertise, effective partnerships and a collaborative model that fosters engagement across the health system.

The agency maintains a strategic and inclusive approach to consumer engagement in order to ensure that its work is informed by, and responsive to, the needs of people affected by cancer and the broader community.

## Purpose

Cancer Australia's purpose as stated in the agency's 2017–18 Corporate Plan 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.

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## Functions and role

Cancer Australia is an agency of the health portfolio. It was established by the Australian Government under the *Cancer Australia Act 2006* and is a Non-corporate Commonwealth Entity under the *Public Governance, Performance and Accountability Act 2013* (PGPA Act).

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

The role and functions of Cancer Australia are set out in the *Cancer Australia Act 2006*. Its functions, as prescribed by the Act, are:

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

Cancer Australia's CEO reports to the Minister for Health.

## Organisational structure

Cancer Australia is led by the CEO, Dr Helen Zorbas AO. Dr Zorbas is supported by the Executive Director, A/Associate Professor Christine Giles who also has responsibility for Policy, Strategy and Public Reporting.

### The General Manager portfolio responsibilities are set out below:

#### **Cancer Care —**

Ms Jennifer Chynoweth

#### **Health Promotion and Communication —**

Ms Jane Salisbury

#### **Knowledge Management —**

Dr Paul Jackson (Acting)

#### **Service Development and Clinical Practice and Data —**

Ms Geraldine Daly (Acting)

#### **Australian Brain Cancer Mission, STaR and NCCI —**

Dr Cleola Anderiesz

#### **Finance and Corporate Affairs —**

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

At 30 June 2018, Cancer Australia had 69 employees, of whom 51 were ongoing.

In carrying out its work, Cancer Australia has structures, systems and processes in place to ensure that its governance, compliance and accountability responsibilities are met (see Part 4 of this report).

Cancer Australia's head office is located in Sydney. In 2017–18, the agency also maintained offices in Canberra and Melbourne through shared accommodation and service level agreements with the National Health and Medical Research Council (Canberra) and the Department of Health (Melbourne).

## The Cancer Australia Advisory Council

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

## Audit Committee

Cancer Australia benefits from advice and counsel provided through a standing Audit Committee, whose members are Ms Glenys Roper (Chair), Mr David Lawler, and Cancer Australia's Executive Director, A/Associate Professor Christine Giles.

## Advisory Groups

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

## Outcome and program structure

The outcome of Cancer Australia's work in the 2017–18 Portfolio Budget Statements is:

Minimised impacts of cancer, including through national leadership in cancer control with targeted research, cancer service development, education and consumer support (page 290).

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

The full Agency Budget Statement for 2017–18 is available at: [health.gov.au/internet/budget/publishing.nsf/Content/2017-2018\\_Health\\_PBS\\_sup4/\\$File/2017-18\\_Health\\_PBS\\_Complete.pdf](http://health.gov.au/internet/budget/publishing.nsf/Content/2017-2018_Health_PBS_sup4/$File/2017-18_Health_PBS_Complete.pdf)







3



REPORT ON  
PERFORMANCE

# ANNUAL PERFORMANCE STATEMENT

As the accountable authority of Cancer Australia, I present the 2017–18 Annual Performance Statements of Cancer Australia, in accordance with paragraph 39(1)(a) of the *Public Governance, Performance and Accountability Act 2013* (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.

These Annual Performance Statements are presented in the context of Cancer Australia's purpose and program objectives so as to facilitate clear line of sight between the agency's intended outcomes and actual performance.

## 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: Population Health).

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, cancer service development, education and consumer support* (2017–18 PBS, page 290).

### **Cancer Australia's program objectives for 2017–18 were:**

- A. Providing leadership in national cancer control and promoting appropriate cancer care
- B. Funding priority research and strengthening national data capacity, and
- C. Promoting cancer awareness and providing information about cancer to the community (2017–18 PBS page 292; 2017–18 Corporate Plan pages 6–8).

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. In each case, the agency has met or exceeded its 2017–18 reference points or targets.

## A. Providing leadership in national cancer control and promoting appropriate cancer care

Performance criterion	2017-18 Target	Criterion Source	Result
<b>Research is translated into evidence-based information, policy and clinical practice</b>	Evidence is advanced about the most appropriate interventions across the continuum of cancer care through the publication of research and guidance in specific cancers	Program 1.1 2017-18 Portfolio Budget Statements, page 293; 2017-18 Corporate Plan, page 6.	✔ Achieved See below

Cancer Australia's leadership in advancing evidence about the most appropriate interventions across the continuum of care and translating research into evidence-based information, policy and clinical practice was well demonstrated by:

- The publication of Cancer Australia's *Position Statement on genetic testing for women diagnosed with ovarian cancer* which provides evidence-based guidance for health professionals on appropriate referral for genetic assessment and genetic testing for women diagnosed with invasive epithelial ovarian cancer.
- The release and dissemination of *The investigation of a new breast symptom: a guide for General Practitioners*. This Guide supports General Practitioners at the point of care to undertake effective, evidence-based investigation of symptoms to enable timely diagnosis of breast cancer.
- The release of the *Lung Cancer Framework: Principles for Best Practice Lung Cancer Care in Australia*, a national resource for health professionals, service providers and policy makers.

Performance criterion	2017-18 Target	Criterion Source	Result
<b>Lead a shared agenda for improvements in cancer outcomes for Aboriginal and Torres Strait Islander peoples in agreed priority areas across the cancer continuum</b>	Advancement of a national platform for monitoring and reporting on progress of the seven priorities identified by the <i>National Aboriginal and Torres Strait Islander Cancer Framework</i>	2017–18 Corporate Plan, page 6.	✔ Achieved See below

The *National Aboriginal and Torres Strait Islander Cancer Monitoring and Reporting Framework* identifies performance measures and provides a strategic approach to monitoring and reporting data in the seven priority areas identified in the *National Aboriginal and Torres Strait Islander Cancer Framework*. Work undertaken by Cancer Australia in 2017–18 to progress reporting against indicators in the Framework includes: developing scheduling and implementation priorities for data collection and reporting; identifying accessible Indigenous cancer data sets; liaising with data custodians; and commencing work on the development of a dedicated section of the National Cancer Control Indicator (NCCI) website for reporting against the *National Aboriginal and Torres Strait Islander Cancer Framework*.

Performance criterion	2017-18 Target	Criterion Source	Result
<b>Monitor and report trends in national cancer control</b>	Release of the National Cancer Control Indicators (NCCI) on the Cancer Australia website	2017–18 Corporate Plan, page 6.	✔ Achieved See below

Cancer Australia's National Cancer Control Indicators (NCCI) website, released in November 2017, is a unique, dynamic national resource that brings together for the first time trusted national data from a number of sources to inform decisions about where cancer control efforts can be best placed. NCCI comprises a set of 31 key indicators across the continuum of cancer care (from Prevention and Screening through to Diagnosis, Treatment, Psychosocial care, Research and Outcomes) that was developed through an extensive engagement and consultation process. Designed for policymakers, governments, cancer organisations, researchers, health professionals and consumers, the website can be accessed at: [ncci.canceraustralia.gov.au](http://ncci.canceraustralia.gov.au).

## B. Funding priority research and strengthening national data capacity

Performance criterion	2017-18 Target	Criterion Source	Result
<b>Minimum number of cancer research grants funded by Cancer Australia through the Priority-driven Collaborative Cancer Research Scheme</b>	7	Program 1.1	✔ Achieved
		2017–18 Portfolio Budget Statements, page 293;	23
		2017–18 Corporate Plan, page 7.	

Twenty-eight research grants, totalling \$10.55 million, were awarded in the 2017 round of Cancer Australia’s Priority-driven Collaborative Cancer Research Scheme (PdCCRS). Of these grants, 23 were funded or co-funded by Cancer Australia.

In the 2017–18 Budget, the Government committed an additional \$4.4 million in funding over three years to Cancer Australia under the *Investing in Medical Research — fighting childhood cancer* measure. One of the mechanisms through which Cancer Australia will lead a focus on “increasing Australia’s research capacity to advance diagnosis, treatment, management, and improve data and awareness of childhood cancers” (2017–18 PBS, page 286) is by funding collaborative research projects in childhood cancers of low survival in areas of identified priority. In the 2017 round of the PdCCRS, three of the 28 grants awarded were for research projects in childhood cancers of low survival.

Performance criterion	2017-18 Target	Criterion Source	Result
<b>Percentage of funding for applied research through the Priority-driven Collaborative Cancer Research Scheme</b>	≥70%	Program 1.1	✔ Achieved
		2017–18 Portfolio Budget Statements, page 293;	87%
		2017–18 Corporate Plan, page 7.	

Performance criterion	2017-18 Target	Criterion Source	Result
<b>Fast-track international collaborations for paediatric brain cancers research</b>	Funding provided to accelerate international research collaborations in paediatric brain cancers	2017–18 Corporate Plan, page 7.	✔ Achieved See below

Cancer Australia fast-tracked international collaborations for paediatric brain cancers research by providing funding to undertake the Access to Innovative Molecular diagnostic Profiling for paediatric brain tumours (AIM BRAIN) and Low Grade Glioma (LGG) Avastin trials in Australia through the Australian and New Zealand Haematology/ Oncology Group (ANZCHOG).

- The AIM-BRAIN trial provides fast tracking of access for Australian children with brain cancer to an innovative international molecular diagnostic profiling platform that will provide more accurate diagnoses and enable better informed treatment decisions for each child.
- Funding for the LGG Avastin international phase II clinical trial enables Australian children with LGG to participate in the trial.

Performance criterion	2017-18 Target	Criterion Source	Result
<b>Provide funding to support the development of industry independent cancer clinical trial protocols</b>	Funding provided to the 13 Collaborative Cancer Clinical Trials Groups	2017–18 Corporate Plan, page 7.	✔ Achieved See below

In 2017–18, Cancer Australia provided a total of \$5.98 million in funding to 13 Multi-site Collaborative Cancer Clinical Trials Groups to support the development industry-independent cancer clinical trial protocols. Cancer Australia also provided \$1 million in funding to three National Technical Services to support the Multi-site Collaborative Cancer Clinical Trials Groups with access to quality, expert advice and technical support services. In addition, a Genomics Cancer Clinical Trials Initiative provided technical services for the development of mutation-specific cancer clinical trial protocols across different tumour types and involving multiple Multi-site Collaborative Cancer Clinical Trials Groups.

Performance criterion	2017-18 Target	Criterion Source	Result
<b>Report on cancer stage and treatments for selected cancers</b>	Reported national data on cancer stage and cancer treatments for selected cancers	2017–18 Corporate Plan, page 7.	✔ Achieved See below

Cancer Australia released national data on cancer ‘stage at diagnosis’ for the first time in Australia in April 2018. This release marks a significant advance in the reporting of national cancer information. Stage data is now available for the top five incidence cancers — female breast cancer, colorectal, lung, prostate cancers and melanoma. Led by Cancer Australia, the data is the result of a collaboration with all state and territory population-based cancer registries and the Australian Institute of Health and Welfare. The data can be accessed on Cancer Australia’s National Cancer Control Indicators (NCCI) website: [ncci.canceraustralia.gov.au](http://ncci.canceraustralia.gov.au).

System-wide, national data on cancer treatment was reported on the NCCI website when it was first released by Cancer Australia in November 2017.

### C. Promoting cancer awareness and providing information about cancer to the community

Performance criterion	2017-18 Target	Criterion Source	Result
<b>Total number of Cancer Australia resources to inform the community</b>	285	Program 1.1 2017–18 Portfolio Budget Statements, page 294; 2017–18 Corporate Plan, page 8.	✔ Achieved 667
<b>Number of consumers involved in Cancer Australia advisory and project activities</b>	70	Program 1.1 2017–18 Portfolio Budget Statements, page 294; 2017–18 Corporate Plan, page 8.	✔ Achieved 136



Performance criterion	2017-18 Target	Criterion Source	Result
<b>Promote cancer awareness and provide health promotion messages to the community</b>	Cancer awareness messages about cancer prevention and health promotion are disseminated through the Cancer Australia websites, and traditional and social media platforms	2017–18 Corporate Plan, page 8.	✔ Achieved See below

Cancer Australia uses multiple channels and communication tools to promote and disseminate cancer awareness messages, cancer prevention, health promotion and evidence-based information. Channels include: the Cancer Australia website; social media (including Twitter, YouTube and LinkedIn); print, electronic and online media including medical and audience targeted media; and events and public forums. Tools include media releases and statements; editorials and factual summaries; consumer representatives and expert spokespersons; videos; e-alerts; Cancer Australia Connect newsletter; and reports and publications. To maximise strategic health promotional opportunities and increase reach, where appropriate, Cancer Australia aligns its messaging to identified calendar awareness events/months, for example, February — Ovarian Cancer Awareness Month, Melanoma March, May — Brain Cancer Awareness Month, June — Bowel Cancer Awareness Month, October — Breast Cancer Awareness Month, November — Lung Cancer Awareness Month.

Performance criterion	2017-18 Target	Criterion Source	Result
<b>Support the non-government sector to raise awareness for childhood cancer</b>	Grant awarded to the non-government sector to raise awareness for childhood cancer	2017–18 Corporate Plan, page 8.	✔ Achieved See below

Cancer Australia awarded a grant to *The Kids' Cancer Project* to support a range of events and initiatives to raise awareness of childhood cancer, raise funds for childhood cancer research and maximise collaboration with childhood cancer non-government organisations during 2017–18.

## Analysis

In 2017–18, Cancer Australia delivered against its purpose of minimising the impact of cancer, addressing disparities and improving the health outcomes of people affected by cancer by providing national leadership in cancer control.

Cancer Australia met or exceeded its 2017–18 targets in each of the three key Corporate Plan and PBS program objectives: providing leadership in national cancer control and promoting appropriate cancer care; funding priority research and strengthening national data capacity; and promoting cancer awareness and providing information about cancer to the community.

While there were no changes to Cancer Australia's purpose, Cancer Australia's areas of responsibility were extended significantly during 2017–18. Key areas of functional expansion included:

- Implementing initiatives under the new *Investing in Medical Research — fighting childhood cancer* measure, and
- Taking responsibility for the administration of the Australian Brain Cancer Mission on behalf of the Medical Research Future Fund (MRFF), which transitioned from the Department of Health to Cancer Australia in January 2018.

Performance targets aligned with the *Investing in Medical Research — fighting childhood cancer* measure were included in the 2017–18 PBS and Corporate Plan.

The Australian Brain Cancer Mission was established after the publication of the 2017–18 PBS and Corporate Plan.

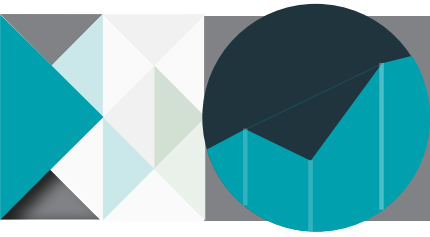
The 2018–19 Corporate Plan reflects this new function and performance in respect to the Mission will be reported in the 2018–19 Annual Performance Statement.

Cancer Australia's 2017–18 budget allocation supported the agency's core program of work.

There were no changes to Cancer Australia's organisational capability or operating environment that impacted on the agency's capacity to achieve its purpose.

To ensure alignment of effort with the organisation's purpose and to deliver tangible and sustainable responses to current and emerging cancer control challenges, Cancer Australia carefully defined, planned and prioritised its body of work. The agency also implemented robust performance management frameworks to monitor and analyse progress against performance targets.

Central to the agency's success in delivering on its purpose was the dedication, skills, knowledge and expertise of its staff coupled with harnessing the expertise and experience of key stakeholders — including people affected by cancer, health professionals, professional colleges, researchers, research funding bodies, philanthropic organisations and government and non-government organisations in the cancer control community — around a shared agenda to minimise the impact of cancer, address disparities and improve the health outcomes of people affected by cancer in Australia.



NATIONAL CANCER CONTROL INDICATORS (NCCI) WEBSITE LAUNCHED, BRINGING TOGETHER FOR THE FIRST TIME NATIONAL DATA ACROSS

**31** CANCER CONTROL INDICATORS



CANCER AUSTRALIA **FEATURED IN**

**1,903**

**STORIES** ACROSS ALL FORMS OF MEDIA



**667**

**CANCER AUSTRALIA RESOURCES** AVAILABLE FOR HEALTH PROFESSIONALS AND CONSUMERS



**233,600**

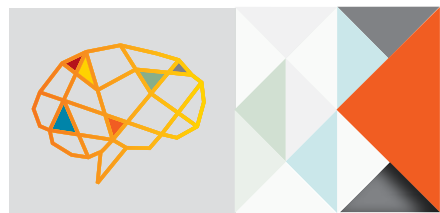
RESOURCES DOWNLOADED FROM THE CANCER AUSTRALIA WEBSITE



**136**

**CONSUMERS INVOLVED** IN CANCER AUSTRALIA'S WORK

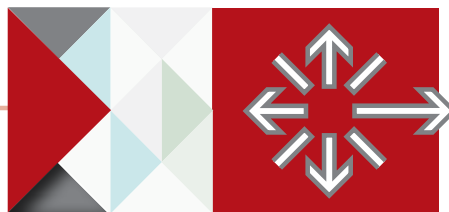
**AUSTRALIAN BRAIN CANCER MISSION ESTABLISHED**  
AND FIRST CONTESTABLE GRANTS ROUND ANNOUNCED  
FOR BRAIN CANCER RESEARCH



AUSTRALIAN

**1<sup>st</sup>**

NATIONAL DATA ON CANCER STAGE  
AT DIAGNOSIS RELEASED FOR THE  
TOP FIVE INCIDENCE CANCERS



**CANCER AUSTRALIA** TOGETHER WITH  
FUNDING PARTNERS AWARDED

**\$10.55 M**

**TO CANCER RESEARCH GRANTS**  
THROUGH THE PRIORITY-DRIVEN COLLABORATIVE  
CANCER RESEARCH SCHEME



**129,911**

**AVERAGE MONTHLY VISITS**  
TO THE CANCER AUSTRALIA WEBSITE



# REPORT ON FINANCIAL PERFORMANCE

## Resource statement and resources for outcomes

**Table 3.1: Cancer Australia's Resource Statement 2017-18**

	Actual available appropriation for 2017-18	Payments made 2017-18	Balance remaining 2017-18
	\$'000	\$'000	\$'000
<b>ORDINARY ANNUAL SERVICES <sup>11</sup></b>			
<b>Departmental appropriation</b>	<b>17,875</b>	–	–
Adjustment for prior year reserves <sup>12</sup>	<b>(1,310)</b>	–	–
Adjustment for s.74 receipts	<b>104</b>	–	–
<b>Total</b>	<b>16,669</b>	10,813	5,856
<b>Administered expenses</b>			
<b>Outcome 1—</b> Minimised impacts of cancer, including through national leadership in cancer control, with targeted research, cancer service development, education and consumer support	<b>18,679</b>	18,631	
<b>Total</b>	<b>35,348</b>	<b>29,444</b>	
<b>Total net resourcing and payments</b>	<b>35,348</b>	<b>29,444</b>	

11 Appropriation Act (No.1) 2017–18 and Supply Bill (No. 1) 2017–18.

12 Includes an amount of \$81,000 for the Department Capital Budget. For accounting purposes this amount has been designated as 'contributions by owners'.

**Table 3.2: Cancer Australia’s summary resource table by outcome 2017-18**

	<b>Budget<sup>1</sup> 2017-18</b>	<b>Actual expenses 2017-18</b>	<b>Variation 2017-18</b>
	<b>\$'000</b>	<b>\$'000</b>	<b>\$'000</b>
<b>Outcome 1—</b> Minimised impacts of cancer, including through national leadership in cancer control, with targeted research, cancer service development, education and consumer support			
<b>Programme 1.1: Improved cancer control</b>			
<b>Administered expenses</b>			
Ordinary annual services (Appropriation Bill No.1)	<b>18,679</b>	18,631	48
<b>Departmental expenses</b>			
Department appropriation <sup>2</sup>	<b>11,237</b>	13,548	(2,311)
Expenses not requiring appropriation in the Budget year	<b>437</b>	314	123
<b>Total for Programme 1.1</b>	<b>30,353</b>	<b>32,493</b>	<b>(2,140)</b>
<b>Total expenses for Outcome 1</b>	<b>30,353</b>	<b>32,493</b>	<b>(2,140)</b>

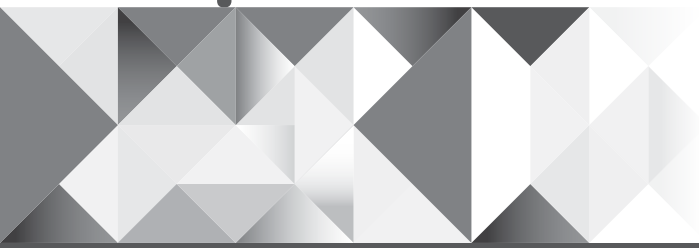
1 Full year budget, including any subsequent adjustment made to the 2017-18 Budget.

2 Departmental Appropriation combines "Ordinary annual services (Appropriation Bill No. 1 and Supply Bill No. 1)" and "Revenue from independent sources (s.74)"

<b>Staff</b>	<b>2016-17</b>	<b>2017-18</b>
<b>Average staffing level (number)</b>	62	65



4



MANAGEMENT &  
ACCOUNTABILITY



# MANAGEMENT & ACCOUNTABILITY

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

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In 2017–18, Cancer Australia's Finance and Corporate Affairs portfolio was responsible for organising and complying with relevant legislation and Commonwealth policy in regard to the management of financial resources, asset management, business continuity planning, fraud control, freedom of information, grants, human resources, information technology, procurement, records management, security, and general administrative services required to support the agency's operations.

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

- advertising and market research
- Australian National Audit Office access
- competitive tendering and contracting
- consultancies
- disability reporting

- ecologically sustainable development
- exempt contracts
- external scrutiny
- freedom of information (FOI)
- grant programs
- purchasing
- small business
- work health and safety.

## Corporate governance

### Strategic and business plans

All Cancer Australia projects in 2017–18 were underpinned by a robust business planning framework which incorporated the agency's Portfolio Budget Statement 2017–18, Corporate Plan 2017–18, Business Plan 2017–18 and Strategic Plan 2014–19.

Cancer Australia's Corporate Plan 2017–18 articulated the agency's strategies for achieving its Purpose and how success will be measured.

The Cancer Australia Strategic Plan 2014–19 defines Cancer Australia's goals for this period and the agency's distinctive role in providing national leadership in cancer control. The Strategic Plan also identifies emerging trends and challenges in national cancer control.

The Cancer Australia Business Plan 2017–18 supported Cancer Australia’s strategic direction. It identifies the agency’s project deliverables and aligns all projects to the goals outlined in Cancer Australia’s Strategic Plan.

The Business Plan 2017–18 also incorporated the deliverables and key performance indicators listed in the Portfolio Budget Statement 2017–18.

Through this process of alignment, Cancer Australia ensures that its resources and investments are delivering value for money and improving outcomes for people with cancer, their families and carers.

Cancer Australia’s Annual Performance Statement, published in this Annual Report (see Part 3), acquits the agency’s performance against the performance measures included in the Corporate Plan and the agency’s deliverables and key performance indicators outlined in the Portfolio Budget Statement 2017–18.

### **Compliance reporting**

There were no instances of significant non-compliance with finance law related to the entity in 2017–18.

### **Internal audit arrangements**

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

In 2017–18 Cancer Australia’s auditor conducted the internal audit function. These audits were conducted in compliance with the risk-based internal audit plan, which has been endorsed by the Audit Committee.

### **Fraud control**

Cancer Australia has in place appropriate fraud 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 relating to the agency, to comply with the Commonwealth Fraud Control Framework 2014.

The Framework consists of: Section 10 of the *Public Governance, Performance and Accountability Rule 2014*; the Commonwealth Fraud Policy; and Resource Management Guide No. 201, Preventing, detecting and dealing with fraud.

During 2017–18, Cancer Australia’s fraud control plan and fraud risk assessments were reviewed and updated by the Senior Management Team and staff were trained in fraud awareness. Fraud awareness is also a mandatory item within the Cancer Australia Induction Program and is for all new employees.

### **Ethical standards**

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



During 2017–18 Cancer Australia continued to reinforce its internal guidelines and policies so that they reflected the appropriate ethical standards.

Cancer Australia provided all new employees with a copy of the Australian Public Service Values and Code of Conduct to ensure awareness of ethical standards and organisational expectations. In addition, Values are included as a standing agenda item for monthly staff meetings to embed them across the agency.

### **Remuneration for Senior Executive Service officers**

The Chief Executive Officer is a Principal Executive Office holder, as defined in the *Remuneration Tribunal Act 1973*. The position's remuneration is set by the Minister for Health within the salary determination set by the Remuneration Tribunal.

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

## **Financial overview**

The 2017–18 departmental expenses were \$13.862 million (GST exclusive).

The 2017–18 administered expenses were \$18.631 million (GST exclusive).

Cancer Australia delivered a planned program of work in 2017–18 in line with the Departmental and Administered funding appropriated by the Australian Government.

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

## **Management of human resources**

At 30 June 2018, Cancer Australia had 69 employees, of whom 51 were ongoing and 18 were non-ongoing. Most staff were located in Sydney, with seven based in Melbourne and ten in Canberra. The workforce was predominantly female (83 per cent).

At 30 June 2018, Cancer Australia did not have any ongoing employees who identified as Indigenous.

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

## **Cancer Australia Staffing statistics**

The distribution of staff by classification as at 30 June 2018 is shown in Table 4.1. The distribution of staff as at 30 June 2017 is shown in Table 4.2.

**Table 4.1: Cancer Australia staff numbers by classification, ongoing and non-ongoing status, and full-time or part-time status at 30 June 2018**

	Non-Ongoing				Ongoing				Grand Total
	CANB	MELB	SYD	Total	CANB	MELB	SYD	Total	
<b>FEMALE</b>	<b>1</b>		<b>13</b>	<b>14</b>	<b>5</b>	<b>5</b>	<b>33</b>	<b>43</b>	<b>57</b>
<b>Full Time</b>	<b>1</b>		<b>11</b>	<b>12</b>	<b>3</b>	<b>5</b>	<b>31</b>	<b>39</b>	<b>51</b>
APS5			6	6			6	6	12
APS6			4	4	3	2	12	17	21
EL1	1			1		1	7	8	9
EL2			1	1		1	3	4	5
MO3							1	1	1
SESB1						1	1	2	2
SESB2							1	1	1
<b>Part Time</b>			<b>2</b>	<b>2</b>	<b>2</b>		<b>2</b>	<b>4</b>	<b>6</b>
APS6			1	1	2		2	4	5
EL1			1	1					1
<b>MALE</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>8</b>	<b>12</b>
<b>Full Time</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>8</b>	<b>11</b>
APS5							1	1	1
APS6	1	1	1	3	1	1	2	4	7
EL1					1			1	1
EL2					1		1	2	2
<b>Part Time</b>			<b>1</b>	<b>1</b>					<b>1</b>
APS4			1	1					1
<b>GRAND TOTAL</b>	<b>2</b>	<b>1</b>	<b>15</b>	<b>18</b>	<b>8</b>	<b>6</b>	<b>37</b>	<b>51</b>	<b>69</b>

*Note: The figures in Table 4.1 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the Cancer Australia Act 2006.*

**Table 4.2: Cancer Australia staff numbers by classification, ongoing and non-ongoing status, and full-time or part-time status at 30 June 2017**

	Non-Ongoing				Ongoing				Grand Total
	CANB	MELB	SYD	Total	CANB	MELB	SYD	Total	
<b>FEMALE</b>	<b>2</b>	<b>1</b>	<b>10</b>	<b>13</b>	<b>3</b>	<b>4</b>	<b>44</b>	<b>51</b>	<b>64</b>
<b>Full Time</b>	<b>2</b>	<b>1</b>	<b>10</b>	<b>13</b>	<b>1</b>	<b>4</b>	<b>35</b>	<b>40</b>	<b>53</b>
APS4			1	1					<b>1</b>
APS5			2	2			10	10	<b>12</b>
APS6	1	1	5	7	1	1	14	16	<b>23</b>
EL1	1			1		1	5	6	<b>7</b>
EL2			2	2		1	3	4	<b>6</b>
MO3							1	1	<b>1</b>
SESB1						1	1	2	<b>2</b>
SESB2							1	1	<b>1</b>
<b>Part Time</b>					<b>2</b>		<b>9</b>	<b>11</b>	<b>11</b>
APS6					2		8	10	<b>10</b>
EL1							1	1	<b>1</b>
<b>MALE</b>	<b>1</b>		<b>3</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>7</b>	<b>11</b>
<b>Full Time</b>	<b>1</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>7</b>	<b>9</b>
APS5			1	1					<b>1</b>
APS6	1			1	1	1	2	4	<b>5</b>
EL2					1		1	2	<b>2</b>
EL1					1			1	<b>1</b>
<b>Part Time</b>			<b>2</b>	<b>2</b>					<b>2</b>
APS4			1	1					<b>1</b>
APS6			1	1					<b>1</b>
<b>GRAND TOTAL</b>	<b>3</b>	<b>1</b>	<b>13</b>	<b>17</b>	<b>6</b>	<b>5</b>	<b>47</b>	<b>58</b>	<b>75</b>

*Note: The figures in Table 4.2 exclude the Cancer Australia CEO and Advisory Council members, who are appointed under the Cancer Australia Act 2006.*

**Table 4.3: Salary structures at Cancer Australia (as at 30 June 2018)**

<b>Classification</b>	<b>Salary Range</b>
EL2	\$117,203 – \$138,761
EL1	\$98,233 – \$112,038
APS Level 6	\$79,938 – \$90,183
APS Level 5	\$72,462 – \$76,482
APS Level 4	\$66,623 – \$70,393
APS Level 3	\$58,803 – \$65,179
APS Level 2	\$50,884 – \$55,527
APS Level 1	\$43,539 – \$48,896
<b>Medical Officer salary structure</b>	<b>Salary Range</b>
Medical Officer Class 4	\$151,428 – \$166,679
Medical Officer Class 3	\$138,859 – \$145,388
Medical Officer Class 2	\$124,187 – \$130,850
Medical Officer Class 1	\$88,179 – \$113,487

*Source: Cancer Australia Enterprise Agreement 2016–19*

### **Employment arrangements**

Cancer Australia staff at Executive Level 2 and below are employed under the conditions of the Cancer Australia Enterprise Agreement 2016–19. Eight staff are in receipt of individual flexibility arrangements under clause 25 of the Enterprise Agreement. Non-salary benefits provided during the period by Cancer Australia to its staff were motor vehicle allowances (three officers) and car parks (two officers).

### **Performance pay**

No member of Cancer Australia’s staff was employed under performance-based remuneration conditions in 2017–18.

### **Training and development**

Cancer Australia provides financial and leave assistance to its staff enrolled in external study or training that is relevant to the operational needs of the agency. Each staff member has the opportunity to identify and access appropriate training through the organisation’s Performance Development Program.

During 2017–18, Cancer Australia continued the Australian Public Service Development Strategy, which included in-house training programs in the areas of project management and team management. Cancer Australia also engaged external providers to deliver training in areas such as strategic leadership, leadership development, data analysis and statistics and human resources. Cancer Australia provided staff with additional development opportunities through project work and assignment of higher duties.

## Ministerial and parliamentary coordination

During 2017–18, Cancer Australia provided high-quality, timely and evidence-based information to the Minister for Health on national cancer control related issues. The agency continued to collaborate closely with the Department of Health to support the Minister and implement Australian Government policies.









5



APPENDICES

# APPENDIX A: AUDITED FINANCIAL STATEMENTS



## INDEPENDENT AUDITOR'S REPORT

To the Minister for Health

### Opinion

In my opinion, the financial statements of Cancer Australia for the year ended 30 June 2018:

- (a) comply with Australian Accounting Standards – Reduced Disclosure Requirements and the *Public Governance, Performance and Accountability (Financial Reporting) Rule 2015*; and
- (b) present fairly the financial position of Cancer Australia as at 30 June 2018 and its financial performance and cash flows for the year then ended.

The financial statements of Cancer Australia, which I have audited, comprise the following statements as at 30 June 2018 and for the year then ended:

- Statement by the Accountable Authority and Chief Financial Officer;
- Statement of Comprehensive Income;
- Statement of Financial Position;
- Statement 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 an Overview, Summary of Significant Accounting Policies 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 Cancer Australia in accordance with the relevant ethical requirements for financial statement audits conducted by the Auditor-General and his delegates. These include the relevant independence requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (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 Cancer Australia the Chief Executive Officer is responsible under the *Public Governance, Performance and Accountability Act 2013* for the preparation and fair presentation of annual financial statements that comply with Australian Accounting Standards – Reduced Disclosure Requirements and the rules made under that Act. The Chief Executive Officer is also responsible for such internal control as the Chief Executive Officer determines is necessary to enable the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Executive Officer is responsible for assessing Cancer Australia's ability to continue as a going concern, taking into account whether the entity's operations

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will cease as a result of an administrative restructure or for any other reason. The Chief Executive Officer is also responsible for 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 to cease to continue as a going concern; and
- 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.

I communicate with those charged with governance 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.

#### **Report on the Requirements of the *Charitable Fundraising Act 1991 (NSW)* and its Regulations**

I have audited the financial statements as required by section 24 of the *Charitable Fundraising Act 1991 (NSW)* and its Regulations.

#### **Opinion**

In my opinion:

- (a) the financial statements give a true and fair view of Cancer Australia's financial result of fundraising appeal activities for the financial year ended 30 June 2018;
- (b) the financial statements have been properly drawn up, and the associated records have been properly kept for the period from 1 July 2017 to 30 June 2018, in accordance with the *Charitable Fundraising Act 1991 (NSW)* and its regulations;
- (c) money received as a result of fundraising appeal activities conducted during the period from 1 July 2017 to 30 June 2018 has been properly accounted for and applied in accordance with the *Charitable Fundraising Act 1991 (NSW)* and its regulations; and
- (d) there are reasonable grounds to believe that Cancer Australia will be able to pay its debts as and when they fall due.

The Chief Executive Officer of Cancer Australia is responsible for compliance with the *Charitable Fundraising Act 1991* (NSW) and its regulations. My responsibility is to express an opinion on the financial statements based upon my audit. My procedures included obtaining an understanding of the internal control structure for fundraising appeal activities and examination, on a test basis, of evidence supporting compliance with the accounting and associated record keeping requirements for fundraising appeal activities pursuant to the Act.

Because of the inherent limitations of any assurance engagement, it is possible that fraud, error or non-compliance may occur and not be detected. An audit is not designed to detect all instances of non-compliance with the requirements described in the above-mentioned Acts and Regulations as an audit is not performed continuously throughout the period and the audit procedures performed in respect of compliance with these requirements are undertaken on a test basis. The audit opinion expressed in this report has been formed on the above basis.

Australian National Audit Office



Rita Bhana  
Senior Director  
Delegate of the Auditor-General  
Canberra  
12 September 2018

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**STATEMENT BY THE ACCOUNTABLE AUTHORITY AND CHIEF FINANCIAL OFFICER**

In our opinion, the attached financial statements for the year ended 30 June 2018 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.

In accordance with Authority Conditions 6(3) issued by the NSW Minister under Section 13A of the *Charitable Fundraising Act 1991* (NSW) (the Act), in our opinion:

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

Signed

A/Associate Professor Christine Giles

Acting Accountable Authority / CEO

12 / 9 / 2018

Signed

Elmer Wiegold

Chief Financial Officer

12 / 9 / 2018

# Statement of Comprehensive Income

for the period ended 30 June 2018

	NOTES	2018 \$	2017 \$	ORIGINAL BUDGET <sup>1</sup> \$
<b>NET COST OF SERVICES</b>				
<b>Expenses</b>				
Employee benefits	3A	<b>8,042,956</b>	7,766,303	8,559,000
Suppliers	3B	<b>4,124,790</b>	3,770,227	2,873,000
Depreciation and amortisation	3C	<b>188,967</b>	237,857	242,000
Finance costs		<b>4,974</b>	9,126	-
Grants	3D	<b>1,500,000</b>	1,000,000	-
<b>Total expenses</b>		<b>13,861,687</b>	12,783,513	11,674,000
<b>Own-source income</b>				
Own-source revenue				
Rendering of services	4A	<b>2,239,677</b>	1,222,944	127,000
Other revenue	4B	<b>147,350</b>	187,721	195,000
<b>Total own-source revenue</b>		<b>2,387,027</b>	1,410,665	322,000
<b>Gains</b>				
Gains from sale of assets		-	456	-
<b>Total gains</b>		-	456	-
<b>Net cost of services</b>		<b>11,474,660</b>	11,372,392	11,352,000
Revenue from Government	4C	<b>11,110,000</b>	11,270,000	11,110,000
<b>Deficit</b>		<b>(364,660)</b>	(102,392)	(242,000)
<b>Total comprehensive loss</b>		<b>(364,660)</b>	(102,392)	(242,000)

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

1 The entity's Original Budgeted financial statement that was first presented to the Parliament in respect of the reporting period (ie. from the entity's 2017-18 Portfolio Budget Statements (PBS)).



## **Statement of Comprehensive Income Budget Variance Commentary**

Explanations are only provided where the variance is greater than 10% of the 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.

### **Suppliers**

After the Original Budget was first presented to Parliament, Cancer Australia received the Minister for Finance's approval to enable the utilisation of the Cancer Australia's Gift Fund balance for activities relating to breast cancer as intended by Government. Cancer Australia's activities also increased as a result of additional funds from various Memorandum of Understanding agreements that resulted in higher than budgeted expenditure.

### **Rendering of services**

At the time of budget preparation, additional funding of approximately \$2m received through Memorandum of Understanding agreements with another Government Department was unknown. The additional funding received was subsequently utilised through the payment of grants and other operational costs.

### **Grants**

Grant expenditure amounting to \$1.5m was incurred during 2017–18 from funds secured through various Memorandum of Understanding agreements entered into with another Government Department after the Original Budget and 2017–18 Portfolio Budget Statement was presented to the Parliament.

# Statement of Financial Position

as at 30 June 2018

	NOTES	2018 \$	2017 \$	ORIGINAL BUDGET <sup>1</sup> \$
<b>ASSETS</b>				
<b>Financial assets</b>				
Cash and cash equivalents	6A	1,088,036	110,386	214,000
Trade and other receivables	6B	5,065,466	4,463,327	4,512,000
<b>Total financial assets</b>		<b>6,153,502</b>	4,573,713	4,726,000
<b>Non-financial assets</b>				
Property, plant and equipment	7	323,210	397,707	312,000
Intangibles	7	27,005	36,473	60,000
Prepayments		107,590	66,598	66,000
<b>Total non-financial assets</b>		<b>457,805</b>	500,778	438,000
<b>Total assets</b>		<b>6,611,307</b>	5,074,491	5,164,000
<b>LIABILITIES</b>				
<b>Payables</b>				
Suppliers	8A	364,844	351,121	649,000
Other payables	8B	1,818,192	318,566	545,000
<b>Total payables</b>		<b>2,183,036</b>	669,687	1,194,000
<b>Provisions</b>				
Employee provisions	9A	2,256,713	1,954,560	1,834,000
Other provisions	9B	193,955	188,981	180,000
<b>Total provisions</b>		<b>2,450,668</b>	2,143,541	2,014,000
<b>Total liabilities</b>		<b>4,633,704</b>	2,813,228	3,208,000
<b>Net assets</b>		<b>1,977,603</b>	2,261,263	1,956,000
<b>EQUITY</b>				
Contributed equity		1,229,160	1,148,160	245,000
Retained surplus		748,443	1,113,103	1,711,000
<b>Total equity</b>		<b>1,977,603</b>	2,261,263	1,956,000

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

<sup>1</sup> The entity's Original Budgeted financial statement that was first presented to the Parliament in respect of the reporting period (ie. from the entity's 2017–18 Portfolio Budget Statements (PBS)).

## **Statement of Financial Position Budget Variance Commentary**

Explanations are only provided where the variance is greater than 10% of the 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.

### **Cash and cash equivalents**

In June 2018 the balance of the Appropriation was drawn down to be in a position to settle the 2017–18 payables early in the new financial year.

### **Trade and other receivables**

Trade and other receivables mainly comprises Appropriation receivable. The appropriations were drawn down in full to settle 2017–18 payables early in the new financial year. Other revenue sources and lower than expected average employee numbers resulted in the appropriation not being fully utilised and resulted in a receivable balance higher than originally budgeted.

### **Prepayments**

The prepayments variance to budget is primarily due to timing of payments for IT software renewal and upgrade.

### **Suppliers and other payables**

The budget variance relates to the timing of payments. Original Budget estimates were compiled based on prior years' results. A large number of deliverables were finalised but not paid before 30 June 2018 resulting in a high payables balance at year end.

### **Employee provisions**

Original Budget estimates were compiled based on prior years' financial results. The increased headcount in 2017–18, and the accumulation of the long service leave provision are the primary drivers of the budget variance.

### **Contributed equity**

An appropriation reduction was recorded against Contributed Equity and Retained Earnings in the Original Budget, but in the Actuals the reduction was only recorded against Retained Earnings. Additionally, own source funding was used by Cancer Australia for capital expenditure in addition to the Departmental Capital Budget.

# Statement of Changes in Equity

for the period ended 30 June 2018

	2018 \$	2017 \$	ORIGINAL BUDGET <sup>1</sup> \$
<b>CONTRIBUTED EQUITY</b>			
<b>Opening balance</b>			
Balance carried forward from previous period	1,148,160	1,066,160	164,000
<b>Opening balance</b>	<b>1,148,160</b>	1,066,160	164,000
<b>Transactions with owners</b>			
<b>Contributions by owners</b>			
Departmental capital budget	81,000	82,000	81,000
<b>Total transactions with owners</b>	<b>81,000</b>	82,000	81,000
<b>Closing balance as at 30 June</b>	<b>1,229,160</b>	1,148,160	245,000
<b>RETAINED EARNINGS</b>			
<b>Opening balance</b>			
Balance carried forward from previous period	1,113,103	1,215,495	1,953,000
<b>Opening balance</b>	<b>1,113,103</b>	1,215,495	1,953,000
<b>Comprehensive income</b>			
Deficit for the period	(364,660)	(102,392)	(242,000)
<b>Total comprehensive income</b>	<b>(364,660)</b>	(102,392)	(242,000)
<b>Closing balance as at 30 June</b>	<b>748,443</b>	1,113,103	1,711,000
<b>TOTAL EQUITY</b>	<b>1,977,603</b>	2,261,263	1,956,000

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

<sup>1</sup> The entity's Original Budgeted financial statement that was first presented to the Parliament in respect of the reporting period (ie. from the entity's 2017–18 Portfolio Budget Statements (PBS)).

## **Accounting Policy**

### **Equity Injections**

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

## **Statement of Changes in Equity Budget Variance Commentary**

Explanations are only provided where the variance is greater than 10% of the 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.

### **Contributed equity**

An appropriation reduction was recorded against Contributed Equity and Retained Earnings in the Original Budget, but in the Actuals the reduction was only recorded against Retained Earnings.

### **Retained earnings**

Retained earnings is lower being reflective of the deficit reported for the 2017–18 financial year. The deficit is attributed to the utilisation of Cancer Australia's Gift Fund balance for activities relating to breast cancer as intended by Government and non-appropriated depreciation and amortisation expenses. The use of Cancer Australia's Gift Fund was approved after the Original Budget was first presented to the Parliament .

# Cash Flow Statement

for the period ended 30 June 2018

	NOTES	2018 \$	2017 \$	ORIGINAL BUDGET <sup>1</sup> \$
<b>OPERATING ACTIVITIES</b>				
<b>Cash received</b>				
Appropriations		10,651,136	11,496,267	11,020,000
Rendering of services		2,244,770	1,459,963	127,000
Net GST received		334,583	372,061	223,000
Fundraising		22,752	70,751	-
<b>Total cash received</b>		<b>13,253,241</b>	13,399,042	11,370,000
<b>Cash used</b>				
Employees		(7,725,068)	(7,543,073)	(8,559,000)
Suppliers		(4,556,282)	(5,852,135)	(2,538,000)
Net GST paid		-	-	(223,000)
<b>Total cash used</b>		<b>(12,281,350)</b>	(13,395,208)	(11,320,000)
<b>Net cash from operating activities</b>		<b>971,891</b>	3,834	50,000
<b>INVESTING ACTIVITIES</b>				
<b>Cash received</b>				
Proceeds from sales of property, plant and equipment		-	2,138	-
<b>Total cash received</b>		-	2,138	-
<b>Cash used</b>				
Purchase of property, plant and equipment		(71,813)	(161,180)	(131,000)
Purchase of computer software		(3,428)	(30,275)	-
<b>Total cash used</b>		<b>(75,241)</b>	(191,455)	(131,000)
<b>Net cash used by investing activities</b>		<b>(75,241)</b>	(189,317)	(131,000)

(Continued)

	NOTES	2018 \$	2017 \$	ORIGINAL BUDGET <sup>1</sup> \$
<b>FINANCING ACTIVITIES</b>				
<b>Cash received</b>				
Departmental capital budget		81,000	82,000	81,000
<b>Total cash received</b>		<b>81,000</b>	82,000	81,000
<b>Net cash from financing activities</b>		<b>81,000</b>	82,000	81,000
<b>Net increase/(decrease) in cash held</b>		<b>977,650</b>	(103,483)	-
Cash and cash equivalents at the beginning of the reporting period		110,386	213,869	214,000
<b>Cash and cash equivalents at the end of the reporting period</b>	6A	<b>1,088,036</b>	110,386	214,000

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

1 The entity's Original Budgeted financial statement that was first presented to the Parliament in respect of the reporting period (ie. from the entity's 2017-18 Portfolio Budget Statements (PBS)).

## Cash Flow Statement Budget Variance Commentary

Explanations are only provided where the variance is greater than 10% of the 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.

### Sale of goods and rendering of services

At the time the Original Budget was prepared additional funding through Memorandum of Understanding agreements with another Government Department was unknown resulting in a higher than anticipated inflow of funds.

### Net GST received and paid

Cancer Australia is required to make GST payments on eligible goods and services. The net GST received represents the refund of those amounts from the Australia Taxation Office (ATO). GST estimates are based on prior years' trends and fluctuate from year to year based on the payments for goods and services. In 2017-18, Cancer Australia claimed more GST from the ATO due to higher than anticipated payments to suppliers. The net GST received was used to settle commitments, rather than drawing on additional funding.

## **Employee benefits**

Although staffing levels have increased during the financial year, recruitment of appropriately skilled staff took longer than expected and resulted in a lower than budgeted average staffing level for 2017–18. This resulted in reduced expenditure on employee benefits, but increased expenditure on suppliers.

## **Suppliers**

Funding of supplier payments through Memorandum of Understanding agreements with other agencies was unknown at the time the Original Budget was prepared. The utilisation of the Cancer Australia's Gift Fund balance on activities relating to breast cancer also contributed to higher than budgeted expenditure.



# Administered Schedule of Comprehensive Income

for the period ended 30 June 2018

	NOTES	2018 \$	2017 \$	ORIGINAL BUDGET <sup>1</sup> \$
<b>NET COST OF SERVICES</b>				
<b>Expenses</b>				
Suppliers	14A	<b>2,763,228</b>	2,099,778	2,297,000
Grants and service delivery contracts	14B	<b>15,867,384</b>	14,963,560	16,382,000
<b>Total expenses</b>		<b>18,630,612</b>	17,063,338	18,679,000
<b>Income</b>				
<b>Revenue</b>				
<b>Non-taxation revenue</b>				
Return of grant monies		<b>1,293,590</b>	-	-
<b>Total non-taxation revenue</b>		<b>1,293,590</b>	-	-
<b>Total revenue</b>		<b>1,293,590</b>	-	-
<b>Net cost of services</b>		<b>(17,337,022)</b>	(17,063,338)	(18,679,000)
<b>Deficit on continuing operations</b>		<b>(17,337,022)</b>	(17,063,338)	(18,679,000)
<b>Total comprehensive loss</b>		<b>(17,337,022)</b>	(17,063,338)	(18,679,000)

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

<sup>1</sup> The entity's original budgeted financial statement that was first presented to parliament in respect of the reporting period (ie. from the entity's 2017-18 Portfolio Budget Statements (PBS)).

## **Budget Variance Commentary**

Explanations are only provided where the variance is greater than 10% of the 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.

## **Suppliers and grants and service delivery contracts**

At the time of the preparation of the Original Budget, estimated grant payments are based on prior year figures. Actual expenditure may vary from year to year depending upon grant applications received and awarded. The level of grant expenditure incurred impacts the level of payments made to other suppliers.

## **Return of grant monies**

Grant recipients returned grant monies to Cancer Australia comprising unexpended funds and the relinquishment of a grant awarded and paid in prior financial years. These funds were returned to the Official Public Account.

# Administered Schedule of Assets and Liabilities

as at 30 June 2018

	NOTES	2018 \$	2017 \$	ORIGINAL BUDGET <sup>1</sup> \$
<b>ASSETS</b>				
<b>Financial Assets</b>				
Cash and cash equivalents	15A	1,152,683	30,000	30,000
Trade and other receivables	15B	123,305	119,091	426,000
<b>Total financial assets</b>		<b>1,275,988</b>	149,091	456,000
<b>Total assets administered on behalf of Government</b>		<b>1,275,988</b>	149,091	456,000
<b>LIABILITIES</b>				
<b>Payables</b>				
Suppliers	16A	653,215	180,297	242,000
Grants	16B	486,111	70,000	60,000
Other payables		-	-	154,000
<b>Total payables</b>		<b>1,139,326</b>	250,297	456,000
<b>Total liabilities administered on behalf of Government</b>		<b>1,139,326</b>	250,297	456,000
<b>Net assets/(liabilities)</b>		<b>136,662</b>	(101,206)	-

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

1 The entity's original budgeted financial statement that was first presented to parliament in respect of the reporting period (ie. from the entity's 2017–18 Portfolio Budget Statements (PBS)).

## **Budget Variance Commentary**

Explanations are only provided where the variance is greater than 10% of the 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.

### **Cash and cash equivalents**

In June 2018, the balance of the Appropriation was drawn down so as to be in a position to settle the 2017–18 payables early in the new financial year.

### **Trade and other receivables**

Trade and other receivables comprise GST receivable from the ATO. The variance is due to the timing of when the funds are received.

### **Suppliers**

Supplier payables vary year to year dependent on the timing of work delivered by suppliers and the payment terms of contracts. In 2017-18, a number of deliverables were finalised, but not paid before 30 June 2018.

### **Grants**

The Original Budget is based on the prior years grant payables. In 2017–18 grant contracts were executed later in the year resulting in a higher payable at the end of the reporting period.



# Administered Reconciliation Schedule

as at 30 June 2018

	2018 \$	2017 \$
<b>Opening assets less liabilities as at 1 July</b>	<b>(101,206)</b>	(387,489)
<b>Net cost of services</b>		
Income	<b>1,293,590</b>	-
Expenses		
Payments to entities other than Commonwealth entities	<b>(18,379,303)</b>	(16,680,920)
Payments to Commonwealth entities	<b>(251,309)</b>	(382,419)
<b>Transfers from/(to) the Australian Government</b>		
Appropriation transfers from Official Public Account		
Payments to entities other than Commonwealth entities	<b>18,868,480</b>	17,349,622
Appropriation transfers to Official Public Account		
Receipts from entities other than Commonwealth entities	<b>(1,293,590)</b>	-
<b>Closing assets less liabilities as at 30 June</b>	<b>136,662</b>	(101,206)

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

## Accounting Policy

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

Revenue collected by Cancer Australia for use by the Government rather than Cancer Australia is administered revenue. Collections are transferred to the Official Public Account (OPA) maintained by the Department of Finance. 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 2018

	NOTES	2018 \$	2017 \$
<b>OPERATING ACTIVITIES</b>			
<b>Cash received</b>			
Net GST received		<b>393,393</b>	360,873
Other		<b>1,293,590</b>	-
<b>Total cash received</b>		<b>1,686,983</b>	360,873
<b>Cash used</b>			
Grants		<b>(15,451,274)</b>	(14,797,560)
Suppliers		<b>(2,687,916)</b>	(2,912,935)
<b>Total cash used</b>		<b>(18,139,190)</b>	(17,710,495)
<b>Net cash used by operating activities</b>		<b>(16,452,207)</b>	(17,349,622)
Cash and cash equivalents at the beginning of the reporting period		<b>30,000</b>	30,000
<b>Cash from Official Public Account</b>			
Appropriations		<b>18,868,480</b>	17,349,622
<b>Cash to Official Public Account</b>			
Administered receipts		<b>(1,293,590)</b>	-
<b>Cash and cash equivalents at the end of the reporting period</b>	15A	<b>1,152,683</b>	30,000
The above schedule should be read in conjunction with the accompanying notes.			

# Notes to and forming part of the financial statements

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## Note 1: Overview

### 1.1 Objectives of Cancer Australia

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

### 1.2 Basis of Preparation of the Financial Statements

The financial statements are general purpose financial statements and 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 — Reduced Disclosure Requirements 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.

### 1.3 New Accounting Standards

Management has considered the potential impact of the following Accounting Standards that were issued prior to the sign-off date but not yet applicable to the current reporting period.

#### **AASB 15 Revenue from Contracts with Customers**

Cancer Australia enters into Memorandum of Understanding agreements with Government Departments, the recognition and measurement of revenue arising from these agreements may be impacted by the revised requirements set out in the new AASB 15 *Revenue from Contracts with Customers*. The majority of funds are received and utilised in accordance with the agreements in the same financial year, adoption of the new accounting standard is therefore not expected to have a material impact on Cancer Australia. Any new Memorandum of Understanding agreements will be assessed against the requirements of the new accounting standards.



## **AASB 16 Leases**

Cancer Australia has one significant operating lease for business premises in Sydney that expires at the end of June 2020. If renewed, the lease will be impacted by the new AASB 16 *Leases* accounting standard. The new accounting standard will require Cancer Australia to recognise a right of use asset and a lease liability in accordance with the recognition requirements of the standard. As the lease negotiation process has not yet started, no quantitative assessment has been made. Cancer Australia also enters into annual agreements with other Government entities to lease office space in other cities. These agreements will also need to be assessed against the recognition and measurement criteria set out in the new accounting standard. The agreements are generally renewable annually, therefore adoption of the new accounting standard is not expected to have a material impact on Cancer Australia.

### **1.4 Significant Accounting Judgements and Estimates**

In the process of applying the accounting policies listed in this note, Cancer Australia has made no judgements that would have 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.

### **1.5 Taxation**

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

### **1.6 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 2018 that have the potential to significantly affect the on-going structure or activities of either Cancer Australia's administered or departmental functions.

## Note 3: Expenses

	<b>2018</b>	<b>2017</b>
	<b>\$</b>	<b>\$</b>
<b>Note 3A: Employee Benefits</b>		
Wages and salaries	<b>6,027,044</b>	5,827,603
Superannuation:		
Defined contribution plans	<b>941,526</b>	918,035
Defined benefit plans	<b>146,809</b>	102,989
Leave and other entitlements	<b>922,391</b>	863,633
Separation and redundancies	<b>5,186</b>	54,043
<b>Total employee benefits</b>	<b>8,042,956</b>	7,766,303

### 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

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 employer superannuation contribution rates to the extent that the leave is likely to be taken during service rather than paid out on termination.

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

(Continued)

## **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.

	2018 \$	2017 \$
--	------------	------------

### Note 3B: Suppliers

#### Goods and services supplied or rendered

Consultants	528,857	386,097
Contractors	942,145	885,285
Printing	25,462	101,182
Information Technology and Licenses	677,630	508,965
Property and office	398,674	346,599
Travel	199,332	202,285
Learning and development	43,733	75,204
Media and other promotional	158,942	121,073
Other	298,966	284,914
<b>Total goods and services supplied or rendered</b>	<b>3,273,741</b>	2,911,604

Goods supplied	25,462	101,182
Services rendered	3,248,279	2,810,422
<b>Total goods and services supplied or rendered</b>	<b>3,273,741</b>	2,911,604

#### Other suppliers

Operating lease rentals	763,016	789,429
Workers compensation expenses	88,033	69,194
<b>Total Other Suppliers</b>	<b>851,049</b>	858,623
<b>Total Suppliers</b>	<b>4,124,790</b>	3,770,227

### Lease commitments

Cancer Australia in its capacity as lessee leases commercial property in support of its activities. Lease payments are subject to the terms and conditions of the lease agreement. The terms range from 1 to 5 years.

#### Commitments for minimum lease payments in relation to non-cancellable operating leases are payable as follows:

Within 1 year	738,769	737,069
Between 1 and 5 years	746,033	1,495,977
<b>Total operating lease commitments</b>	<b>1,484,802</b>	2,233,046

## Accounting Policy

Operating lease payments are expensed on a straight-line basis which is representative of the pattern of benefits derived from the leased assets. Lease incentives are recognised as liabilities and reduced on a straight-line basis by allocating lease payments between the rental expense and as a reduction of the lease incentive liability.

	2018	2017
	\$	\$

### Note 3C: Depreciation and Amortisation

#### Depreciation:

Property, plant and equipment	172,643	198,438
<b>Total depreciation</b>	<b>172,643</b>	<b>198,438</b>

#### Amortisation:

Intangibles:		
Computer Software — Purchased	16,324	39,419
<b>Total amortisation</b>	<b>16,324</b>	<b>39,419</b>
<b>Total depreciation and amortisation</b>	<b>188,967</b>	<b>237,857</b>

### Note 3D: Grants

Private sector:

Non-profit organisations	1,500,000	1,000,000
<b>Total grants</b>	<b>1,500,000</b>	<b>1,000,000</b>

## Note 4: Own-Source Income

	NOTES	2018 \$	2017 \$
<b>Own-Source Revenue</b>			
<b>Note 4A: Rendering of Services</b>			
Rendering of services		<b>2,239,677</b>	1,222,944
<b>Total rendering of services</b>		<b>2,239,677</b>	1,222,944

### Accounting Policy

#### Rendering of services

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

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

### Note 4B: Other Revenue

Fundraising	20	<b>22,752</b>	70,751
Resources received free of charge		<b>60,598</b>	56,970
Remuneration of auditors		<b>64,000</b>	60,000
<b>Total other revenue</b>		<b>147,350</b>	187,721

### 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.

**2018**  
\$

**2017**  
\$

#### Note 4C: Revenue from Government

##### Appropriations:

Departmental appropriations	<b>11,110,000</b>	11,270,000
<b>Total revenue from Government</b>	<b>11,110,000</b>	11,270,000

### 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.

## Note 5: Fair Value Measurements

Fair value measurements at the end of the reporting period		
	2018 \$	2017 \$
<b>Non-financial assets</b>		
Plant and equipment	323,210	397,707
<b>Non-financial liabilities</b>		
Makegood provision	193,955	188,981

### 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.

The different levels of the fair value hierarchy are defined below.

Level 1: Quoted prices (unadjusted) in active markets for identical assets or liabilities that the entity can access at measurement date.

Level 2: Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.

Level 3: Unobservable inputs for the asset or liability.



## Note 6: Financial Assets

	2018 \$	2017 \$
<b>Note 6A: Cash and Cash Equivalents</b>		
Cash on hand or on deposit	1,088,036	110,386
<b>Total cash and cash equivalents</b>	<b>1,088,036</b>	110,386
<b>Note 6B: Trade and Other Receivables</b>		
Goods and services	246,715	111,244
<b>Total goods and services receivables</b>	<b>246,715</b>	111,244
<b>Appropriations receivables</b>		
Appropriation receivable	4,767,756	4,308,892
<b>Total appropriations receivables</b>	<b>4,767,756</b>	4,308,892
<b>Other receivables</b>		
GST receivable from the Australian Taxation Office	50,995	43,191
<b>Total other receivables</b>	<b>50,995</b>	43,191
<b>Total trade and other receivables (net)</b>	<b>5,065,466</b>	4,463,327

Credit terms for goods and services were within 30 days (2016–17: 30 days).

No allowance for impairment was required at reporting date.

### Accounting Policy

#### Loans and Receivables

Trade receivables, loans and other receivables that have fixed or determinable payments and that are not quoted in an active market are classified as 'loans and receivables'. Loans and receivables are measured at amortised cost using the effective interest method less impairment.

## Note 7: Non-Financial Assets

### Reconciliation of the opening and closing balances of property, plant and equipment and intangibles for 2018

	Property, plant & equipment \$	Intangibles <sup>1</sup> \$	Total \$
<b>As at 1 July 2017</b>			
Gross book value	1,115,775	492,997	1,608,772
Accumulated depreciation, amortisation and impairment	(718,068)	(456,524)	(1,174,592)
<b>Total as at 1 July 2017</b>	<b>397,707</b>	<b>36,473</b>	<b>434,180</b>
Additions	98,145	6,857	105,002
Depreciation and amortisation	(172,642)	(16,325)	(188,967)
<b>Total as at 30 June 2018</b>	<b>323,210</b>	<b>27,005</b>	<b>350,215</b>
<b>Total as at 30 June 2018 represented by:</b>			
Gross book value	1,213,920	499,854	1,713,774
Accumulated depreciation, amortisation and impairment	(890,710)	(472,849)	(1,363,559)
<b>Total as at 30 June 2018</b>	<b>323,210</b>	<b>27,005</b>	<b>350,215</b>

1 The carrying amount of Intangibles include \$27,005 purchased software.

2 There are no indicators of impairment found for property, plant and equipment or intangibles.

3 There are fully depreciated and unused property, plant and equipment and intangibles expected to be sold or disposed of within the next 12 months.

### 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 later 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.

(Continued)

## 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).

## Revaluations

Following initial recognition at cost, property, plant and equipment 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 depended 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.

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

## Depreciation

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

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

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

	2018	2017
Property, plant & equipment	3 to 10 years	3 to 10 years

(Continued)

**Impairment**

All assets were assessed for impairment at 30 June 2018. Where indications of impairment exist, the asset's recoverable amount is estimated and an impairment adjustment made if the asset's recoverable amount is less than its carrying amount.

The recoverable amount of an asset is the higher of its fair value less costs 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. These assets are carried at cost less accumulated amortisation and accumulated impairment losses.

Software is amortised on a straight-line basis over its anticipated useful life. The anticipated useful life of Cancer Australia's software is 3 years (2016–17: 3 years)

All software assets were assessed for indications of impairment as at 30 June 2018.



## Note 8: Payables

	2018 \$	2017 \$
<b>Note 8A: Suppliers</b>		
Trade creditors and accruals	364,844	351,121
<b>Total suppliers</b>	<b>364,844</b>	351,121
Settlement is usually made within 30 days.		
<b>Note 8B: Other Payables</b>		
Salaries and wages	66,107	51,959
Superannuation	9,869	8,283
Unearned income	151,977	165,239
Grants	1,500,000	-
Other	90,239	93,085
<b>Total other payables</b>	<b>1,818,192</b>	318,566

## Note 9: Provisions

	<b>2018</b>	2017
	<b>\$</b>	<b>\$</b>

### Note 9A: Employee Provisions

Leave	<b>2,256,713</b>	1,954,560
<b>Total employee provisions</b>	<b>2,256,713</b>	1,954,560

	<b>Provision for make good</b>	TOTAL
	<b>\$</b>	<b>\$</b>

### Note 9B: Other Provisions

<b>As at 1 July 2017</b>	<b>188,981</b>	188,981
Unwinding of discount or change in discount rate	<b>4,974</b>	4,974
<b>Total as at 30 June 2018</b>	<b>193,955</b>	193,955

Cancer Australia, in its capacity as a lessee, has entered into one operating lease agreement (2016–17: one agreement) for office accommodation. The 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 10: Contingent Assets and Liabilities

Cancer Australia has not identified any quantifiable, unquantifiable or significant remote contingent assets or liabilities as at 30 June 2018 (2016–17: 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.

## Note 11: 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, Executive Director, Senior Executive Service Officers, General Manager Finance and Corporate Affairs/Chief Financial Officer and Ministers. Key management personnel remuneration is reported in the table below:

	<b>2018</b> <b>\$</b>	<b>2017</b> <b>\$</b>
Short-term employee benefits	<b>1,133,838</b>	1,183,188
Post-employment benefits	<b>166,664</b>	171,276
Other long-term employee benefits	<b>125,228</b>	134,232
<b>Total key management personnel remuneration expenses<sup>1</sup></b>	<b>1,425,730</b>	1,488,696

The total number of key management personnel included in the above table are six (2016–17: five). During 2017–18 one key management personnel resigned, the position was subsequently filled.

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 12 : 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.





## Note 13: Financial Instruments

	2018 \$	2017 \$
--	------------	------------

### Note 13: Categories of Financial Instruments

#### Financial Assets

Cash and cash equivalents	1,088,036	110,386
Trade receivables	246,715	111,244
<b>Total financial assets</b>	<b>1,334,751</b>	221,630

#### Financial Liabilities

##### Financial liabilities measured at amortised cost

Trade creditors and accruals	364,844	351,121
<b>Total financial liabilities measured at amortised cost</b>	<b>364,844</b>	351,121
<b>Total financial liabilities</b>	<b>364,844</b>	351,121

### Accounting Policy

#### Financial assets

Cancer Australia classifies its financial assets as loans and receivables.

The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition. Financial assets are recognised and derecognised upon trade date.

#### Impairment of Financial Assets

Financial assets are assessed for impairment at the end of each reporting period.

Financial assets held at cost — if there is objective evidence that an impairment loss has been incurred, the amount of the impairment loss is the difference between the carrying amount of the asset and the present value of the estimated future cash flows discounted at the current market rate for similar assets.

#### Financial liabilities

Financial liabilities are classified as either financial liabilities 'at fair value through profit or loss' or other financial liabilities. Financial liabilities are recognised and derecognised upon 'trade date'.

(Continued)

### Other Financial Liabilities

Other financial liabilities, including borrowings, are initially measured at fair value, net of transaction costs. These liabilities are subsequently measured at amortised cost using the effective interest method, with interest expense recognised on an effective 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).

## Note 14: Administered – Expenses

	2018 \$	2017 \$
<b>Note 14A: Suppliers</b>		
<b>Goods and services supplied or rendered</b>		
Consultants	427,624	509,195
Contractors	1,123,262	676,353
Sitting and Advisory Fees	518,117	426,240
Travel	223,535	152,147
Printing	64,696	30,557
Assessment fees	233,113	241,365
Other	172,881	63,921
<b>Total goods and services supplied or rendered</b>	<b>2,763,228</b>	2,099,778
<b>Goods and services are made up of:</b>		
Goods supplied	75,429	39,104
Services rendered	2,687,799	2,060,674
<b>Total goods and services supplied or rendered</b>	<b>2,763,228</b>	2,099,778
<b>Total suppliers</b>	<b>2,763,228</b>	2,099,778
<b>Note 14B: Grants and service delivery contracts</b>		
Public sector		
State and Territory Governments	235,823	102,238
Private sector		
Not-for-profit organisations	15,631,561	14,861,322
<b>Total grants and service delivery contracts</b>	<b>15,867,384</b>	14,963,560

## 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.

## Note 15: Administered – Financial Assets

	2018 \$	2017 \$
<b>Note 15A: Cash and Cash Equivalents</b>		
Cash on hand or on deposit	1,152,683	30,000
<b>Total cash and cash equivalents</b>	<b>1,152,683</b>	<b>30,000</b>
<b>Note 15B: Trade and Other Receivables</b>		
Net GST receivable from Australian Taxation Office	86,945	119,091
Other receivables	36,360	-
<b>Total trade and other receivables</b>	<b>123,305</b>	<b>119,091</b>
Credit terms for goods and services were within 30 days (2017: 30 days). No allowance for impairment was required at reporting date.		

## Accounting Policy

### Receivables

Where receivables are not subject to concessional treatment, they are carried at amortised cost using the effective interest method. Gains and losses due to impairment, derecognition and amortisation are recognised through profit or loss.

## Note 16: Administered – Payables

	2018 \$	2017 \$
<b>Note 16A: Suppliers</b>		
Trade creditors and accruals	653,215	180,297
<b>Total suppliers</b>	<b>653,215</b>	<b>180,297</b>
Settlement is usually made within 30 days.		
<b>Note 16B: Grants</b>		
<b>Private sector:</b>		
Non-profit and profit organisations	486,111	70,000
<b>Total grants</b>	<b>486,111</b>	<b>70,000</b>
Settlement is usually made according to the terms and conditions of each grant. This is usually within 30 days of performance or eligibility.		

## Note 17: Administered – Contingent Assets and Liabilities

Cancer Australia has not identified any quantifiable, unquantifiable or significant remote contingencies as at 30 June 2018 (2016–17: Nil).

## Note 18: Administered – Financial Instruments

	2018 \$	2017 \$
<b>Note 18: Categories of Financial Instruments</b>		
<b>Financial Assets</b>		
Cash on hand or on deposit	1,152,683	30,000
<b>Total financial assets</b>	<b>1,152,683</b>	<b>30,000</b>
<b>Financial Liabilities</b>		
<b>Financial liabilities measured at amortised cost</b>		
Trade creditors	653,215	180,297
Grants payable	486,111	70,000
<b>Total financial liabilities measured at amortised cost</b>	<b>1,139,326</b>	<b>250,297</b>
<b>Total financial liabilities</b>	<b>1,139,326</b>	<b>250,297</b>

## Note 19: Appropriations

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

### ANNUAL APPROPRIATIONS FOR 2017-18

	Annual Appropriation <sup>1</sup> \$	Adjustments to appropriation <sup>2</sup> \$	Total appropriation \$	Appropriation applied in 2018 (current and prior years) \$	Variance <sup>3</sup> \$
<b>Departmental</b>					
Ordinary annual services	11,110,000	2,367,655	13,477,655	10,732,136	2,745,519
Capital Budget <sup>4</sup>	81,000	-	81,000	81,000	-
<b>Total departmental</b>	<b>11,191,000</b>	<b>2,367,655</b>	<b>13,558,655</b>	<b>10,813,136</b>	<b>2,745,519</b>
<b>Administered</b>					
Ordinary annual services					
Administered items	18,679,000	-	18,679,000	18,630,612	48,388
<b>Total administered</b>	<b>18,679,000</b>	<b>-</b>	<b>18,679,000</b>	<b>18,630,612</b>	<b>48,388</b>

Notes:

- 1 There were no amounts withheld against 2018 ordinary annual services appropriation under section 51 of the PGPA Act. There were no amounts quarantined from 2018 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 additional section 74 revenue received.
- 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 2016-17

	Annual Appropriation <sup>1</sup> \$	Adjustments to appropriation <sup>2</sup> \$	Total appropriation \$	Appropriation applied in 2018 (current and prior years) \$	Variance <sup>3</sup> \$
<b>Departmental</b>					
Ordinary annual services	11,270,000	1,306,483	12,576,483	11,496,267	1,080,216
Capital Budget <sup>4</sup>	82,000	-	82,000	82,000	-
<b>Total departmental</b>	<b>11,352,000</b>	<b>1,306,483</b>	<b>12,658,483</b>	<b>11,578,267</b>	<b>1,080,216</b>
<b>Administered</b>					
Ordinary annual services					
Administered items	17,150,000	-	17,150,000	17,063,338	86,662
<b>Total administered</b>	<b>17,150,000</b>	<b>-</b>	<b>17,150,000</b>	<b>17,063,338</b>	<b>86,662</b>

Notes:

1. In departmental a total of \$4,000 has been withheld against 2017 ordinary annual services appropriation under section 51 of the PGPA Act. There were no amounts quarantined from 2017 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 additional section 74 revenue received.
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 Appropriation Acts.

**Table B: Spent Annual Appropriations ('Recoverable GST exclusive')**

	2018 \$	2017 \$
<b>Departmental</b>		
Appropriation Act (No.1) 2015-16	-	3,087,071
Appropriation Act (No.1) 2016-17	605,818	1,332,207
Appropriation Act (No.1) 2017-18 <sup>1</sup>	5,249,974	-
<b>Total departmental</b>	<b>5,855,792</b>	<b>4,419,278</b>
<b>Administered</b>		
Appropriation Act (No.1) 2016-17	-	86,662
Appropriation Act (No.1) 2017-18	48,388	-
<b>Total administered</b>	<b>48,388</b>	<b>86,662</b>

1. Appropriation Act (No.1) 2017-18 includes cash and cash equivalents at 30 June 2018.

## Note 20: Information furnished under the Charitable Fundraising Act 1991 (NSW)

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

### Note 20A: Fundraising appeals conducted during the financial period

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

### Note 20B: Details of aggregated gross income and total expenses of fundraising appeals

	2018 \$	2017 \$
<b>Pink Ribbon Breakfast</b>		
Gross proceeds of fundraising appeal	19,491	22,418
Total direct costs of fundraising appeal	(4,197)	(7,952)
<b>Net surplus from fundraising appeal</b>	<b>15,294</b>	14,466
<b>Net margin from fundraising appeals</b>	<b>78%</b>	65%
<b>Donations</b>		
Gross proceeds of fundraising appeal	3,261	48,333
Total direct costs of fundraising appeal	-	-
<b>Net surplus from fundraising appeal</b>	<b>3,261</b>	48,333
<b>Net margin from fundraising appeals</b>	<b>100%</b>	100%

### Note 20C: Statement demonstrating how funds received were applied to charitable purposes

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



## Note 20D: Comparison by monetary figures and percentages

	<b>2018</b>	<b>2017</b>
	<b>\$</b>	<b>\$</b>
Total cost of fundraising appeals <sup>1</sup>	<b>4,197</b>	7,952
Gross income from fundraising appeals	<b>22,752</b>	70,751
Percentage	<b>18%</b>	11%
Net surplus from fundraising appeals	<b>18,554</b>	62,799
Gross income from fundraising appeals	<b>22,752</b>	70,751
Percentage	<b>82%</b>	89%

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

<sup>1</sup> All costs relate to the Pink Ribbon Breakfast



# APPENDIX B: MANDATORY REPORTING INFORMATION

## Advertising and market research

Cancer Australia undertook advertising in 2017–18 to provide information about cancer to health professionals and the community. Cancer Australia used market research activities to seek the community's views on the most effective methods to deliver cancer information.

During 2017–18, Cancer Australia conducted the following advertising campaigns:

- Ovarian Cancer Awareness Month
- Breast Cancer Awareness Month

Further information on these advertising campaigns is available at [canceraustralia.gov.au](http://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.

**Table B.1: Advertising agencies**

Organisation	Service Provided	Amount paid (GST inclusive)
<b>Bang Pty Ltd</b>	Online advertising for an animated video to increase awareness of the symptoms of ovarian cancer and improve knowledge about the disease during Ovarian Cancer Awareness Month	\$13,200
<b>33Creative</b>	PR agency that developed and implemented a media and social media campaign for the promotion of the Lots to Live For video breast awareness campaign for Aboriginal and Torres Strait Islander women during Breast Cancer Awareness Month.	\$20,620

## Australian National Audit Office Access

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

## Competitive tendering and contracting

All open tenders and contracts over \$10,000 (GST inclusive) awarded by Cancer Australia during 2017–18 were published on AusTender.

## Consultancies

During 2017–18, there were no new consultancy contracts entered into. Seven ongoing consultancy contracts were active during 2017–18, involving total actual expenditure of \$528,857.

Annual Reports contain information about actual expenditure on contracts for consultancies. Information on the value of contracts and consultancies is available on the AusTender website [tenders.gov.au](http://tenders.gov.au).

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 Accountability Act 2013* and regulations (including the Commonwealth Procurement Rules) and relevant internal policies.

## Disability reporting

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

The Commonwealth Disability Strategy has been overtaken by the National Disability Strategy 2010–20, which sets out a ten-year national policy framework to improve the lives of people with disability, promote participation and create a more inclusive society. A high level two-yearly report will track progress against each of the six outcome areas of the Strategy and present a picture of how people with a disability are faring. The first of these reports was made available in late 2014, and can be found at [dss.gov.au](http://dss.gov.au).

## Ecologically sustainable development and environmental performance

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

In 2017–18 Cancer Australia maintained a range of measures which contributed to ecologically sustainable development, including:

- exclusive use of ecologically friendly printer paper, paper based stationery items and cleaning products
- recycling of paper, cardboard, printer cartridges and waste
- setting printers to default to printing on both sides of the paper and in black and white
- ensuring equipment such as desktop computers, photocopiers, dishwashers and printers incorporate energy-saving features.

All buildings in which Cancer Australia leases its office accommodation have a minimum National Australian Built Environment Rating System (NABERS) energy rating of 4.5 stars.

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

## Exempt contracts

There were no contracts in excess of \$10,000 entered into by Cancer Australia during 2017–18 that were exempt from being published on AusTender due to Freedom of Information (FOI) reasons.

## External scrutiny

No judicial or administrative tribunal decisions relating to Cancer Australia were handed down during 2017–18. There were no reports by the Auditor-General on the operations of the agency, other than the report on the financial statements at Appendix A. In 2017–18 there were no reports on the operations of Cancer Australia conducted by a Parliamentary Committee or the Commonwealth Ombudsman and no capability reviews were conducted or released.

## Freedom of information

Entities subject to the *Freedom of Information Act 1982* (FOI Act) are required to publish information to the public as part of the Information Publication Scheme (IPS).

This requirement is in Part II of the FOI Act and has replaced the former requirement to publish a section 8 statement in an annual report. Each agency must display on its website a plan showing what information it publishes in accordance with the IPS requirements.

Cancer Australia displays an Information Publication Scheme Plan on its website listing the information it publishes and how it proposes to comply with IPS requirements. This is available at [canceraustralia.gov.au/IPS](http://canceraustralia.gov.au/IPS).

## Grant programs

The following grant programs were administered by Cancer Australia during the period 1 July 2017 to 30 June 2018:

- Priority-driven Collaborative Cancer Research Scheme
- Support for Cancer Clinical Trials program
- *Supporting people with cancer* Grant Initiative.

Information on grants awarded by Cancer Australia during the period 1 July 2017 to 30 June 2018 is available at [canceraustralia.gov.au](http://canceraustralia.gov.au).

## Purchasing

In 2017–18, 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 and 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.

## Small Business

Cancer Australia 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:

[finance.gov.au/procurement/statistics-on-commonwealth-purchasing-contracts/](http://finance.gov.au/procurement/statistics-on-commonwealth-purchasing-contracts/).

To ensure that Small and Medium Enterprises 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; and use of electronic systems and other processes to facilitate on-time payment performance, including the use of payment cards.

## Work health and safety

During 2017–18, the following initiatives were undertaken in relation to work health and safety.

- The First Aid Policy and Procedures were finalised.
- Influenza vaccinations were offered for all employees.
- Workstation assessments were carried out for employees.
- An Employee Assistance Program continued to be offered for employees and their immediate family members.

# APPENDIX C: CANCER AUSTRALIA ADVISORY GROUPS

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Cancer Australia's Advisory Group structure supports: the agency's leadership role in national cancer control; the fulfilment of the agency's purpose; and the delivery of the goals outlined in the Cancer Australia Strategic Plan 2014-19.

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Advisory Group members represent a broad range of expertise, experiences and sectors. Consumers are represented on all Cancer Australia Advisory Groups.

Cancer Australia values the advice and support extended to the organisation by its four Strategic Advisory Groups: the Intercollegiate Advisory Group, Research and Data Advisory Group, Australian Brain Cancer Mission Strategic Advisory Group and Leadership Group on Aboriginal and Torres Strait Islander Cancer Control.

## Intercollegiate Advisory Group

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

The group was chaired by Associate Professor Chris Milross.

## Research and Data Advisory Group

The Research and Data Advisory Group provides expert advice to Cancer Australia about the strategic and priority areas of focus in cancer research and data including: current and emerging issues in national and international cancer research and clinical trials; priorities for cancer research in Australia; national coordination and data linkage; a strategic approach to national cancer data monitoring and reporting; strategies to improve Australia's overall cancer research and data capacity; key national and international partnerships and collaborations which support Cancer Australia's leadership role in research and data, and future Cancer Australia research and data initiatives.

The group was chaired by Professor Adele Green AC.

## Australian Brain Cancer Mission Strategic Advisory Group

The Australian Brain Cancer Mission Strategic Advisory Group was established in January 2018 to provide strategic advice and guidance to Cancer Australia on achieving the Mission's goal, including: providing guidance on the alignment of key initiatives with the Mission's objectives; providing advice on emerging issues nationally and internationally to inform the work of the Mission; identifying and advising on collaborative opportunities and approaches to achieving the Mission's goal;

and identifying and advising on leveraging opportunities and investments while ensuring there is no duplication of initiatives, infrastructure or platforms.

The group was chaired by Professor Adele Green AC.

## Leadership Group on Aboriginal and Torres Strait Islander Cancer Control

The Leadership Group on Aboriginal and Torres Strait Islander Cancer Control provides strategic advice and specialist expertise in Indigenous cancer control; champions cross-sector collaboration in addressing the priorities in the National Aboriginal and Torres Strait Islander Cancer Framework; identifies and leverages opportunities to improve cancer outcomes at system, service and community levels; and identifies emerging issues of national importance in Aboriginal and Torres Strait Islander cancer control, including options to address these across multiple sectors.

The group was chaired by Professor Jacinta Elston.



**Cancer Australia also acknowledges with gratitude the contribution of its three tumour-specific Advisory Groups:**

## Breast Cancer Advisory Group

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

The group was chaired by Associate Professor Bruce Mann.

## Gynaecological Cancer Advisory Group

The Gynaecological Cancer Advisory Group provides expert advice on priorities, issues and activities related to gynaecological cancers; strategic guidance on best practice initiatives, barriers and opportunities; and identifies ways in which Cancer Australia can work effectively with all stakeholders to advance gynaecological cancer control in Australia.

The group was chaired by Professor Michael Quinn AM.

## Lung Cancer Advisory Group

The Lung Cancer Advisory Group provides expert advice on issues and activities related to lung cancer including priorities of Cancer Australia's program of work in lung cancer; strategic guidance and expertise in relation to specific projects; barriers to optimal lung cancer control; and collaborative opportunities to assist in advancing national lung cancer control activities.

The group was chaired by Associate Professor Paul Mitchell.



# APPENDIX D: LIST OF REQUIREMENTS

Part of Report	Description	Requirement	Page
Letter of transmittal	Letter of transmittal	Mandatory	iii
Aids to access	Table of contents	Mandatory	iv
	Glossary, abbreviations and acronyms	Mandatory	106–113
	Alphabetical index		114–121
	List of requirements	Mandatory	100–105
	Contact officer(s)	Mandatory	ii
	Entity's website address and electronic address for report	Mandatory	ii
Review by Accountable Authority	Review by the Accountable Authority	Mandatory	2–7
Overview of the entity	Role and functions	Mandatory	15
	Organisational structure	Mandatory	16
	Outcome and program structure	Mandatory	17
	Purpose of the entity as included in corporate plan	Mandatory	15
	Portfolio structure	Portfolio departments — mandatory	Not applicable
	Where outcome and program structures differ from Portfolio Budget Statements/Portfolio Additional Estimate Statement or other portfolio statements accompanying any other additional appropriation bills (other portfolio statements), details of variation and reasons for change	If applicable, mandatory	Not applicable

Part of Report	Description	Requirement	Page
Report on Performance — Annual Performance Statement	Annual Performance Statement	Mandatory	20–27
Report on Performance — Report on financial performance	Discussion and analysis of the department's financial performance	Mandatory	36
	Table summarising the total resources and total payments of the entity	Mandatory	30–31
	Information on any significant changes in the financial results during or after the previous or current reporting period.	If applicable, mandatory	Not applicable
Management and Accountability — Corporate Governance	Information on compliance with section 10 (fraud systems)	Mandatory	iii
	Certification by accountable authority that fraud risk assessments and fraud control plans have been prepared	Mandatory	iii
	Certification by accountable authority that appropriate mechanisms for preventing, detecting, investigating, recording and reporting fraud are in place	Mandatory	iii
	Certification by accountable authority that all reasonable measures have been taken to deal appropriately with fraud relating to the entity	Mandatory	iii
	Outline of structures and processes in place for the entity to implement principles and objectives of corporate governance	Mandatory	34–35
	Statement of significant issues reported to the Minister related to non-compliance with Finance law	If applicable, Mandatory	35

Part of Report	Description	Requirement	Page
Management and Accountability — External Scrutiny	Significant developments in external scrutiny	Mandatory	94
	Judicial decisions and decisions of administrative tribunals and by the Australian Information Commissioner	If applicable, mandatory	94
	Reports by the Auditor-General, a Parliamentary Committee, the Commonwealth Ombudsman or an agency capability review	If applicable, mandatory	94
Management and Accountability — Management of Human Resources	Assessment of effectiveness in managing and developing human resources to achieve entity objectives	Mandatory	36
	Statistics on APS employees	Mandatory	36–38
	Information on enterprise agreements, Individual Flexibility Arrangements, Australian Workplace Agreements, common law contracts and determinations under subsection 24(1) of the <i>Public Service Act 1999</i> .	Mandatory	39
	Information on the number of SES and non SES employees covered by agreements	Mandatory	39
	Salary ranges available for APS employees by classification level	Mandatory	39
	Non-salary benefits provided to employees	Mandatory	39
	Performance pay	If applicable, mandatory	39
Management and Accountability — Assets management	Assessment of effectiveness of assets management	If applicable, mandatory	Not applicable

Part of Report	Description	Requirement	Page
Management and Accountability — Purchasing	Assessment of purchasing against <i>Commonwealth Procurement Rules</i>	Mandatory	95
Management and Accountability — Consultants	Information on new consultancy services contracts let during the year; the total actual expenditure on all new consultancy contracts let during the year (inclusive of GST); the number of ongoing consultancy contracts that were entered into in a previous year; and the total actual expenditure in the reporting year on the ongoing consultancy contracts (inclusive of GST).	Mandatory	93
	A statement that “During [reporting period], [specified number] new consultancy contracts were entered into involving total actual expenditure of \$[specified million]. In addition, [specified number] ongoing consultancy contracts were active during the period, involving total actual expenditure of \$[specified million]”.	Mandatory	93
	Policies and procedures for selecting and engaging consultants and the main categories of purposes for which consultants were selected and engaged	Mandatory	93
	Statement that Annual reports contain information on actual expenditure on contracts for consultancies. Information on the value of contracts and consultancies is available on the AusTender website.	Mandatory	93

<b>Part of Report</b>	<b>Description</b>	<b>Requirement</b>	<b>Page</b>
Management and Accountability — Australian National Audit Office Access Clauses	Absence of provisions in contracts allowing access by the Auditor-General	Mandatory	93
Management and Accountability — Exempt contracts	Contracts exempted from publication in AusTender	If applicable, Mandatory	94
Management and Accountability — Small business	Statement that the entity supports small business participation in the Commonwealth Government procurement market	Mandatory	95
	Procurement initiatives to support small business	Mandatory	95
	Statement regarding importance of paying small businesses on time if entity is considered 'material in nature'	If applicable, Mandatory	Not applicable
Management and Accountability — Financial Statements	Financial Statements	Mandatory	44–90

Part of Report	Description	Requirement	Page
Other Mandatory Information	Advertising and Market Research and statement on advertising campaigns	If applicable, mandatory	92
	Statement if the entity did not conduct any advertising campaigns	If applicable, mandatory	Not applicable
	Statement regarding information on grants awarded	If applicable, Mandatory	95
	Mechanisms of disability reporting including reference to website for further information	Mandatory	93
	Reference to where entity's <i>Information Publication Scheme</i> statement can be found	Mandatory	94
	Correction of material errors in previous annual report	If applicable, mandatory	Not applicable
	Work health and safety (Schedule 2, Part 4 of the <i>Work Health and Safety Act 2011</i> )	Mandatory	95
	Ecologically sustainable development and environmental performance (Section 516A of the <i>Environment Protection and Biodiversity Conservation Act 1999</i> )	Mandatory	94



# GLOSSARY

<b>Term</b>	<b>Description</b>
<b>Burden of disease</b>	The burden of disease is a measure of the impact of living with illness and injury and dying prematurely.
<b>Cancer</b>	A term for diseases in which abnormal cells divide without control. Cancer cells can invade nearby tissues and spread through the bloodstream and lymphatic system to other parts of the body. There are several main types of cancer. Carcinoma is cancer that begins in the skin or in tissues that line or cover internal organs. Sarcoma is cancer that begins in bone, cartilage, fat, muscle, blood vessels or other connective or supportive tissue. Leukaemia is cancer that starts in blood-forming tissue such as the bone marrow and causes large numbers of abnormal blood cells to be produced and enter the bloodstream. Lymphoma and multiple myeloma are cancers that begin in the cells of the immune system.
<b>Cancer care</b>	The approach to quality care for persons living with cancer to improve their treatment experience and outcomes. It is healthcare that is patient-centric and that is respectful of, and responsive to, the preferences, needs and values of the patient.
<b>Cancer control</b>	All actions undertaken by all stakeholders that aim to reduce the burden of cancer on individuals and the community, such as research; prevention; early detection and screening; treatment; survivorship issues; palliation; education and support for people with cancer and their families; and monitoring cancer outcomes.
<b>Clinical trial</b>	Research conducted with the patient's permission, which usually involves a comparison of two or more treatments or diagnostic methods. The aim is to gain better understanding of the underlying disease process and/or methods to treat it. A clinical trial is conducted with rigorous scientific method for determining the effectiveness of a proposed treatment.

Term	Description
<b>Consumer</b>	A term that can refer to people affected by cancer; patients and potential patients; carers; organisations representing cancer consumer interests; members of the public who are targets of cancer promotion programs; and groups affected in a specific way as a result of cancer policy, treatments or services. <i>See also</i> People affected by cancer.
<b>Continuum of care</b>	The full spectrum of cancer control services from prevention and early detection efforts, through diagnosis and treatment, to rehabilitation and support services for people living with cancer and/or in palliative care.
<b>Epidemiology</b>	The study of the patterns and causes of health and disease in populations and the application of this study to improve health.
<b>Evidence-based</b>	Integrating the best available current research in information, resources and decisions relating to diagnosis, patient care and practice.
<b>Genetic testing</b>	Genetic testing is a type of medical test that identifies differences in chromosomes, genes, or proteins within the human body. Genetic testing provides medical professionals with the capacity to confirm or rule out a suspected genetic condition or help determine a person's chance of developing or passing on a genetic disorder.
<b>Gynaecological cancers</b>	Cancers of the female reproductive tract, including cancers of the uterus, ovary, cervix, vagina, vulva, placenta and fallopian tubes.
<b>Health outcome</b>	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, with either positive or neutral result(s).



<b>Term</b>	<b>Description</b>
<b>Incidence</b>	The number of new cases of a disease diagnosed each year.
<b>Invasive epithelial ovarian cancer</b>	A disease in which malignant cancer cells form in the tissue covering the ovary or lining of the fallopian tube.
<b>Low Grade Glioma</b>	<p>Low-grade gliomas are brain tumours that originate from glial cells, which support and nourish neurons in the brain. Gliomas are divided into four grades, depending on their cells' appearance under a microscope. Grade 1 and 2 gliomas are considered low-grade and are highly treatable and curable.</p> <p>Low-grade gliomas are also classified based on their location in the brain and by the kind of glial cell — astrocytes, oligodendrocytes or ependymocytes — from which they originate.</p>
<b>Mammography</b>	Mammography is specialised medical imaging that uses a low-energy x-ray system to examine the human breast for diagnosis and screening. The goal of mammography is the early detection of breast cancer, typically through detection of characteristic masses or microcalcifications.
<b>Medical history</b>	In clinical medicine, a patient's medical history is information pertaining to the patient's previous medical events and problems the person has experienced. It is an important tool in the management of a patient and diagnosis.
<b>Medulloblastoma</b>	<p>Medulloblastoma is a cancerous tumour, also called a cerebellar primitive neuroectodermal tumour (PNET). It starts in the region of the brain at the base of the skull, called the posterior fossa, then can spread to other parts of the brain and to the spinal cord.</p> <p>Medulloblastoma is the most common malignant brain tumour in children, and it accounts for about 20 percent of all childhood brain tumours.</p> <p>Survival rates in children with medulloblastoma are around 70 to 80 percent if the disease is caught before it has the opportunity to spread. If the disease has spread to the spinal cord, the survival rate is lower than 60 percent.</p>

<b>Term</b>	<b>Description</b>
<b>Melanoma</b>	A cancer of the body's cells that contain pigment (melanin), primarily affecting the skin.
<b>Non-excisional biopsy</b>	A type of biopsy that doesn't require a surgical procedure and leaves no scarring. Usually a fine needle or core needle is used to collect tissue from the patient for diagnostic testing.
<b>Oncology</b>	A branch of medicine that is focussed on the prevention, diagnosis, and treatment of cancer.
<b>Pathology</b>	The scientific study of the nature, causes and effects of disease, and the diagnosis of disease, through the analysis of tissue, cell and fluid samples. Pathology may also refer to the predicted or actual progression of disease.
<b>Patient-centred care</b>	Patient-centered care focuses on treating the person receiving healthcare with dignity, paying respect to their individual preferences. With this approach, the patient is actively involved in the planning and decision-making process when determining a healthcare plan, and a high level of communication is maintained between the patient and all care providers throughout the duration of the process.
<b>People affected by cancer</b>	People who have had a personal experience of cancer, including patients, people living with cancer, cancer survivors, caregivers and family members.
<b>Policy</b>	A plan or course of action intended to influence and determine decisions, actions and other matters.
<b>Prevention</b>	Action to reduce or eliminate the onset, causes, complications or recurrence of disease or ill health.
<b>Prostate cancer</b>	Cancer of the prostate — the male organ that sits next to the urinary bladder and contributes to semen (sperm fluid) production.
<b>Psychosocial</b>	Concerned with mental, emotional, social, and spiritual well-being, or issues relating to these states. Psychosocial treatment is intended to address psychological, social and some spiritual needs.

<b>Term</b>	<b>Description</b>
<b>Quality of life</b>	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.
<b>Screening</b>	The presumptive identification of unrecognised disease or defects by means of tests, examinations or other procedures.
<b>Support networks</b>	People on whom an individual can rely for the provision of emotional caring and concern and reinforcement of a sense of personal worth and value. Other components of support may include provision of practical or material aid, information, guidance, feedback and validation of the individual's stressful experiences and coping choices.
<b>Stakeholder</b>	Any person or organisation that has a vital interest in Cancer Australia and its operations and programs.
<b>Tumour</b>	An abnormal growth of tissue. It may be localised (benign) or invade adjacent tissues (malignant) or distant tissues (metastatic).
<b>Ultrasound</b>	An ultrasound uses high-frequency sound waves to take an image of a person's internal structure. An ultrasound helps doctors look for tumours in certain areas of the body that don't show up well on x-rays. The benefits of an ultrasound to patients is that they can usually be taken quickly and don't often require special preparation.



# ABBREVIATIONS

<b>Term</b>	<b>Description</b>
<b>the Council</b>	Cancer Australia Advisory Council
<b>ACSQHC</b>	Australian Commission on Safety and Quality in Health Care
<b>AIHW</b>	Australian Institute of Health and Welfare
<b>AIM BRAIN</b>	Access to Innovative Molecular diagnostic Profiling for paediatric brain tumours project
<b>ANZCHOG</b>	Australian and New Zealand Children's Haematology/Oncology Group
<b>APS</b>	Australian Public Service
<b>BCNA</b>	Breast Cancer Network Australia
<b>CEO</b>	Chief Executive Officer
<b>COGNO</b>	Cooperative Group for Neruro-Oncology
<b>CTGs</b>	Clinical Trials Groups
<b>DHHS</b>	Department of Health and Human Services
<b>EL</b>	Executive Level
<b>FOI</b>	Freedom of Information
<b>GST</b>	Goods and Services Tax
<b>the INBS GP Guide</b>	The investigation of a new breast symptom: a guide for General Practitioners
<b>IPS</b>	Information Publication Scheme
<b>the Mission</b>	The Australian Brain Cancer Mission
<b>MRFF</b>	Medical Research Future Fund

<b>Term</b>	<b>Description</b>
<b>NCCI</b>	National Cancer Control Indicators
<b>NTSs</b>	National Technical Services
<b>NHMRC</b>	National Health and Medical Research Council
<b>PBS</b>	Portfolio Budget Statements
<b>PdCCRS</b>	Priority-driven Collaborative Cancer Research Scheme
<b>PGPA Act</b>	<i>Public Governance, Performance and Accountability Act 2013</i>
<b>SES</b>	Senior Executive Service
<b>SME</b>	Small and Medium Enterprises
<b>STaR initiative</b>	Stage, Treatment and Recurrence initiative





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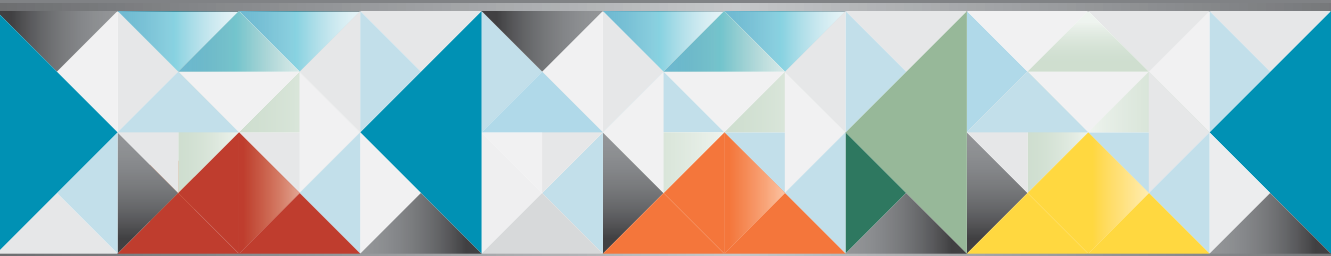
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