



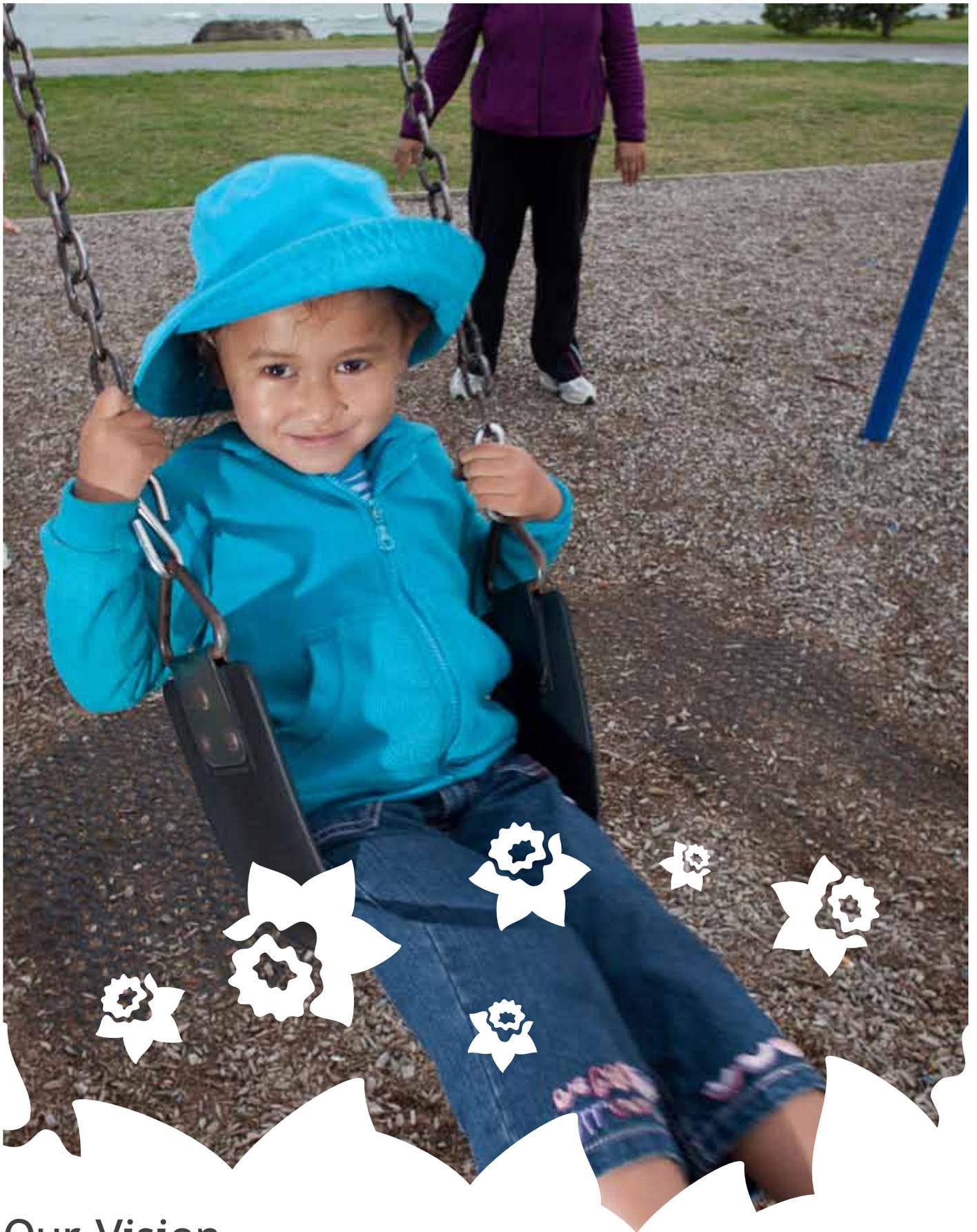
# Cancer Society

New Zealand

Te Kāhui Matepukupuku  
o Aotearoa

Cancer Society of New Zealand  
National Office

ANNUAL REPORT 2011



## Our Vision

The leading organisation dedicated to reducing the incidence of cancer and ensuring the best cancer care for everyone in New Zealand

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# President's Report

The past year has been very busy for the Cancer Society around the country. The demand for support services continued to increase and with projections for an aging population this requirement will continue to be in demand.



The Society was active in a range of Health Promotion activities around New Zealand - providing the SunSmart programme for schools, publication of information brochures, liaison with the Ministry of Health, the Cancer Control Authority, Cancer Networks and participation in the "Quit" programme, to name a few. Encouraging a healthy diet and exercise took on added importance as new research continues to show their place in reducing cancer risk.

A number of representations were made to Parliamentary Select Committees including alcohol, tobacco and food labelling.

We are always grateful to the volunteers who support the Society throughout New Zealand, assisting with all our activities from support services for cancer patients through to fundraising. The Society has adopted best practice standards for volunteering throughout New Zealand.

We continued to support research into cancer by funding eight new projects totalling \$738,880, and four scholarships of \$25,000 each. Funding research is a major component of the National Office budget and we are indebted to the members of the Scientific and Research committee who spend considerable time evaluating the wide number of applications we receive each year. There is always regret there is not sufficient funding to meet all the research applications as they are all deserving of support.

This year we marked 20 years of Daffodil Day and a partnership with our Principal Sponsor, The National Bank, for the duration. The contribution of The Bank management and staff during this time has been significant, marked by both their huge enthusiasm for the cause, and the large amount of funds raised. We are very grateful and look forward to another 20 years of partnership!

It is appropriate to record that the management and staff in Christchurch continued to support their clients, albeit in temporary facilities and without access to either their office or the accommodation lodge, which were

damaged by the earthquakes. They are to be commended for ensuring continuation of the Society's work, in such difficult situations and despite personal issues and circumstances.

Members of the advisory committees of the Society gave valuable advice to the Board over the year. Like Board members, they give their time freely and without compensation, and I acknowledge them with sincere thanks. The National Executives Committee also plays a valuable role providing advice to the Board, in addition to managing their Divisions. In this they are assisted by able and dedicated teams.

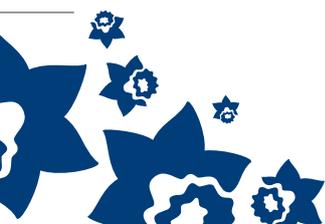
Financially, the National Office achieved a better result than the budgeted deficit and this was due to a large donation. The Society is conscious of the current economic times as we rely solely on sponsorships, donations, fundraising and bequests. To our sponsors and all those who contribute to the Society, our sincere thanks.

I acknowledge our Chief Executive, Dalton Kelly and Medical Director, Dr Chris Atkinson who work tirelessly for the benefit of the Society. Their efforts and those in the National Office team have helped to ensure that the Society remains as a charity of choice for so many throughout New Zealand. It was with great pleasure that we also acknowledged retiring National President Russell McIlroy with a Meritorious Award for his service to the Society.

Finally, to my fellow Board members, a vote of thanks for their professional and caring governance of the Society.

A handwritten signature in black ink, which appears to read 'Clive Cleland'.

**Clive Cleland**  
President  
Cancer Society of New Zealand



# Chief Executive's Report

Those of us who have been involved in the cancer sector for some time understand that each year there seem to be new challenges to address. The Canterbury earthquakes have made certain that the last twelve months in New Zealand were like no other period in our history. Our thoughts have been with our colleagues and friends in Christchurch as they work together to get their lives and businesses back on track.

A great reputation is the highest prize an organisation can own, winning the loyalty of customers and staff alike. This year for the first time, NZ Management Magazine published this country's list of Most Reputable Organisations and included categories for companies, state owned enterprises, government departments and not-for-profit organisations. The judges were senior leaders, executives and directors from across all organisation types and industry sectors in New Zealand. They selected the organisations they felt upheld the highest levels of business acumen and ethical behaviour; those with vision, robust strategies, trustworthiness and a commitment to the wider community. International consulting organisation Hay Group was very involved in the process.

In the Not-for-Profit category the results were:

- 1 Salvation Army
- 2 Cancer Society of New Zealand
- 3 Plunket
- 4 Southern Cross Healthcare Group
- 5 = Royal NZ Foundation for the Blind
- 5 = National Heart Foundation of NZ
- 5 = Royal NZ SPCA

In a sector where achievements and progress are hard to measure we were delighted with this tangible recognition.

During the year many in the organisation were involved in assessing and summarising the Society's progress and effectiveness in implementing our current strategic plan. The areas of primary focus were identified to develop a new strategic plan for the period 2010-2013. The wide ranging process and scope of the exercise showed that the plan had scored well in remaining relevant and very importantly the statements detailing the Society's mission, vision, principles and values remain as relevant now as they were at the time of drafting. Key to the work over the next three years is to have clarity and understanding about the responsibilities within our federated structure to ensure the efficient spend of each donated charitable dollar.

A very real highlight of the year was a visit to Samoa at the invitation of the Samoa Cancer Society to assist them in raising awareness of cancer in their community. According to public records in Samoa, cancer is the second highest cause of death and little is being done to improve survival rates. Their society was re-established in 2008 and all their efforts are aimed at changing this survival rate by gaining public support and buy-in from Government agencies.

The New Zealand High Commissioner, Mr Nick Hurley funded a Premiere Screening in Samoa of Kurt E - In My Blood at Magik Cinemas, Apia on 29 November with the objective of raising funds and awareness about cancer. Kurt Filiga was a New Zealand born Samoan. He was studying film and media at Victoria University Wellington. In November 2009, Kurt was diagnosed with acute myeloid leukaemia. Following his diagnosis, Kurt made a documentary of his journey and battle with cancer. Sadly, this battle was lost on 10 September 2010. He was 20 years old.

The screening was attended by Cabinet Ministers, Politicians, Government and Government Corporation CEOs, the business community and village and religious leaders. Funds raised will go towards the production of a Samoan language cancer documentary that they are hoping to launch next year.

In July we were delighted to welcome Mike Dany Chief Executive, Steve Zamzow Relay Chief of Staff and Charlie Mason Leadership Volunteer from the High Plains Division of the American Cancer Society together with Iris Pendergast, Senior Training Manager from the International Relay For Life team. Our visitors facilitated three days of workshops designed to build on what we are doing with Relay For Life in New Zealand and were very generous in sharing their knowledge. They provided Cancer Society staff and volunteers with plenty to think about along with practical information, solid and workable solutions, and gave us a renewed enthusiasm for all the work there is still to do.



It was particularly interesting to hear from High Plains on what has worked and what hasn't, and we appreciate our American colleagues' willingness to share resources in the future. Bringing together all those involved with the success of Relay For Life in New Zealand is invaluable to us all, and the structure and content of the workshops has given everyone the opportunity to continue to grow within our regions.

In support of World Cancer Day we joined with cancer organisations all over the world to raise awareness about a disease that causes millions of deaths every year. We were asked by the Union for International Cancer Control (UICC) to support their declaration on cancer. UICC's goal is to gather one million signatures, worldwide, on the declaration which is designed to highlight the growing cancer crisis and bring it to the attention of government leaders and policymakers. It will be presented to the world's leaders at the UN Summit on Non Communicable Diseases taking place in September 2011. UICC now has over 350 organisational members in more than 110 countries, with ambitions to grow this number to more than 750 members in the coming years.



# Chief Executive's Report

Encouraging men to grow a moustache and donate to Movember is making a significant contribution to the work our Society is doing in changing the face of men's health in New Zealand. The \$1 million raised in New Zealand has supported three significant prostate cancer research projects and men's health initiatives throughout the country. A little bit of hair can say so much about a man and make a real difference to their health.

Daffodil Enterprises reported a very satisfactory financial result against a backdrop of stiff competition from its multinational competitors. The Board is committed to Daffodil Enterprises attempting to influence sales through more direct advertising, emphasising our most trusted brand rather than trying to compete head on with the multinationals and their multimillion dollar marketing budgets.

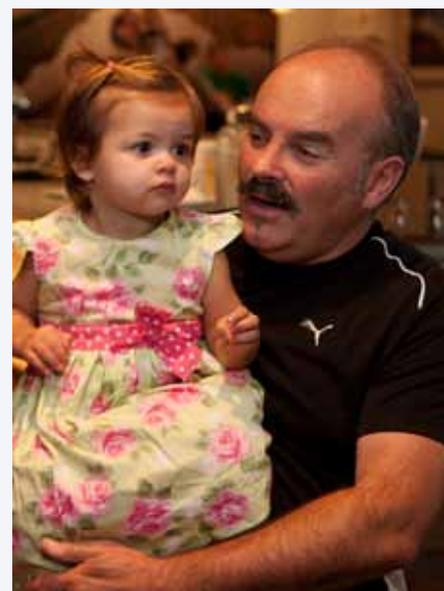
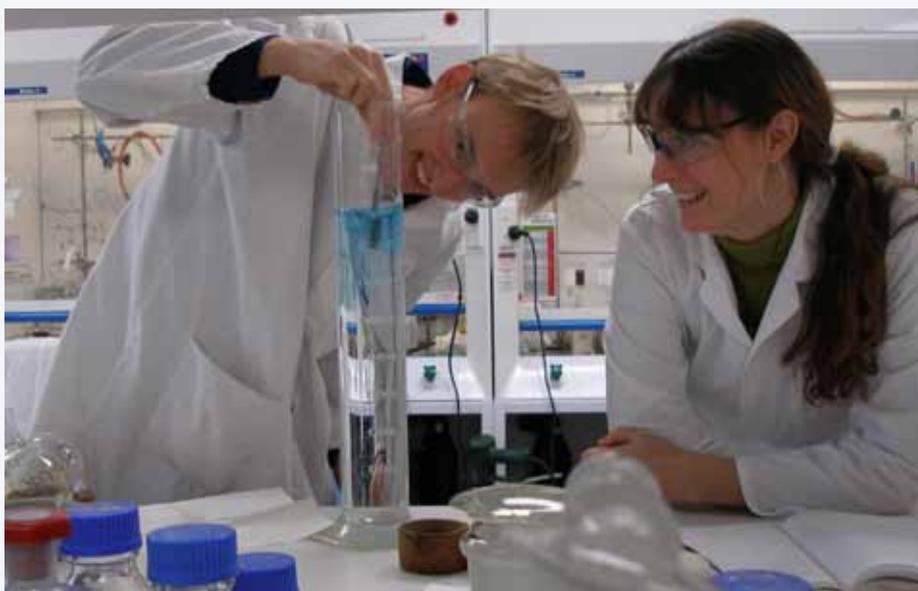
Collaboration has been a driving force for the Society over the last twelve months and we have worked with many organisations and individuals in our efforts to fight cancer. CANGO (Cancer NGO's) continues to grow as a unique coalition of the most prominent cancer organisations in New Zealand and is playing a significant role in cancer control in New Zealand.

Our many volunteers, from National Board Members to Divisions and communities throughout New Zealand, ensure that the work of the Society continues to be most effective. A special thanks to President, Clive Cleland and the National Board Members for all that they do and a special thank you to our National Office staff for responding to the challenges of a tight economy.

In the 2010/11 year cancer will be the largest killer on the planet and in New Zealand almost 20,000 people are diagnosed with cancer each year. Our work will continue to focus on reducing the incidence and impact of cancer for the benefit of patients, their carers and the wider community. We have made excellent progress in the last year but there are still many challenges ahead of us.



**Dalton Kelly**  
Chief Executive  
Cancer Society of New Zealand



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*Our work will continue to focus on reducing the incidence and impact of cancer for the benefit of patients, their carers and the wider community.*

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## National Board of the Cancer Society of New Zealand

The National Board (left to right from back) Murray Loewenthal, Murray MacCormick, Roy Cowley, Peter Hutchison with Clive Cleland and Kathy Conlan in front (absent Garry Forgeson).



## National Executives Committee

Chief Executives from around the country meet on a regular basis (left to right) Medical Director Chris Atkinson, Jan Pearson (Deputy CE National), Judy Gould (Waikato), Mike Kernaghan (Otago and Southland), John Loof (Auckland), Liz Chesterman (Canterbury-West Coast) Dalton Kelly (National), Bronwen Laurenson (Central Districts) and Roger Taylor from Wellington in front.



## National Office Staff

(left to right) Sarah Penno, Liz Hicks, Dalton Kelly, Jan Pearson, Gloria Love, Pam Hunter, Sarah Stacy-Baynes, Lynne St.Clair-Chapman, Jane Armstrong, Susan Sutcliffe, Navid Foroutan, Judith Galtry, Fiona Mawley (absent Chris Atkinson).



# Health Promotion

Our health promotion work aims to enable individuals, groups and communities to increase their control over, and improve their health.

All National Office health promotion staff work according to the current Cancer Society Strategic Plan and the World Health Organization's Ottawa Charter for Health Promotion (1986). They primarily advocate for effective public health policies and the creation of supportive environments, while supporting Division and Centre staff with advice and programmes that enable the development of personal health skills and community action for health.

Our key health promotion activities are those that are supported by evidence. Much of this evidence, for example on the physical activity and nutrition recommendations for reducing cancer risk, is generated by overseas research. However, there is also a need for local evidence relevant to New Zealand and its people, which is generated through research undertaken in New Zealand universities. In 2010 the Cancer Society Social and Behavioural Research Unit (CSSBRU) at the University of Otago completed, published and presented on a number of important health promotion projects. Its 2010 report can be found at <http://dnmeds.otago.ac.nz/departments/psm/research/sbru/reports.html>.

During 2010/11 work continued on updating information for the public, including reviewing position statements and reviewing and developing information sheets and other resources. An orientation day was held for new Division staff and a health promotion workforce development workshop was held in Wellington in October. The workshop focused on research undertaken by the CSSBRU and CSNZ staff as part of programme evaluation and personal study. It also included presentations on Division initiatives.

Health promotion activity covers both the primary prevention and screening and early detection areas of the cancer control continuum. The Society works closely with many other agencies, in both New Zealand and Australia, on tobacco control, skin cancer prevention, physical activity and nutrition, and a wide range of topics relating to screening and early detection. We also advocate for policy change, provide information, work with communities to improve their local environments, and support groups and individuals to raise their awareness of personal risk and achieve behavioural change.



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*...there is also a need for local evidence relevant to New Zealand and its people, which is generated through research undertaken in New Zealand universities.*

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## PHYSICAL ACTIVITY AND NUTRITION

During 2010/11 our advocacy work on physical activity and nutrition included making submissions to Food Standards Australia New Zealand on food labelling, the Health Select Committee on folic acid in food and the Justice and Electoral Committee on the Alcohol Reform Bill.

The strong links between alcohol and cancer suggest a need for legislative change and public education. Recognising this, our work during the year included:

- supporting Alcohol Action New Zealand, which is advocating for legislative changes to alter the environment that currently supports the misuse of alcohol
- responding to the steady stream of topical media and public enquiries
- establishing a relationship with the Alcohol Advisory Council of New Zealand (ALAC) with the aim of working more closely together in future.

We also developed and circulated a position statement and public information sheet on folate and cancer risk.

The effects of changes in the physical activity and nutrition sector in the past two years continued in 2010/11, with fewer resources and social marketing campaigns to influence healthy lifestyles. Our ongoing collaboration with other agencies at national and Divisional levels, and our involvement in the governance of Agencies for Nutrition Action, have enabled us to maintain our profile as an organisation that works to support communities and national advocacy.

We maintained our relationships with organisations such as the Heart Foundation, the Stroke Foundation, Diabetes New Zealand and Te Hotu Manawa Māori, as well as the many nutrition and physical activity organisations that deliver similar messages to ours. Divisional and Centre staff continued to network with agencies, including public health units, sports trusts, schools and marae - and collectively we made a significant contribution to committees, working parties, boards and action groups.

We also worked with the Obesity Action Coalition, Te Hotu Manawa Maori, the CSSBRU and a number of other individuals to develop a website for parents who want to discuss physical activity and nutrition issues affecting them and their children.

Called Parents Voice, this 'virtual community' is based on an Australian concept called The Parents Jury. It enables parents to discuss issues, answer surveys and become spokespeople.

[www.parentsvoice.org.nz](http://www.parentsvoice.org.nz) went live in late June 2011 in time for discussions about relevant election issues.

## TOBACCO CONTROL

In 2010 the tobacco control sector had one of its most successful years in recent times. Significant highlights included our participation in the Maori Affairs Select Committee 'inquiry into the tobacco industry in Aotearoa and the consequences of tobacco use for Maori' and the Health Select Committee inquiry into tobacco displays.

The Maori Affairs Select Committee inquiry's final report recommended some world-leading measures to tackle smoking in New Zealand. The government responded with its own report, accepting most of the recommendations with a view to either implementing them in the future or to exploring them further with an open mind.

Soon after the Health Select Committee's review of tobacco displays, the Smoke-free Environments (Controls and Enforcement) Amendment Bill was tabled in parliament. Its purpose is to: "provide for a prohibition on the display of tobacco products in retail and other sales outlets. The bill also proposes prohibition of the display, on the exterior of retail premises, of retailers' names that have the effect of advertising the availability of tobacco. It also proposes amendments intended to facilitate the enforcement of prohibitions on distribution or supply of tobacco products free of charge or at a reduced charge, and would make an infringement notice scheme available to enforce the prohibition on the sale of tobacco products to people under 18 years".

As of March 2011 the bill was proceeding through the parliamentary process. We expect it to be passed into law with strong cross-party support.

## Influencing Change

The Cancer Society was actively involved in events and advocacy efforts both preceding and during the inquiries.

We were instrumental in developing the Vision 2020 document that had a major influence on the establishment of the Maori Affairs Select Committee inquiry; and our 'Out of Sight - Out of Mind' campaign to ban tobacco displays was at the forefront of advocacy in this area. The campaign also had a key role in bringing together interested groups to advocate banning the 'power walls' of cigarettes.

We presented to both select committees in written and oral submissions and used our networks throughout the country to mobilise our communities to voice their support for tobacco control measures.

In addition to these two highlights, we remained involved in other areas of tobacco control, including the 'Smokefree Councils' project' (which encourages local councils to adopt Smokefree Outdoor Area policies) and youth and local advocacy efforts.

Today, we continue to be a major player in tobacco control, working with others in the sector to eliminate the pain and suffering caused by smoking and tobacco products in New Zealand.



## SCREENING AND EARLY DETECTION

2010/11 was a year of discussion and debate on cancer screening, largely in response to several international studies and the results of a screening focus group survey. As is always the case, the topic provoked many and varied responses among the general public and within the health profession.

Our Screening & Early Detection Operation Group identified a place for the Society as the neutral provider of balanced information on screening. After much discussion, we decided to focus on producing simple, clear and balanced information on our website, outlining both the benefits and the harms. This project is almost complete and the information should be available mid 2011.

### Revising position statements

In response to the increase in unproven screening technologies (highlighted in local thermography companies' aggressive marketing strategies), we reviewed and revised our joint position statement on the use of thermography as a breast cancer screening or diagnostic tool.

Undertaken with our partners the New Zealand Breast Cancer Foundation, the National Screening Unit and new partner the New Zealand College of Radiologists, the revised position statement triggered a flurry of media interest, with articles in most main media both for and against it.

To accompany the position statement we produced 'Thermography - Useful Facts'. This 'at a glance' description of the main issues relating to thermography has since been used extensively by some BreastScreen Aotearoa centres. As a follow-up to this debate, we are developing a new information sheet on 'New and Evolving Technologies' which should be available in 2011.

We also reviewed and revised our position statements on screening for colorectal and prostate cancer. Our National Board has formally ratified the colorectal statement and at this stage has reserved its decision on the prostate statement. Discussions continue.

### Focussing on men's health

We continued our focus on men's health, such as through our support for Central Division's 'Men to The Door' (working title) project and Wellington Division's CanWork project, a men's health initiative looking at supporting healthy lifestyle changes within the workplace.



Men to The Door is a model developed by Nelson researchers, Philip Chapman and David Mitchell, that encourages health care provider organisations to reflect on their work as it relates to men. Covering everything that we do, from research and health promotion to supportive care and volunteers, it will run until the end of 2011.

Meanwhile, our research related to men's health benefited from the Movember charity event, with the funds raised enabling us to investigate:

- how men access psycho-oncology support
- the impact of a supported exercise programme for men post-cancer treatment.

### Collaborating with others

During the year we participated in a number of collaborative initiatives with external agencies. These included:

- our ongoing work with the Gynaecological Cancer Foundation (previously the Silver Ribbon Foundation), such as supporting its media campaign during cervical cancer awareness month by offering our 0800 number as a helpline
- our continuing involvement with the Access To Medicines coalition, including several meetings with senior PHARMAC staff
- participation in a National Screening Advisory Committee working group meeting
- attending an Asian Health Forum presented by the Ministry of Ethnic Affairs
- attending a health leadership forum presented by the Public Health Association
- attending the launch of the colorectal cancer patient group, Beat Bowel Cancer Aotearoa.

### Highlighting issues

As always, we featured in a number of press releases and media interviews. As well as participating in the extensive coverage of the thermography debate, we:

- took part in interviews about the risk factors for cancer on Radio Pacific
- issued press releases on high-cost medicines
- responded to media calls about cellphones and cancer
- responded to media enquiries about research on cervical screening and breast cancer.

Looking ahead, we have started scoping a new project encouraging people to visit their GPs early. This will be a significant focus of our work in 2011.

## SKIN CANCER PREVENTION

### Discussing UV radiation

In April 2010, the National Institute of Water and Atmospheric Research (NIWA) and the Cancer Society jointly convened a workshop in Queenstown on ultraviolet radiation and its effects. Presenters and participants came from New Zealand and overseas, and included a variety of atmospheric scientists, epidemiologists and health promoters.

Skin Cancer Advisor Dr Judith Galtry gave a presentation at the workshop on the history and role of the Ultraviolet Index (UVI) as a health promotion tool in New Zealand, outlining a case for trans-Tasman consistency in its use. This presentation



- similar to one which Judith later gave at the Australian Behavioural Research in Cancer Conference - helped to stimulate discussions on the idea between the Cancer Council Australia, the New Zealand Health Sponsorship Council and the Cancer Society of New Zealand.

## Highlighting the risks and benefits of sun exposure

We also played an important role at the second New Zealand Melanoma Summit (in March 2011), at which we sponsored a keynote address by leading Australasian cancer expert, Professor Bruce Armstrong. Judith Galtry, who was also a member of the Summit's Prevention Workshop planning committee, gave a presentation on some of the controversies surrounding the development of our position statement on the risks and benefits of sun exposure in New Zealand.

On the vitamin D front, our SunSmart Operational Group developed a table on the risks and benefits of sun exposure for our website, which was later published in an article in *The Listener* and discussed on National Radio. We also worked with Consumer to prepare several articles and media releases on its sunbed sting survey of New Zealand sunbed operators. This showed low compliance among most of the operators surveyed with the voluntary Australian/New Zealand Solaria Standard, which relates to the safe use and operation of sunbeds in New Zealand.

We were involved in key national meetings on vitamin D, including the New Zealand Food Safety Authority's roundtable on vitamin D and food fortification, and Massey University's Infants, Vitamin D & Sun Exposure Symposium. We have now begun planning for our own forums, in which we'll review the current advice on

the risks and benefits of sun exposure for both the general population and particular at-risk groups (including infants).

## Attracting media coverage

As the key media contact point on issues relating to skin cancer and more recently safe and healthy sun exposure (mainly in relation to vitamin D), we had a busy and eventful year. We participated in interviews on National Radio's Nine to Noon show and featured in articles in *North & South*, *Investigate* and *The Listener*.

We were pleased to see significant media interest in our release on melanoma mortality rates, which revealed that they were much higher among men than women in New Zealand and stressed the need for men to check their skin regularly. Other high-profile media releases related to an international report predicting ozone layer recovery by mid-century (although later recovery at the poles), and a study in Queensland that showed sunscreen (when applied correctly) is effective in preventing the development of melanoma.

In another key achievement, we finalised our position statement on the screening for and early detection of skin cancer. The result of extensive internal and external consultation - and in contrast to the previous position statement - the revised version details our position on skin cancer screening, including advice on the use of mole-mapping services. We also reviewed most of our web-based information sheets on sun safety.

Finally, contributing to our evidence-based authority, Dr Judith Galtry jointly authored an article entitled *The Risks and Benefits of Sun Exposure: should skin colour or ethnicity be the main variable for communicating health promotion messages in New Zealand?* It was published in the international journal *Ethnicity & Health* 02/2011; 16(1):57-71.

# SUNSMART SCHOOLS ACCREDITATION PROGRAMME

The SunSmart Schools Accreditation Programme (SSAP) continued to grow steadily in 2010/11. As at 31 March 2011, 252 schools had applied to become SunSmart schools, and 153 of these had achieved accreditation status.

The SSAP was monitored and evaluated during the year by researchers Jan Jopson and Tony Reeder from the Cancer Society Social and Behavioural Research Unit at the University of Otago. They produced two reports:

- From Jan Jopson: SunSmart Voices: Results from site visits to 22 primary schools throughout New Zealand. The report investigated the potential barriers to, and facilitators of, meeting SSAP criteria, providing insights into how the programme and its uptake could be improved.
- From Tony Reeder: Helping NZ Primary Schools to Protect Students Against Excess Sun Exposure: A follow-up study, evaluating the National SunSmart Schools Accreditation Programme. The report documented changes in SunSmart policies and practices in New Zealand primary schools between the 2005 baseline and 2009 follow-up surveys.

The researchers concluded that primary schools in New Zealand were effectively implementing education and policy approaches to increasing sun-protective behaviours. This is an encouraging result, signalling an overall improvement in practice and policy in the four years since the SSAP was officially introduced.

However, the researchers also pointed out that New Zealand primary schools continue to face challenges in providing sun-protective environments. Ongoing support and adequate resources are needed to extend the SSAP's implementation, to ensure that all schools are encouraged to develop written policies on sun protection and implement them in their curricula, practices and environment.

The reports highlighted the role of our health promotion staff in helping schools to protect their staff and students, by providing general education within the wider community, encouraging schools to broaden their approaches to sun protection, and raising awareness of the SSAP. The reports recommended creating additional resources - both to promote the programme and for teachers in Maori and English.



## Spreading the word

Health promotion staff, locally and at National Office, continued to promote the SSAP to schools through local activities, school visits and, as schools became accredited, media releases. Nationally the programme was promoted through:

- media opportunities
- key educational magazines
- displays at relevant health and educational conferences, including the:
  - Wellington Regional Primary Principals' Association conference
  - New Zealand Principals' Association conference
  - Health Roadshow for teachers
  - SunSmart hui 'Advancing SunSmart Schools'
  - Public Health Association conference
  - Australian Health Promotion Association conference in Cairns, Australia.

Our promotional activities were also boosted by a \$100,000 grant from Telecom in 2010. Some of this money was allocated to promotional activities, such as:

- buying hats for low-decile schools applying to become SunSmart accredited. This project was well publicised both nationally and locally and increased the number of low-decile schools becoming accredited
- organising and promoting a SunSmart schools video competition, which will be completed during SunSmart week in November.

The remaining funding will go towards developing resources for schools in the next financial year.

## Communicating electronically

The new-look SunSmart Schools website was launched at the beginning of Term 3 in 2010. It's now easier to navigate, new content is easy to add, and the design is more modern and appealing. The site is also dynamic and frequently updated with the latest news and promotional events from around the country. We've received very favourable feedback on the site from visitors, while a Facebook page established to promote the programme is slowly gaining a following.

Electronic newsletters were sent to all schools each term to promote the programme and provide information on SunSmart behaviours, curriculum resources, updates to the website and local SunSmart events. A new system is enabling us to create national as well as regional-specific mail-outs.

To enhance our operations even further, we upgraded our SSAP database to:

- enable Divisions to create their own reports and help them set targets for reaching more schools
- enable schools to be recredited on a three-yearly basis and alert health promoters when this happens.

## Sharing knowledge and ideas

While the SSAP is a national programme, the SunSmart Schools Operational Group (which includes health promotion representatives from our six Divisions) ensures that it responds to the needs of schools within the Divisions. Through monthly teleconferences the team shares

ideas and practices and discusses ways to promote the programme both nationally and regionally.

The Society continues to be a member of the Australian National Schools and Preschools Working Group. This comprises representatives from each of the Australian State Cancer Councils who are working on similar school programmes. Our participation in the Group's bi-monthly teleconferences enables a valuable sharing of ideas and resources.

At the beginning of March 2011 Jane Armstrong left National Office to work on a new computer-based programme for schools. We're now fortunate to have Louise Sandford, with her extensive experience as a Health Promoter in the South Island, as part of the team.



# Supportive Care Services

The Cancer Society provides a range of support services to help people affected by cancer. The services reflect that cancer has far-reaching impacts, and that it's important for those affected, including their families/whanau, carers and friends, to know they don't need to go through the experience alone.

During 2010/11 our supportive care teams worked on a range of new initiatives to extend our reach in the community, so that those who were geographically or socially isolated, could find ways to link with others. In addition to the services provided to local communities through our Divisions and Centres we offered four national services: the Cancer Information Helpline, Cancer Connect, Living Well cancer education programme and CancerChatNZ.

## Cancer Information Helpline - free phone support

The free Cancer Information Helpline (0800 CANCER) is available throughout New Zealand to people affected by cancer, the public and health professionals. During 2010/11, our experienced cancer nurses provided up-to-date information and support to more than 10,136 callers.

Following the findings of a Helpline evaluation in 2009, we increased our focus on raising awareness of the service and promoting it widely, particularly in rural areas. As a result caller numbers increased by 8.4%.

## Cancer Connect - connecting experiences

Cancer Connect is a free, confidential telephone support service that links people affected by cancer to specially trained volunteers who have been through a similar experience. In 2010/11 these volunteers offered emotional and practical support to 162 people.

Always looking for innovative ways to improve, we're now working on a project to strengthen Cancer Connect, including a research study to determine its effectiveness.

## Living Well - cancer education programme

Living Well is an education and support programme that offers people with cancer

## KEY STATISTICS

- During 2010/2011 we provided support services for more than 7,000 people
- 10,136 calls were made to the Cancer Information Helpline
- More than 300 people attended Living Well programmes
- Cancer Connect supported 162 people
- CancerChatNZ had 140 posts
- Support Groups recorded almost 10,000 attendances
- More than 50,000 booklets and brochures were distributed
- 50 facilitators were trained for the Living Well programme

practical ways to enhance their wellbeing and build their knowledge, self-confidence and self-help skills, wherever they are in their cancer journeys. Expert speakers cover a wide range of topics, and participants benefit from being with a group of people who are going through similar experiences to their own.

Until now, a relatively low number of Maori have participated in the programme, but this is about to change. To acknowledge tangata whenua across the motu, we're developing a kaupapa Maori programme to be delivered for Maori by Maori.

Working collaboratively with iwi and Maori health providers, we've successfully piloted a programme based on Living Well and are preparing to roll out the programme nationally.

## CancerChatNZ

CancerChatNZ is an online forum for people who want to 'talk' anonymously about their experiences of cancer. It can be used by anyone who has internet access to ask questions, find information, read our nurses' blogs and email our nurses.

All posted messages are viewed by our moderators to ensure that CancerChatNZ is a supportive communication forum.

Throughout the year the supportive care team benefited from the invaluable support and guidance of the National Volunteer, Information and Support Advisory Committee. Through quarterly meetings, this volunteer committee provided a forum for information-sharing, debate and strategic and operational advice. We greatly appreciate its commitment and contribution.



# VOLUNTEERING

In 2010/11 the spirit of volunteering was demonstrated worldwide. Nations, organisations, communities and individuals responded to natural and political disasters.

New Zealand and countries such as Libya, Syria, Australia and Japan required immediate and specialised support. Beyond that we saw communities reacting instinctively, with strangers helping each other in countless ways. In Canterbury, Cancer Society volunteers continued to work wherever possible in response to the devastating earthquakes. Even now many are frustrated because they are unable to be fully functional in their support of patients and their families.

Volunteers continue to be vital to our ongoing success. Daffodil Day collectors are perhaps our most visible public face, with some celebrating 20 years' involvement with the event in August 2010. Meanwhile, committees and teams of volunteers continue to lead Relay For Life. This amazing event in which communities celebrate cancer survivors, remember those who have died, and fight back against cancer through spreading health promotion messages.

These are vibrant peaks of activity that raise our profile and generate vital dollars to support our work. But throughout the year more than 5,000 volunteers gave their time and skills in less visible, but just as important, roles - as youth ambassadors, receptionists, chairs and members of governance boards, drivers for patients, advisory committee members and coordinators of rural support groups, to name just a few examples.

Traditionally we've used the term 'volunteer services' to describe how volunteers work. Today, a new term is emerging - 'paid and volunteer staff'. This more accurately represents the way we all work as teams to deliver services. 'Volunteering' has also become a widely used term. It is defined as 'volunteers and the environment in which they operate'. In 2011, as we celebrate the International Year of the Volunteer +10, 'volunteering' is used globally to recognise the management of volunteers as a professional discipline. National Office has recognised this development by appointing a National Manager, Volunteering.



The Managers of Volunteering Working Group, representing the six Divisions, reviewed the Cancer Society's Standards for Engagement of Volunteers during 2010. As part of their implementation a simple, practical guide to volunteer management is being developed for use by staff and volunteer coordinators throughout the Society.

The ratio of paid to volunteer staff ranged between 1:29 and 1:41 during the year, and is predicted to rise during the next 12 months. Without our volunteers we would not function - our challenge is to ensure that we continue to develop meaningful roles that will increase our ability to support the needs of individuals and their families/whanau in the communities in which we operate.

“

*Volunteers continue to be vital to our ongoing success.*

”



# INFORMATION

The Cancer Society continued to extend and review its catalogue of cancer-related information in 2010/11.

Once again we focused on developing audience-focussed information, while our health promotion advisors and the editorial team, who write information for the Cancer Information Service, continued to create resources in plain English and in formats that met the audiences' differing information needs.

Key projects included:

**Bowel Cancer and Bowel Function: Practical advice.** The final in a series of resources on bowel cancer, the booklet describes how and why bowel function can change after treatment, the types of surgery undertaken, the potential post-treatment problems, ways to improve bowel function, and advice on, for example, good toileting habits, skin care, sex after surgery, and diet. It includes surgical procedure diagrams, anatomical illustrations, diet sheets, a diet troubleshooting guide and the Bristol Stool Form Scale.

We were fortunate to receive expert subject advice from New Zealand's leading specialists. The editorial team would especially like to thank Maria Stapleton, Clinical Nurse Specialist from MidCentral Health, who provided the first draft and collaborated with us throughout the booklet's development.

**Cancer in the Family.** This addition to the Living with Cancer series was developed to help people talk to their children about cancer. Comprising four parts, it covers: why, who, when, how and what to tell a child, children's typical responses according to age and developmental stage; children's thoughts and feelings, and suggestions on what to say and do, sharing experiences - good and bad - with suggested activities to help families strengthen their ties to one another, talking to children and planning for when people are not going to recover.

**Emotions and Cancer.** Another addition to the Living with Cancer series, this booklet discusses the emotional effects of cancer and provides practical suggestions on how to talk to others about cancer, treatment and how the person with cancer may be

feeling. It also covers the emotions of people caring for others with cancer. The draft booklet was reviewed by subject experts in psychology, counselling and social work.

**Breast Cancer in Men: From one man to another.** Developed for the small number of men who develop breast cancer each year, this booklet provides information on diagnosis, treatment and follow-up after treatment, with comments from a guy's personal experience. Our thanks go to Brian from Nelson for providing us with an excellent first draft.

**Cancer Clinical Trial.** This booklet was developed for people considering taking part in clinical trials. It provides information on the three phases of clinical trials, who makes sure their rights are protected, the information they'll receive if they want to take part in a clinical trial, the benefits and risks of taking part, and the questions they might like to ask before considering taking part.

We also continued to make information sheets available on our website, providing readers with summarised information along with suggestions on where to go for more. The sheets cover a variety of health-

promoting and cancer-related subjects and are reviewed every three years. New topics covered in 2010/11 included 'Supporting Young Adult Children when you have Cancer', 'Cervical Cancer', 'Ovarian Cancer', 'Uterine Cancer' and 'Managing Cancer in the Workplace'.

## Planning for the Future

The Cancer Society Strategic Plan 2011-2013 includes our Information Strategic Plan, which outlines our goals for improving the way we produce and distribute our information. The Plan focuses on ensuring that our processes include collaboration with consumers.

We now have a new 'Information Operational Group', led by National Office, which is tasked with overseeing work to meet the Plan's goals. Staff and executives have endorsed a set of principles for developing, writing and publishing information, which, as our new Writing Style Manual also does, will help our team to produce professional, consistently written and produced documents according to plain English standards.



# Communications

The Cancer Society delivered on a number of key communication projects during 2010/2011.

## External communication

As a well recognised and respected authority on all issues relating to cancer, the Society is the first port of call for most media. During the year we commented on a vast array of issues, including new research, controversial cures, sunbeds, workforce and equipment shortages, men's health, Smokefree and vitamin D. We issued 30 media releases, which can be viewed at [www.cancernz.org.nz](http://www.cancernz.org.nz).

Members of our National Office team appeared on television and radio a number of times, enhancing our professional reputation with their knowledge and expertise.

## Facebook

In a move to engage with new and different audiences, National Office set up a social network site on Facebook. To our delight the page quickly gained a following, providing a forum for the Society to have a more personal 'face'.

## Internal communication

National Office continues to publish a fortnightly email newsletter to advise Divisions of national activities and opportunities.

## November

The Movember campaign continued to raise funds for men's health, with National, Divisional and research programmes benefiting from the results.

## Advocacy

During the year the Society was a strong voice as advocate on a number of issues, particularly tobacco control. We made a number of submissions during the year and look forward to future legislation regulating the use of tobacco display stands.

## Daffodil Day

Daffodil Day 2010 was a very special occasion, as it marked a 20-year partnership with our principal sponsor The National Bank.

To mark this momentous occasion The National Bank asked its advertising agency, Dave Clark Design Associates, to revamp the Daffodil Day materials (logo, posters, collection boxes, thank you cards etc).

We are tremendously proud of the result and grateful to the Dave Clark team for all their work. The new look has been transferred to the website and will be retained for all Daffodil Day material in future.

Two celebrities added their voice to the anniversary celebrations. All Black Aaron Cruden was the 'face' of the householder envelope, while Alison Holst permitted us to print the recipe of her 'Daffodil Cake' on a commemorative tea towel.

Our thanks go to all those who supported Daffodil Day, including The National Bank of New Zealand for the support of its staff, for its help with promotions and advertising and for its dedication to the cause, Mitre 10 and Mitre 10 Mega, Robert Harris Coffee and Communic8 advertising agency.

## Relay For Life

We thank EziBuy, a longstanding supporter of Relay For Life that had a presence both on and off the track at the 16 successful Relay events in 2010.

We also thank Astra Print for providing all the printed materials - posters and programmes - as a substantial financial contribution. Coordinating the material for the different tasks is a major project in itself.

## Telecom

We're grateful to Telecom for supporting the Society through its 'Community Connection' programme. Telecom's funding enabled us to embark on a new and exciting project, in which we supplied sunhats to low-decile schools wanting to qualify for SunSmart accreditation. We also appreciate Telecom's 15% discount on our landline and mobile phone charges.

Other more general activities for the year included a photo shoot in Hawke's Bay to add to our photo library resource, and the appointment of a new printer for Daffodil Day, Soar Print Limited.



# Research

Each year grants approved for funding by the Society total over \$3 million and represent a wide range of research projects aimed at detecting and treating cancer more effectively.

## SCIENTIFIC RESEARCH GRANTS

The Cancer Society awarded the following grants in 2010/11:

### ***Targeting the CTR1 in Platinum Chemotherapy***

Associate Professor Mark McKeage and Dr Liu Johnson, The University of Auckland were awarded \$336,280 over three years to continue their studies into the mechanism of neurotoxicity, which limits the use of platinum-based chemotherapy agents commonly used in many cancers.

### ***RADAR Prostate Cancer Trial First Endpoint Reporting and Pathology Review***

Professor David Lamb and Professor Brett Delahunt, University of Otago, Wellington were awarded \$455,120 over three years to continue the previously funded RADAR trial, which is exploring the relative value of different regimes of androgen deprivation in men with prostate cancer. In addition, the massed data collection and pathological reviews in 2010/12 will lead to the first endpoint reporting, critical to the trial's success.

### ***Phase III study of Anastrozole given before and during RT vs after RT for breast cancer***

The grant round approved \$58,433 over two years for Dr Maria Pearse and Dr David Porter, Auckland City Hospital. The grant is a contribution to the funding of an Australian and New Zealand Phase III trial on the use of Anastrozole (an aromatase inhibitor) 'hormone treatment' in postmenopausal women with hormone-sensitive breast cancer who will receive both surgery and radiation treatment (RT). TROG Cancer Research is providing \$232,251, and five New Zealand sites will contribute 10% to the trans-Tasman multi-centre study.

### ***Top Gear: Trial of Preoperative Therapy for Gastric and Esophagogastric Junction Adenocarcinoma***

Funding was approved for three cancer centres (Dunedin, Christchurch and Waikato) to enter 28 patients in a Phase II collaborative Group Trial, investigating

preoperative treatment for gastric and esophagogastric junction adenocarcinoma. Dr Christopher Jackson and Dr Shaun Costello, University of Otago, Dunedin School of Medicine received a grant in aid of \$55,000 over two years.

### ***Interaction of DMXAA with oxaliplatin and paclitaxel in breast cancer cell lines***

The project will research whether DMXAA with other agents will be synergistic in effect against tamoxifen-resistant breast cancer cell lines. The grant round approved \$100,000 over two years for Dr Euphemia Leung and Professor Bruce Baguley, The University of Auckland.

### ***The Clinical Importance of Altered Chromatin Dynamics in Tumour Progression***

This project aims to better define the role of linker histone H1 and the chromatin proteins constituting the HP1 family, in tumour progression. The work will ultimately lead to the identification of new and improved therapies, thereby improving outcomes for cancer patients. Dr Tracey Hale and Dr Alejandro Contreras, Massey University were awarded \$246,091 over three years.

### ***YB-1 and Response to Chemotherapeutics in Oestrogen Receptor Negative Breast Cancers***

The grant round approved \$291,520 over two years for Dr Annette Lasham and Dr Cristin Print, The University of Auckland to investigate the role of YB-1 in breast cancer. In particular they will explore the hypothesis that YB-1 over-expression confers chemo resistance. If that hypothesis is supported by the experiments proposed, treatment to reduce YB-1 could enhance the effects of chemotherapy.

### ***Genetic and Genomic Technologies - can they help us to improve survival from prostate cancer?***

Professor Lynnette Ferguson and Dr Jonathan Masters, The University of Auckland were awarded a grant in aid of \$300,000 over two years to investigate the basic hypothesis that the risk and nature of prostate cancer in New Zealand are dependent upon the pattern of variation of specific genes.

## TRAINING SCHOLARSHIPS

The Cancer Society awarded two new scholarships to allow students to undertake advanced research in the field of cancer, leading to a Doctorate in Philosophy from a New Zealand university.

### **Taryn Osmond (Malaghan Institute of Medical Research)**

An analysis of antigen presentations by dendritic cell-based vaccines for cancer treatment.

### **Jennifer Liang (The University of Auckland, Department of General Surgery)**

Genetic and clinical implications of the 'serrated polyp pathway' in colorectal cancers.



# The Cancer Society Social and Behavioural Research Unit

The Cancer Society Social and Behavioural Research Unit works across all health promotion areas to build up and maintain the evidence base, evaluate health promotion programmes and support postgraduate students into the field. It also works with cancer survivors to develop a body of evidence on psycho-social-spiritual support needs.

In 2010/11 the Unit undertook a number of projects relating to physical activity and nutrition. They covered:

- health advocacy for active transport
- physical activity and nutrition among cancer survivors
- edible gardens in early childhood education settings in New Zealand
- edible gardens in New Zealand schools
- school gardens
- children's activity in their local environments
- an evaluation of the Southland Healthy Eating Healthy Action programme.

Skin cancer control projects covered:

- a quantification of the association between sun exposure and vitamin D status
- GPs' advice on sun exposure and vitamin D

- a systematic review of interventions for the primary prevention of skin cancer
- solar ultraviolet radiation exposure and workplace sun protection in outdoor occupational groups
- sunburn in a New Zealand population, 1994-2006
- the validity and reliability of population measures for assessing skin photosensitivity
- an evaluation of the SunSmart Schools Accreditation Programme.

Tobacco control research projects explored:

- smoking cessation perceptions and behaviours among adolescent smokers in New Zealand, 2002-2008
- access to tobacco products by New Zealand youth, 2002-2008
- youth experiences of second-hand smoke exposure in New Zealand, 2002-2008
- the density of tobacco retail outlets around schools in Otago and Southland
- the factors associated with nicotine dependence among New Zealand secondary school students
- relationships between adolescent activities, parental monitoring and adolescent daily smoking

- whether the increase in smoke-free adolescents hides a delayed uptake among young adults
- the predictors of quitting cigarette smoking among young adults.

Psycho-social-spiritual cancer research projects investigated:

- the supportive care needs of Maori and older people affected by cancer
- spirituality in New Zealand hospice care
- the factors influencing referrals to cancer support services in New Zealand
- the needs of carers of palliative care patients using Photovoice.

The Unit also produced reports on colorectal cancer control in New Zealand and perceptions of cancer risk, prevention and treatment.

For more information, visit <http://dnmeds.otago.ac.nz/departments/psm/research/sbru>.



# Structure and Governance Statement



## Origins

The Cancer Society of New Zealand Incorporated (the Society) was established in 1963.

## Organisational Structure

The Society is one of seven, the other members being Auckland, Waikato/Bay of Plenty, Central Districts (Taranaki, Wanganui, Gisborne, Hawkes Bay and Manawatu), Wellington (including Nelson and Blenheim), Canterbury-West Coast Division and Otago and Southland Divisions. Each Division is an autonomous entity. While there are main areas of activity carried out by all Divisions, each Division is free to fulfil its local role as it sees fit.

## Governance Structure

The six Divisions elect a Board that comprises a representative from each Division and a President to provide the governance supervision of the Society. The Chair of the National Finance Advisory Committee is present on the Board as a non-voting member and the Medical Director and Chief Executive attend in an ex officio capacity. Apart from the Chief Executive and Medical Director all Board members are volunteers.

## Mission Statement

Improving community well-being by reducing the incidence and impact of cancer.

## Role of the Society

The Society exists to provide one voice where appropriate on national issues. It undertakes the development and maintenance of national policies and resources to ensure consistency across the organisation. It also coordinates the research funding programme. The main purpose underlying these activities is to

achieve efficiencies that can't be obtained by Divisions working individually so leaving Divisions to focus on the local level of operations.

This work is based in the National Office in Wellington and is headed by the Chief Executive.

National advisory committees operate in the areas of finance, health promotion, support and volunteer services. The committees report to the Board but work closely with National Office staff in determining strategic direction and policy development. Assessment of applications for research grants is undertaken by the National Scientific Advisory Committee. Membership of these committees is predominantly made up of non Society experts to provide external rigour to policy/decision making.

## Funding

The Society receives no government funding. The main activity areas of scientific research, health promotion, support and volunteer services are funded by a levy on Divisions. The levy is set as a bulk amount to fund each area based on the operational plan. The bulk levy is then divided between Divisions on a population basis. Occasionally additional funding is obtained from Divisions or other sources for specific projects.

Administration costs are met by income from a small investment portfolio and from royalties and dividends from Daffodil Enterprises Ltd, the wholly owned trading company of the Society. Administration recovers from each activity area its proportionate share of National Office operating costs.

## Sponsorship

For 20 years, The National Bank has provided major support through its sponsorship of Daffodil Day and the fundraising efforts of its staff. All funds raised from Daffodil Day are returned to Divisions.

## Financial Reporting

It is important to note that the financial statements in this report reflect the activities of the National Office only. The Divisions, being autonomous organisations, publish their own independent financial statements. These financial statements are not consolidated with those of the National Office because the National Office is a separate entity.



# Financial Statements

This is a summary of the financial statements of the Cancer Society of New Zealand Incorporated, for the year ended 31 March 2011.

## SUMMARY FOR THE YEAR ENDING 31ST MARCH 2011

The information was extracted from the full financial statements as audited by Deloitte Wellington, which were approved by the board on 19th August 2011.

The audit report was qualified in the full financial statements in respect of certain income from donations, bequests, Daffodil Day activities and other fund-

raising activities. This qualification is referred to in the Audit Report attached to these financial statements. Those full financial statements comply with Generally Accepted Accounting Practices in New Zealand (NZ GAAP).

They comply with the New Zealand equivalents to International Financial

Reporting Standards (NZ IFRS) and other applicable Financial Reporting Standards, as appropriate for public benefit entities.

The accounts are available on application to the Cancer Society of New Zealand Incorporated at PO Box 12700, Wellington.

## Audit Report

Independent Auditor's Report on the summary financial statements to the National Board of the Cancer Society of New Zealand Incorporated

### Report on the Summary Financial Statements

The accompanying summary financial statements of The Cancer Society of New Zealand Incorporated and Group (the 'Society and Group') on page 19 which comprise the summary balance sheet as at 31 March 2011, the summary income statement, and the summary statement of cash flows, for the year then ended, are derived from the audited financial statements of the Society and Group for the year ended 31 March 2011. We expressed a qualified audit opinion on those financial statements in our report dated 21 July 2011.

The summary financial statements do not contain all the disclosures required for full financial statements under generally accepted accounting practice in New Zealand. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of the Society and Group.

This report is made solely to the National Board, as a body. Our audit has been undertaken so that we might state to the

Trustees those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Trustees as a body, for our audit work, for this report, or for the opinions we have formed.

### National Board's Responsibility for the Summary Financial Statements

The National Board are responsible for the preparation of a summary of the audited financial statements, in accordance with FRS-43: Summary Financial Statements.

### Auditor's Responsibility

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with International Standards on Auditing (New Zealand) (ISA (NZ)) 810: Engagements to Report on Summary Financial Statements.

Other than in our capacity as auditor, we have no relationship with or interests in the Society and Group.

### Opinion

In our opinion, the summary financial statements derived from the audited financial statements of the Society and Group for the year ended 31 March 2011 are consistent, in all material respects, with those financial statements, in accordance with FRS-43: Summary Financial Statements.



Chartered Accountants  
21 July 2011  
Wellington, New Zealand



# Cancer Society of New Zealand Incorporated

Financial Summary for the year ending 31st March 2011

Summary Income Statement As at 31 March 2011		Group		Parent	
	2011 \$000	2010 \$000	2011 \$000	2010 \$000	
Royalties/Sales/Advertising Support	968	1,046	277	290	
Income from Divisional Levies	2,900	2,900	2,900	2,900	
Donations and Grants	639	454	640	454	
Management fee from Daffodil Enterprises Limited	-	-	62	62	
Daffodil Day	339	342	339	342	
Investment Income	458	472	749	517	
Sundry Income	48	41	38	28	
<b>TOTAL INCOME</b>	<b>5,352</b>	<b>5,255</b>	<b>5,005</b>	<b>4,593</b>	
Daffodil Enterprises Expenditure	392	471	-	-	
National Initiatives	189	316	190	316	
Scientific Research	1,820	2,420	1,820	2,420	
Health Promotion	401	486	401	486	
Support and Volunteer Services	375	374	375	374	
Communications	47	97	47	97	
M & I Lang Trust Training Fellowship	37	47	37	47	
Daffodil Day Expenditure	339	342	339	342	
Salaries	1,205	1,194	1,205	1,194	
Administration	291	300	289	300	
Rent	77	77	77	77	
Audit Fee	21	10	21	10	
Business Development	43	33	43	33	
Depreciation	29	28	29	28	
<b>TOTAL EXPENSES</b>	<b>5,266</b>	<b>6,195</b>	<b>4,873</b>	<b>5,724</b>	
<b>NET OPERATING SURPLUS (DEFICIT)</b>	<b>86</b>	<b>(940)</b>	<b>132</b>	<b>(1,131)</b>	
<b>Summary Balance Sheet As at 31 March 2011</b>		<b>Group</b>		<b>Parent</b>	
	2011 \$000	2010 \$000	2011 \$000	2010 \$000	
Current Assets	3,231	3,457	2,760	2,931	
Non Current Assets	4,673	4,757	4,675	4,757	
<b>TOTAL ASSETS</b>	<b>7,904</b>	<b>8,214</b>	<b>7,435</b>	<b>7,688</b>	
Current Liabilities	1,625	2,022	1,571	1,956	
Net Assets	6,278	6,192	5,864	5,732	
<i>Represented by:</i>					
<b>TOTAL EQUITY</b>	<b>6,278</b>	<b>6,192</b>	<b>5,864</b>	<b>5,732</b>	
<b>Statement of Cash Flows For the Year Ended 31 March 2011</b>		<b>Consolidated 2011</b>		<b>Parent 2011</b>	
Cashflows from Operations					
Cash Inflows from Operating Activities		4,992,28		4,654,761	
Payments to Suppliers and GST		(5,343,038)		(4,916,098)	
<b>Cash Inflows/(Outflows) from Operations</b>		<b>(350,757)</b>		<b>(261,337)</b>	
Cashflows from Investing Activities					
Proceeds from sale of financial assets		501,824		501,824	
Purchase of property, plant and equipment		(32,705)		(32,705)	
Payments to acquire financial assets		(500,000)		(500,000)	
<b>Cash Onflows/(Outflows) from Investing Activities</b>		<b>(30,881)</b>		<b>(30,881)</b>	
Cashflows from Financing Activities					
Receipts from Division Advance		100,000		100,000	
<b>Cash Inflows/(Outflows) from Financing Activities</b>		<b>100,000</b>		<b>100,000</b>	
Opening Cash Balance		2,871,591		2,325,810	
Closing Cash Balance		2,589,953		2,133,592	



# Elected Officers

## PRESIDENT

Mr Clive Cleland

## NATIONAL BOARD REPRESENTATIVES

### *Auckland Division*

Mr Murray MacCormick

### *Waikato/Bay of Plenty*

Mr Murray Loewenthal

### *Central Districts Division*

Dr Garry Forgeson

### *Wellington Division*

Mr Roy Cowley

### *Canterbury-West Coast Division*

Ms Kathy Conlan

### *Otago and Southland Division*

Mr Peter Hutchison

## MERITORIOUS AWARD RECIPIENTS

Mr William Kelso

Dr David Perez

Dr Peter Fitzgerald

Dr David Becroft

Assoc Prof Chris Atkinson

Mr Athol Hutton

Mr Anthony Finnegan

Mr Tony Schramm

Mr Geoff Clatworthy

Mr Carrick Davidson

Mr Richard Gray

Mr Brian Tyler

Ms Kate Reid

Dr Simon Allan

Mr Russell McIlroy

## ELECTED OFFICERS

### *National Finance Advisory Committee Chair*

Mr David McCone

## APPOINTED OFFICERS

### *National Health Promotion Advisory*

*Committee Chair*

Ms Ann Shaw

### *National Scientific Advisory Committee*

*Chair*

Prof Brett Delahunt

*National Volunteer, Information and Support Services Committee Chair*  
Inga O'Brien

## PAST PRESIDENTS

Sir James Elliot

1925 - 1955

Dr P Lynch

1956 - 1957

Mr L A Bennett

1958 - 1959

Professor Eric D'Ath

1960 - 1961

Mr J Maxwell Clarke

1962 - 1963

Mr R O'Regan

1964 - 1965

Mr J K Davidson

1966 - 1968

Mr H Gaudin

1967 - 1970

Mr J M Tyler

1971 - 1972

Mr C T Collins

1973 - 1974

Mr Arthur Ibbotson

1975 - 1976

Mr G W Holland

1977 - 1978

Mr E Gifford

1979 - 1980

Dr D W Urquhart

1981 - 1982

Mr B Prior

1983 - 1984

Mr John Heslop

1985 - 1986

Dr P R Kelleher

1987 - 1988

Mr Don Carnachan

1989 - 1990

Dr Chris Atkinson

1991 - 1994

Prof John Blennerhassett

1995 - 1996

Mr John Kelly

1997 - 2000

Dr David Perez

2001 - 2010

Mr Richard Gray

2003 - 2006

Russell McIlroy

2007 - 2010

## LIFE MEMBERS

Mr B C Prior

Professor John Galvin

Mr John Heslop

Dr Pat Kelleher

Dr Allan Gray

Professor B Heslop

Dr Peter Fitzgerald

## AUDITORS

Deloitte

10 Brandon Street

Wellington

## SOLICITORS

Brandons

32 The Terrace

Wellington

Duncan Cotterill

50 Customhouse Quay

Wellington

## BANKERS

The National Bank of NZ Ltd

PO Box 2846

Wellington

## NATIONAL OFFICE STAFF

### *Chief Executive*

Dalton Kelly

### *Medical Director*

Associate Professor Chris Atkinson

### *Deputy Chief Executive/Health*

*Promotion Manager*

Dr Jan Pearson

### *National Communications Manager*

Lynne St. Clair-Chapman

### *National Manager Supportive Care*

Susan Sutcliffe

### *Health Promotion Advisor (Screening & Early Detection)*

Sarah Penno

### *Health Promotion Advisor (Tobacco Control)*

Navid Foroutan

### *Health Promotion Advisor (Skin Cancer Prevention)*

Dr Judith Galtry

### *Health Promotion Advisor (SunSmart Schools and Pre Schools)*

Jane Armstrong

### *National Information Manager*

Sarah Stacy-Baynes

### *National Manager Volunteering*

Liz Hicks

### *Office Manager*

Pam Hunter

### *Secretary/Accounts Assistant*

Gloria Love

## DAFFODIL ENTERPRISES STAFF

### *Marketing Manager*

Fiona Mawley





## Our Mission

Improving community well-being by reducing the incidence and impact of cancer through the provision of health promotion, support services information and research



# Cancer Society New Zealand

Te Kāhui Matepukupuku  
o Aotearoa

**ANY CANCER, ANY QUESTION**  
**0800 CANCER (226 237)**  
**Cancer Information Helpline**

**[www.cancernz.org.nz](http://www.cancernz.org.nz)**

## **National Office**

**A** Level 2 Red Cross House  
69 Molesworth Street  
Thorndon  
PO Box 12 700,  
Wellington 6144  
**T** (04) 494 7270  
**F** (04) 494 7271