



2019 Annual Report

Pūrongo ā-tau

Our Mission

The Cancer Society aims to reduce the incidence and impact of cancer and our objectives include:

- supporting and funding research within New Zealand into the prevention, treatment and cure of cancer
- providing supportive care and information to people affected by cancer, their families/whānau and carers
- promoting education about cancer for health professionals and publicising progress made in research and treatment
- delivering health promotion programmes focused on cancer prevention
- leading advocacy across the cancer continuum
- working collaboratively with organisations who share similar goals to the Cancer Society.

“With knowledge and understanding comes wellness”

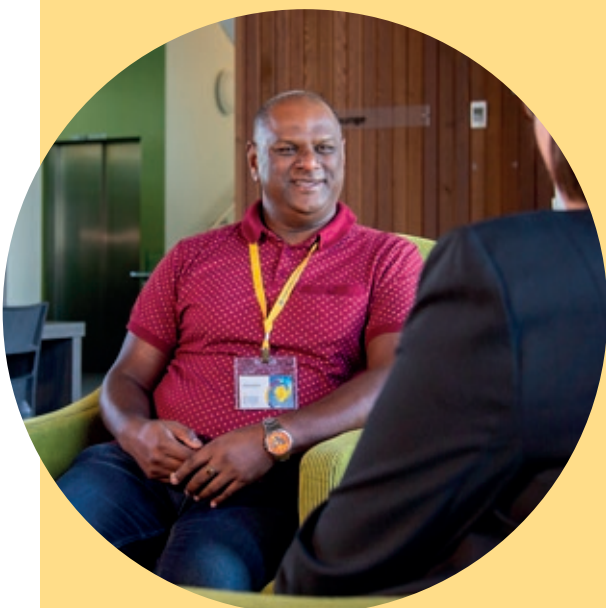


Tō mātou koromakinga

Tūmanakotia e te Kāhui Matepukupuku, te whakaiti i te pupūtanga me te papātanga o te matepukupuku, ā, kei roto ēnei e whai ake nei, i ō mātou whāinga:

- tautoko me te whakapūtea mahi rangahau ki roto o Aotearoa mō te āraitanga, te maimoatanga me te mahi whakaoranga i te matepukupuku
- hoatu atawhai tautoko me te pārongo ki te hunga e pāngia ana ki te matepukupuku, ki ō rātou whānau me ō rātou kaitiaki hoki
- whakatairanga mātauranga e pā ana ki te matepukupuku mā ngā ngaio hauora me te pānui i ngā kaunekenga kua puta i ngā mahi rangahau, maimoa hoki
- whakarato hōtaka whakatairanga hauora e arotahi ana ki te āraitanga matepukupuku
- arahanga mahi whaitaua whiti noa i te mekameka matepukupuku
- mahi ngātahi me ngā whakahaere rite ai ō rātou whāinga ki ērā o te Kāhui Matepukupuku.

**“Mā te mōhio, mā te mātau,
ka kitea he oranga”**



National leadership Kaiārahitanga ā-motu

The need to be a strong advocate for cancer treatment and prevention

We know the status quo is not enough in the cancer space and we need to change the system.

New Zealand's largest cancer policy conference in 20 years took place earlier this year. It brought together key players in cancer care and prevention from New Zealand and overseas, to develop solutions. The Cancer Society partnered with the University of Otago, Ministry of Health and the New Zealand Society for Oncology to hold the event. The objective to gain the political will to prioritise cancer treatment and prevention was achieved by the Minister of Health's public announcement to develop a national plan.

Our position as a non-government-funded organisation advocating for all people all cancers is an effective one. We use our voice to work strategically, and are currently advising on the funding and structure of New Zealand's future cancer care and prevention system.

A global response to cancer

We are part of a global response to cancer and this year we funded research on comparable data between New Zealand and a number of other countries under the International Cancer Benchmarking Partnership (ICBP). This is now providing us with important evidence to track our progress and effectiveness in cancer care. It is clear from the published results to date that New Zealand is falling further behind comparable countries in outcomes for people with a cancer diagnosis.

A responsive, strategic approach

We strive to be effective in all we do and to remain so for future generations by being a respectful employer looking after paid and volunteer staff and their well-being. We aim to be visible and responsive to the needs of New Zealanders, now and into the future. In order to live up to this approach we are changing how we have traditionally done things. It requires us to be even more effective with our

strategic direction. In early 2019 we engaged Ernst & Young to take us through a strategic planning exercise. This is an important process to support us in becoming the effective, future-focused organisation we need to be.

Focusing on cancer prevention

Our involvement as a founding member of the newly created Health Coalition Aotearoa will amplify our work in cancer prevention.

This year we sponsored the NIWA Summit on UV and the Melanoma Summit. Combined with a busy time in our SunSmart campaigning and the increasing number of educators doing our SunSmart module, these activities reinforced our role in the area of sun safety this year.

A focus on reducing the availability of tobacco retailers saw us presenting to Parliament on World Smokefree Day. Campaigning alongside others in the tobacco control area, Associate Minister of Health Jenny Salesa committed to developing an action plan to achieve the Smokefree 2025 targets and the Smoke-free Environments (Prohibit Smoking in Motor Vehicles Carrying Children).

Information provision

Reviewing our publication printing process and setting up a new print-on-demand system have ensured we can continue to produce high-quality, well respected publications and easy-to-understand information on cancer treatment and prevention. We distribute 50,000 copies of publications every year. The new system will streamline and modernise our processes, bringing cost efficiencies to our Divisions.

Supportive care

We are part of the National Travel Assistance Scheme review and have been pleased with the outcomes. However, our clients continue to be affected by funding barriers and we strongly advocate for shorter rollout times for this assistance.



National leadership Kaiārahitanga ā-motu

Workforce development

Key to developing federation consistency and upskilling our staff, three national training hui were held for each of: supportive care, health promotion and volunteering staff.

New volunteer management system

Our new system provides a way for us to better engage with volunteers, provide volunteer statistics and automate some manual processes. This is a positive step towards being a more digital organisation.

Fundraising

We achieved an outstanding result in our fundraising this year and we want to thank our volunteers and the many New Zealanders who donate. We can only do our work because of the generosity and support we get.

ANZ and its staff continued to support us as our major sponsor and valuable contributor to our work.

The work we do is important and we do it alongside many volunteers whose valuable contributions make a big difference. Thank you to them and to staff for your hard work and commitment.



Peter Hutchison - Board Chair



Mike Kernaghan - Chief Executive

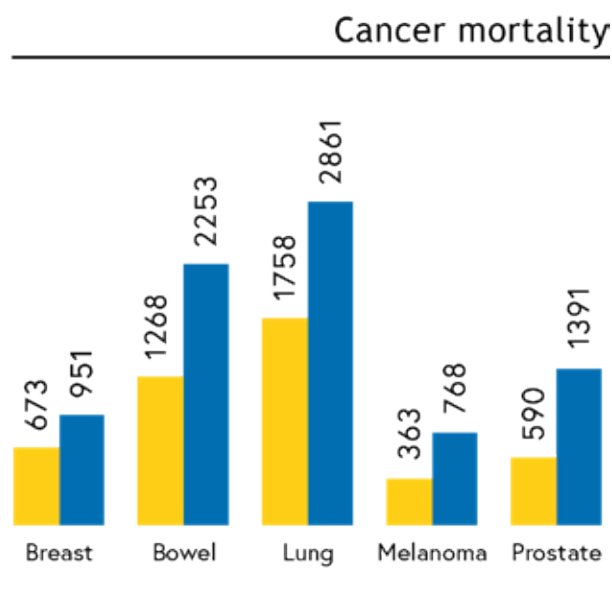
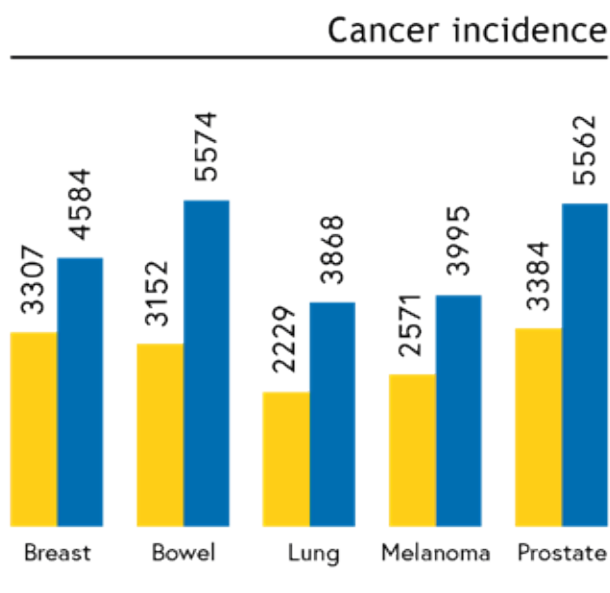
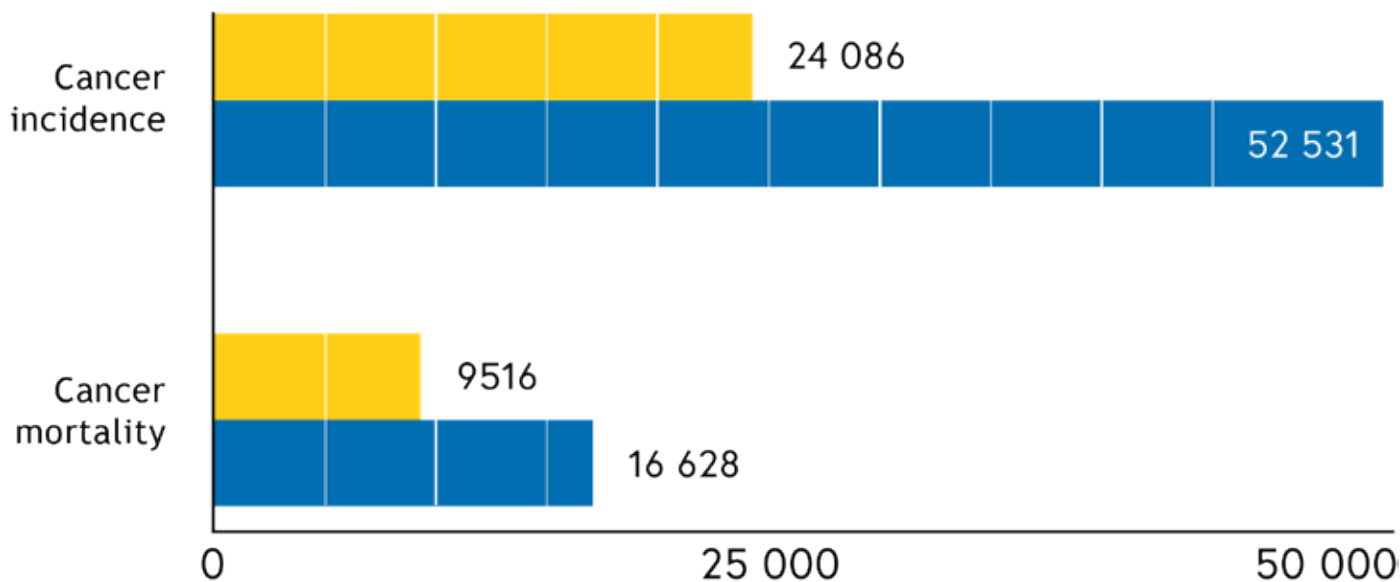


Dr Chris Jackson - Medical Director

The current environment

Te taiao mohoa

New Zealand cancer incidence and mortality



Note: Rates are expressed per 100,000

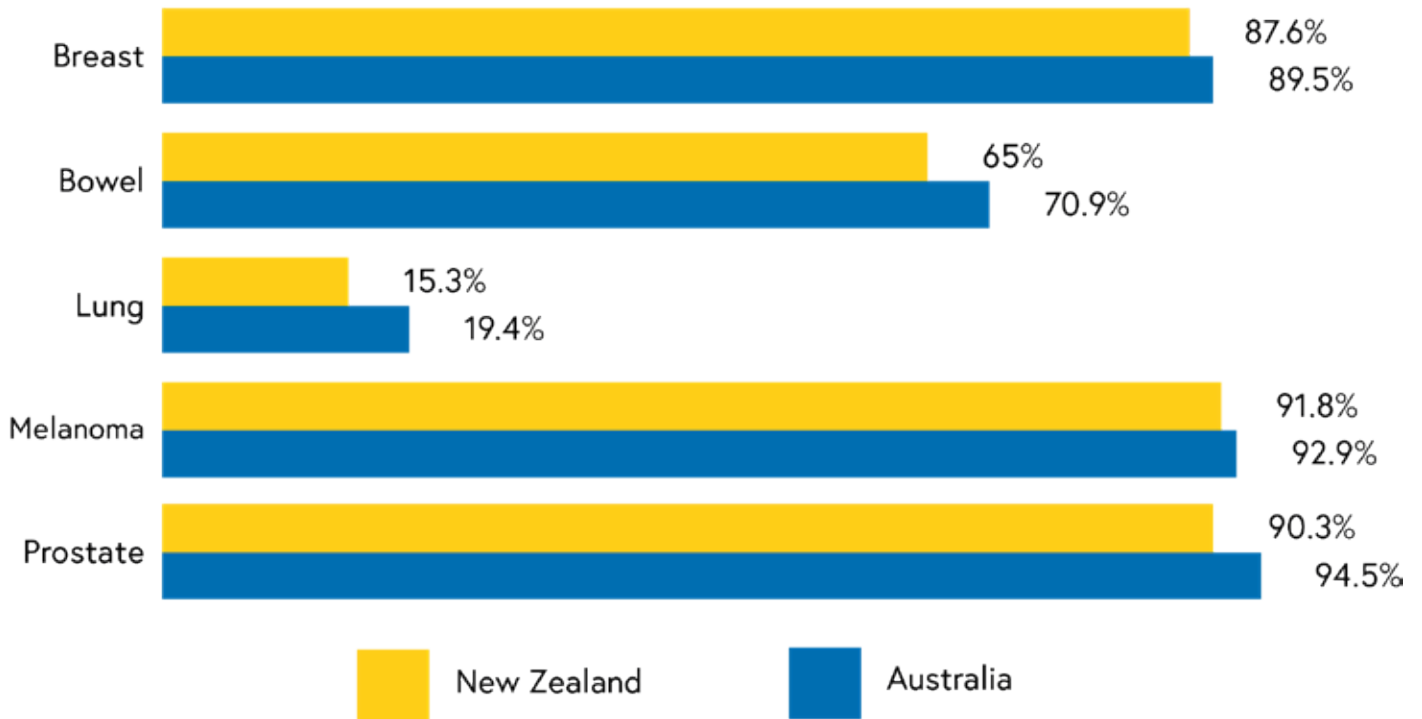
Sources:

New Zealand Cancer Registry and New Zealand Mortality Collection, 2019
 CONCORD-3 Study, Global Survival Group of London School of Hygiene and Tropical Medicine, 2018
 Global Cancer Observatory, International Agency for Research on Cancer, 2018
 Chelimo C, Casswell S. Effect of alcohol consumption on cancer risk: A review of meta-analyses (2007-2013)

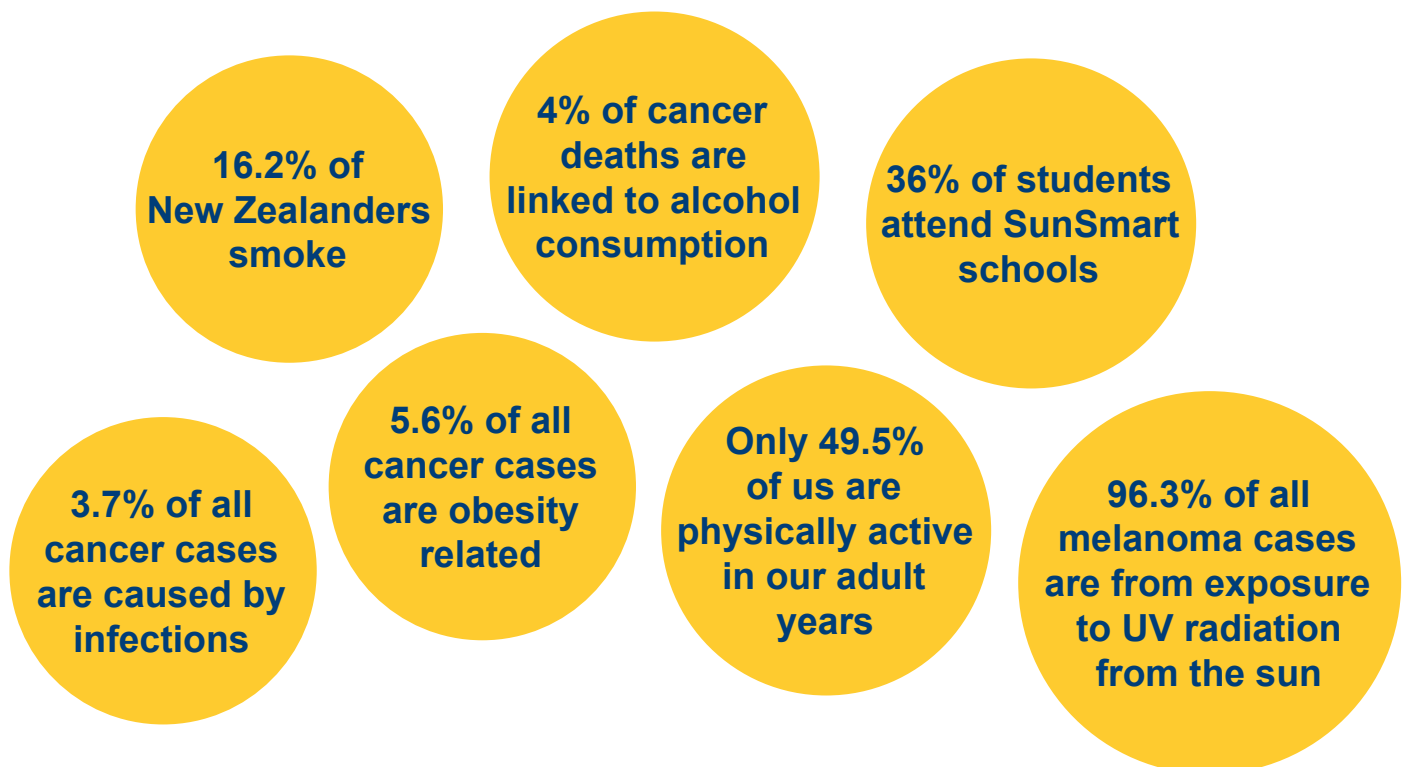
The current environment

Te taiao mohoa

Five-year net survival rate (2010 - 2014) Australia vs New Zealand



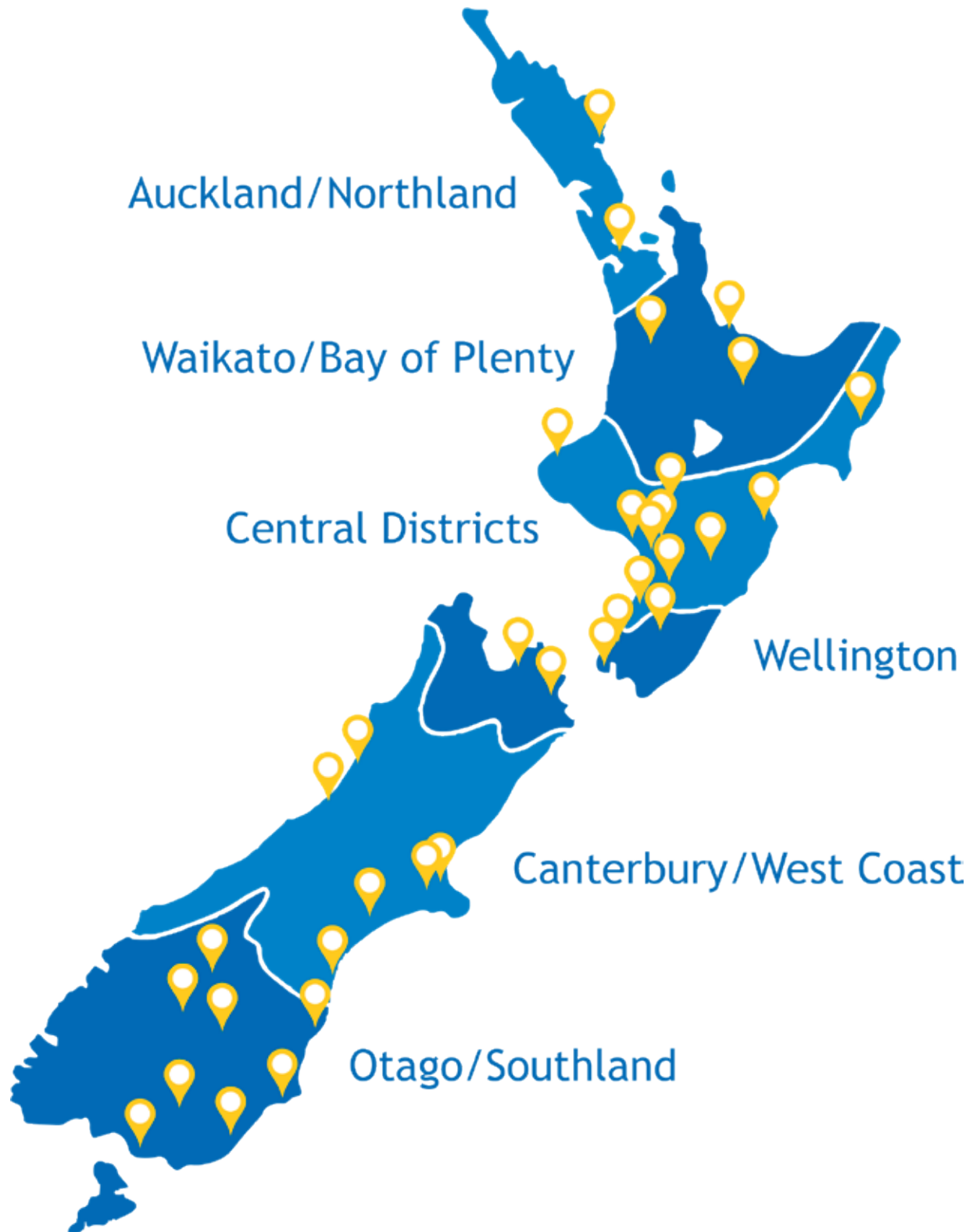
Many cancers are preventable



The Cancer Society in New Zealand Te Kāhui Matepukupuku o Aotearoa

The Cancer Society is a federation consisting of a National Office and six Divisions with 34 offices. The Divisions deliver care and support to people affected by cancer in their communities.

Each Division is represented on the National Board that governs the Cancer Society of New Zealand and its operative arm, the National Office. The National Office has a key advocacy and national co-ordination role working closely with our Divisions to support what they do. This map shows where we are located.



The national picture

Te āhua ā-motu



831659

visits to cancernz.org.nz

52766

Facebook followers

51726

Facebook likes



50417

individual publications
printed



106807

client contacts



1046683

total kilometres driven by the
Volunteer Driving Services

8072

0800 Cancer Calls



4.8

million dollars
spent on research

47984

patient night stays in Cancer
Society accommodation



14882

programme
attendees

Cancer research funding

Tahua rangahau matepukupuku

Thanks to the generous support of our donors, the Cancer Society invested \$62,285,907 into research, nationally, over the last 10 years. For the 2018/19 year CSNZ invested \$392,000 into the Cancer Society Social and Behavioural Research Unit (CSSBRU) and \$1,553,766 into project grants and scholarships.

2018 Cancer Society Social and Behavioural Research Unit grant

This was the last year funding was provided to the CSSBRU, as the fund has been made contestable from 2019. The CSSBRU works in key areas such as:

- tobacco control
- supportive care in cancer
- UV radiation studies
- health-related policy in national sporting organisations.

One project carried out this year explored returning to work after a cancer diagnosis. It looked at the experiences, facilitators, barriers and impacts of cancer on people's return to work after diagnosis and treatment. See more about the work of the unit in its 2018 annual report here:

<https://www.otago.ac.nz/sbru/otago709074.pdf>.

Project grants and PhD scholarships

Could a combination of existing therapies be used to treat acute myeloid leukaemia?

Dr Julia Horsfield | University of Otago | \$296,180



Acute myeloid leukaemia (AML) is an aggressive cancer of the bone marrow. Little is known about mutations of AML and treatment has been relatively unchanged over the last 30 years. Dr Horsfield's team looked at whether a combination of existing drugs could be effective in treating AML.

After identifying combinations of genetic mutations that either cause cancer growth or prevent cancer growth, they used different combinations of existing drugs to target these genetic mutations to determine whether using a 'precision medicine' strategy is more

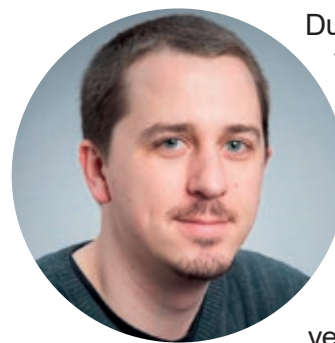
effective than standard treatment in preventing cancer growth.

This study is helpful in providing insight into the origins of leukaemia and may help identify new personalised therapies for people with AML.



Identifying compounds with anti-cancer properties from New Zealand soil

Dr Mark Calcott | Victoria University of Wellington | \$214,776



Duocarmycins are a small family of very toxic natural products that hold great potential as anti-cancer agents. Only four naturally occurring compounds of the duocarmycin family have been discovered since first known nearly 40 years ago.

This study used a new method for discovering duocarmycin compounds from New Zealand soils.

Once the researchers isolated the compounds they characterised and tested for anti-cancer properties. These targeted methods could aid the discovery of new duocarmycin compounds, which could then be used as the basis for designing new anti-cancer drugs.

Cancer research funding

Tahua rangahau matepukupuku

Investigating the effect of vitamin C in bowel cancer

Gabi Dachs, Elisabeth Phillips | University of Otago, Christchurch | \$78,889

Vitamin C is essential for a number of cellular functions which impact other areas such as mood stability and tumour aggression. Recent discoveries focused attention on the role of vitamin C in cancer progression and treatment.



However, not all molecular pathways important for cancer progression that depend on vitamin C, were identified.

Within the laboratory, these researchers are identifying and quantifying the proteins that change in cancer cells grown with vitamin C. They compared these

to proteins from cancer cells that were not exposed to vitamin C. The results will enable the researchers to identify proteins in future patient samples. Identifying the molecular pathways associated with vitamin C in cancer will help us understand its potential role in cancer treatment.

How do tumours spread to other parts of the body?

Dr Sarah Diermeier | University of Otago | \$194,223

Long non-coding RNAs (lncRNAs) are molecules that help turn genes on and off in different cells. Previous research found that one specific lncRNA was more active in breast cancer cells than normal breast cells.



Dr Sarah Diermeier and her team theorise that this highly active lncRNA molecule found in breast cancer cells, contributes to the spread of the tumour to other parts of the body. The researchers

have examined the lncRNA molecule in a laboratory setting to see what effects these molecules have on breast cancer cells. Increased understanding of this research area could lead to finding treatments that potentially slow or stop the spread of cancer to other parts of the body.

Identifying new drugs for prostate cancer therapy

Dr Catherine Drummond | University of Otago | \$241,659

Prostate cancer accounts for 27% of all male cancers. The poor survival rate of patients with prostate cancer that has spread to other parts of the body highlights the need for more effective treatments.



Previous research shows that a protein called $\Delta 133p53\beta$ is highly expressed in some cancer types and promotes cancer growth when dysregulated. It may play a role in prostate cancer. Dr Drummond's team are developing a strategy for identifying $\Delta 133p53\beta$ inhibitors and testing a number of clinically approved drugs for their ability to inhibit this protein.

If successful, this research could lead to the first known $\Delta 133p53\beta$ inhibitors and provide therapeutic benefit for treating prostate cancer patients.

Using genetics to identify possible new skin cancer treatments

Dr Francis Hunter | The University of Auckland | \$221,527

New Zealand has the highest rates of malignant melanoma (an aggressive type of skin cancer) in the world. Previous studies have shown that some malignant melanomas are caused by alterations within the NRAS gene and are associated with a high risk of the disease spreading to the brain.



This research will compare melanoma cells with the altered NRAS gene to melanoma cells without the altered NRAS gene to find genetic dependencies in these cells that may be open to new treatments. If the research group discover genetic vulnerabilities within the melanoma cells, these could present potential new drug targets to aid future treatment of the disease.

Cancer research funding

Tahua rangahau matepukupuku

Why do brain tumour cells survive after radiation and chemotherapy?

Dr Melanie McConnell | Victoria University of Wellington | \$160,512

Glioblastoma is a type of brain tumour that is very difficult to treat, in part because cells do not die after radiation and chemotherapy. One reason for this is a factor called BCL6, which is normally involved in the development of the immune system. Previous studies have shown that BCL6 is not found in normal brain cells, but it keeps glioblastoma cells alive during radiation and chemotherapy. Dr. McConnell and her team are looking at how BCL6 works in glioblastoma cells.



People diagnosed with glioblastoma usually have a very poor prognosis due to a lack of response to therapy. This study will help improve their understanding of how BCL6 allows glioblastoma to survive therapy

Analysing DNA in women with vulval cancer

Dr Susan Bigby | The University of Auckland | \$21,000



Vulval cancer is potentially debilitating and the underlying molecular changes that allow cancer to develop are unclear. Approximately 20% of women develop a second cancer and it is unclear if the second cancer is related to the first.

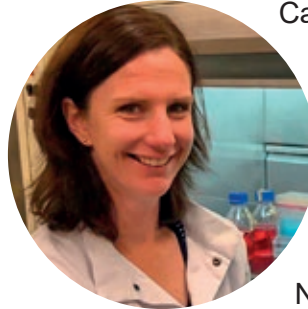
The researchers are looking at DNA from women with vulval cancer and hope to find changes in their DNA that may have caused their cancer. They will also compare DNA found in the original tumours with DNA found in the second tumours to see if there is a relationship.

Finding specific changes in the DNA may present potential new drug targets for vulval cancer, as well as help predict prognosis for people with vulval cancer. Comparison of the genetics between primary and secondary cancers may provide potential for early prevention.

PhD Scholarships

Identifying new laboratory techniques to speed up drug discovery for ovarian cancer

Elizabeth Dunn | University of Canterbury | \$50,000



Cancer cell lines are the basis on which most cancer treatments are developed, as they enable analysis of anti-cancer drug success without any detriment to cancer patients. However, most research groups within New Zealand have limited resources and only use a few cell

lines to investigate treatment strategies (with a range of different physical and genetic features). This means that an effective treatment may be overlooked and resources wasted due to testing on cell lines that do not have the correct genetic makeup.

Elizabeth's PhD involves analysing the genetic makeup of ovarian cancer cell lines, identifying whether genetics-based selection of cell lines promote discovery of effective drug combinations. If genetics-based selection of cell lines is established as an effective selection process it may improve research efficiency, reduce cost, and reduce the time it takes to develop novel treatment strategies for people with cancer.

Investigating alternative models for follow-up for lung cancer patients

Anne Fraser | Auckland City Hospital | \$75,000



Lung cancer is the leading cause of cancer death in New Zealand and worldwide. People diagnosed with lung cancer have to attend three monthly follow-up appointments with their doctor.

Time spent on attendance and travel to these appointments impact on patient's experience of follow-up care, in turn affecting quality of life and associated anxiety. For her PhD, Anne is building and evaluating a follow-up model for advanced lung cancer patients.

A literature review on international follow-up systems will inform Anne's trial, where two clinical centres are testing patient preference for different systems. This research may result in a change in follow-up practice for advanced cancer patients and in improving patient's quality of life.

Key outcomes and highlights

Ngā putanga matua me ngā mea whakaharahara

Leading advocacy across the cancer continuum

Cancer Care at a Crossroads Conference

- Government commits to cancer action plan.
- Cancer Society working on plan with Ministry of Health.
- More than 400 participants and 25 speakers.
- #cancercrossroads trending.



Smokefree action plan developed with tobacco control sector, and continued advocacy for an action plan towards Smokefree 2025. Minister, Jenny Salesa now committed to this.

Smokefree cars

National working group successfully lobbied for the Smoke-free Environments (Prohibiting Smoking in Motor Vehicles Carrying Children) Amendment Bill.

World Smokefree Day 2018

Petition to Parliament calling for a significant reduction in outlets selling tobacco, as part of a national campaign.

Media exposure - 3926 media mentions

Submission statements

- National Travel Assistance Scheme Review
- Sugar labelling on packaged food
- Local Government (Community Well-being) Amendment Bill
- Submission on The Budget Policy Statement 2019
- Wellness Indicators Review Statistics New Zealand
- Tax Working Group: Harmful Consumer Products
- Health Star Rating (HSR) system-five-year review
- Tax Working Group: Tobacco Tax (Joint submission: ASPIRE, ASH, Hāpai te Hauora, and Cancer Society of New Zealand)
- Health & Safety at Work (Volunteer Association) Amendment Bill

Stronger partnerships: collaborating to create change

A founding member of the Health Coalition Aotearoa giving an effective voice to a range of cancer-risk-prevention areas.

Other national and international working groups

- United Tobacco Issues Group (UTIG)
- National Supply Steering Group
- Oceania Tobacco Control Conference Committee
- National Smokefree Cars Working Group
- Tobacco Issues Committee with Cancer Council Australia
- Prevent20



Key outcomes and highlights

Ngā putanga matua me ngā mea whakaharahara

Delivering education, information and resources

- 50 417 individual of 73 publications printed
- 248 160 visits to website information
- 10 new resources this year

SunSmart schools

- 943 schools accredited as SunSmart
- 41.99% of all schools

Early Childhood Education SunSmart module

- 794 registrations
- 421 facilities
- 96 locations



Daffodil Enterprises - Sun screen market

- Brand position no.2
- 347 000 products sold
- SPF 50+ Kids Pure 50.7% value share



Feedback on SunSmart module

"Thank you so much for designing this module, and for making it free! I am encouraging the whole team to complete it."

Centre Manager, Hawke's Bay

"Thank you very much for providing us with this wonderful resource and opportunity to refresh our practice regarding the importance of being SunSmart!"

Teacher, Auckland

"A great module to confirm the importance of being SunSmart. As teachers we often think about the children but forget to use sunscreen ourselves. This has reminded me the importance of suncreening myself as well. Thank you."

New teacher, Christchurch

Key outcomes and highlights

Ngā putanga matua me ngā mea whakaharahara

Developing a stronger workforce

- **Now and into the future – supportive care staff hui, 19-20 March, 44 staff**

This hui provided skill development in: communications, self-care and boundary setting, cultural awareness, operational settings, future-focused and reflective practice.

“Huge learning and thoughts about equity and working with different cultures including Māori.”

“We recognised the importance of supportive care staff being well-trained and professional.”

“Provided a forum to embrace technology to meet the future needs of both rural and urban clients.”



- **Health promotion hui, 19-20 September - advancing equity through health promotion practice**

Benefits of the hui include: networking, potential for less duplication of effort, sharing ideas.

- A chance to learn about ways equity could be applied to their work.
- An opportunity to discuss shared ‘national’ objectives and focus for the future
- A chance to learn about other health promotion topic areas they may not be familiar with.
- To learn about evidence-based practice.

- **Strengthening our volunteer culture hui, 27-29 September**

Twenty-one coordinators and managers of volunteering travelled to Wellington to share their thoughts, experience and practice, and work out how we can strengthen our volunteer culture.

According to our volunteers, we’re doing a good job, but that doesn’t mean we can’t do better. This includes engagement at all levels in the organisation and the expectation that everyone works with volunteers. From the hui it was decided to place more emphasis on building relationships with volunteers (whakawhanaungatanga) across the organisation.

International Cancer Benchmarking Partnership (ICBP)

Working alongside agencies from seven other high-income countries, we are part of the ICBP. The ICBP is the first of its kind aiming to quantify international differences in cancer survival and to identify factors that might influence variations. Topics include:

- access to diagnostics
- access to optimal treatment
- cancer patient pathways
- health system factors.

Results from the ICBP will support our advocacy for improved cancer prevention, treatment and care.



Minimum data set

This is the first year we have collected information on the work we do from our six Divisions. This information, known as the minimum data set, will be used to talk about the impacts we have in our communities, in our advocacy work and in future planning.

Thanks to our supporters and funders

A mātou kaitautoko

The Cancer Society of New Zealand has a key support and co-ordination role for events throughout New Zealand. As an independent charity without direct government funding, our fundraising events are an important way to raise funds. The events rely on the support of many volunteers, organisations and communities.

Daffodil Day

Since 1990 Daffodil Day has inspired people to come together and support our work while also provided an opportunity to raise awareness of cancer. Daffodil Day figures for 31 August 2018:

- \$4.68 million raised
- 11 045 volunteers on the streets
- 989 collection sites
- thousands of local businesses collecting donations
- 29 years of support from our principal sponsor ANZ, whose staff raised over \$1 million last year.



Daffodil Day

Thank you to our other supporters and funders

Eftpos New Zealand

Signature Promotions

Fuji Xerox

Lottery Grants Board

Alexander Harold Watson Charitable Trust



Payroll giving

As an approved Inland Revenue donee organisation the Cancer Society has been nominated by a number of organisations to receive donations through payroll giving. Thank you to the employees of the following organisations.

AHL Group: including Event Cinemas, Event Hotels and Hotel Management

Chartered Accountants of Australia and New Zealand

Department of Internal Affairs

Inland Revenue

iPayroll

Ministry of Education

Ministry of Social Development

New Bay Investments

Rabobank

Rialto Cinemas

Rydges Latimer

Rydges Rotorua

Rydges Wellington Airport

Spark

Wellington Hotel Investments

Thanks to our supporters and funders

A mātou kaitautoko

Relay For Life - it's all about community

Relay For Life is an inspiring community event that gives everyone a chance to celebrate cancer survivors and carers, remember loved ones, and fight back by raising awareness and funds to support the work of the Cancer Society. For people of all ages and fitness levels, these annual events are a key way in which the Cancer Society Divisions engage with their communities.

Key achievements last year:

- **17** relays across the country
- **859** teams with **14,337** participants
- including **2,192** survivors and carers
- just over **\$3 million** raised.



Our people

He tangata



Our workforce

Waihanga o hu mahi

One staff member for every



eleven volunteers



328
paid staff

3481
volunteers



1185
volunteer drivers



11905
Daffodil Day volunteer
street collectors

National Office volunteering statistics

2745 hours

34 regular volunteers

36 one-off volunteers

New volunteer management system (VMS)

A new system for managing our volunteers was set up in late 2018. The first two Divisions went live with this in March and other Divisions will come on board this year. The VMS provides a way for us to better engage with volunteers and to collect volunteering statistics. Volunteers can view the roles available and apply for them, record their hours and remain up to date with what is happening locally. For volunteering managers, it automates processes that were previously manual.

The implementation of the VMS can be regarded as a first for a federated digital solution.

Financial summary for the year ended 31 March 2019

Whakarāpopotonga pūtea

Summary Statement of Comprehensive Revenue and Expense

	2019 \$	2018 \$
National Office operational performance		
Revenue		
Divisional levies - supporting operations	1,839,723	1,531,974
Royalties Income	628,618	714,321
Income from sales of products and resources	174,247	131,463
Other Income	136,025	93,588
Total revenue from operations	2,778,613	2,471,345
Expenditure		
Personnel costs	1,388,104	1,367,236
Cost of product and resources sold	191,157	109,973
Operating expenses	978,247	863,405
Total expenditure for operations	2,557,507	2,340,614
Net operating surplus	221,106	130,731

Scientific grants and scholarships programme

Revenue		
Divisional Levies - Research	972,065	862,065
Investment income	181,953	155,723
Total revenue for grants programme	1,154,018	1,017,788
Expenditure		
Research Grants	1,435,175	1,868,319
Support for the International Cancer Benchmarking Programme	58,918	58,998
Other research programme support	14,945	184,757
Net operating deficit from grant programme	1,509,039	2,112,074
Net operating (deficit)	(355,021)	(1,094,286)

Funding received and distributed to divisions

Revenue		
Daffodil Day income	1,270,406	1,124,210
Bequests, donations and sponsorships	1,560,815	188,117
Total revenue received on behalf of divisions	2,831,221	1,312,327
Expenditure		
Daffodil Day expenditure	372,758	452,655
Other costs	275	5,906
Total expenditure related to collecting donations	373,034	458,561
Income distributed to divisions	2,458,187	853,766
Net result from funds received and distributed	-	-

Summary of Results

Net operating surplus / (deficit)	221,106	130,731
Net operating (deficit) / surplus from grant programme	(355,021)	(1,094,286)
Net result from income received and distributed to Divisions	-	-
Net result	(133,915)	(963,555)

Financial summary for the year ended 31 March 2019

Whakarāpopotonga pūtea

Other Summary Financial Statements

	2019 \$	2018 \$
Summary Statement of Movement in Equity for the year ended 31 March 2019		
Capital Reserve		
Opening balance	640,342	509,611
Comprehensive revenue and expenses	(133,915)	(963,555)
Transfer out to research capital reserve	355,021	1,094,286
Closing capital reserve	861,448	640,342
Research Capital Reserve		
Opening balance	2,437,947	3,532,233
Transfer in from capital reserve	(355,021)	(1,094,286)
Closing research capital reserve	2,082,926	2,437,947
Net assets	2,944,374	3,078,289

Summary Statement of Financial Position as at 31 March 2019

Assets		
Current assets	1,227,788	859,586
Non-current assets	3,421,060	3,830,517
Total assets	4,648,848	4,690,103
Liabilities		
Current liabilities	1,658,047	1,394,691
Non-current liabilities	46,427	217,123
Equity	2,944,374	3,078,289
Total liabilities & equity	4,648,848	4,690,103

Summary Statement of Cash Flows for the year ended 31 March 2019

Net cash flow from operating activities	(228,521)	(468,188)
Net cash flow from investing activities	582,064	18,308
Net cash flow	353,543	(449,880)

Notes to the summary report

The summary financial statements comprising Cancer Society of New Zealand Incorporated and its controlled entity Daffodil Enterprises Ltd, (together the 'Group') are presented for the year ended 31 March 2019.

The information was extracted from the full financial statements as audited by BDO Wellington. These were approved by the Cancer Society of New Zealand Board on 2 September 2019. They cannot be expected to provide as complete an understanding as that provided by the full financial report. The full accounts are available on application to the Cancer Society of New Zealand Incorporated at PO Box 651, Wellington 6140. The presentation currency is New Zealand dollars. All amounts are stated in dollars.

Statement of compliance

The full Group financial statements have been prepared in accordance with generally accepted accounting practice in New Zealand ('NZ GAAP'). They comply with Public Benefit Entity International Public Sector Accounting Standards ('PBE IPSAS') and other applicable financial reporting standards as appropriate that have been authorised for use by the External Reporting Board for not-for-profit entities. For the purposes of complying with NZ GAAP, the Group is a public benefit not-for-profit entity and is eligible to apply Tier 2 not-for-profit PBE IPSAS on the basis that it does not have public accountability and has between \$2 million and \$30 million in operating expenditure.

The Cancer Society of New Zealand Board has elected to report in accordance with Tier 2 not-for-profit PBE Accounting Standards and in doing so has taken advantage of all applicable Reduced Disclosure Regime (RDR) disclosure concessions.

The summary financial statements have been prepared in accordance with FRS-43: Summary Financial Statements.

Daffodil Enterprises Ltd

Daffodil Enterprises Ltd takes pride in its contribution to raising funds through the sales of products to support the core activities of the Cancer Society of New Zealand.

Daffodil Enterprises Limited is a wholly owned company of the Cancer Society of New Zealand Incorporated.

Daffodil Enterprises Ltd has been delivering award-winning, high-quality sunscreens and sun-related products to the New Zealand market since 1997.



Thank you to our volunteers and valuable contributors

Kaumātua: Hohepa McDougall

Board members: Dr Chris Jackson, Nick Dangerfield, Garry Forgeson, Peter Hutchison, Neil Boniface, Maurice Gianotti, Kate Morrison, Jonathan Koea, Alistair Argyle

National Scientific Advisory Committee: Dr Moana Tercel, Dr Myra Ruka, Associate Prof Gabi Dachs, Dr Chris Jackson, Prof Sandie McCarthy, Prof Bridget Robinson, Dr Melanie McConnell, Prof Richard Edwards, Prof Peter Browett, Associate Prof Joanna Kirman, Prof Chris Bullen

National Health Promotion Advisory Committee: Dr Chris Jackson, Dr Charis Brown, Prof Louise Signal, Zoe Martin Hawke, Keriata Stuart, Jane McEntee, Prof Ann Richardson

National Finance and Risk Committee: Murray Coppersmith, Bruce Couch, Nick Dangerfield, Richard Sherwin, Mike Smith

Board of Daffodil Enterprises Ltd: Mitchell Cuevas, Stuart Bauld, Michael Baines, David Wilks, Fiona Stewart, Mike Kernaghan

REPORT OF THE INDEPENDENT AUDITOR ON THE SUMMARY FINANCIAL STATEMENTS TO THE MEMBERS OF CANCER SOCIETY OF NEW ZEALAND INCORPORATED

Opinion

The summary financial statements, which comprise the summary statement of financial position as at 31 March 2019, the summary statement of comprehensive revenue and expense, summary statement of changes in net assets and summary statement of cash flows for the year then ended, and related notes, are derived from the audited consolidated financial statements of Cancer Society of New Zealand Incorporated for the year ended 31 March 2019.

In our opinion, the accompanying summary financial statements are consistent, in all material respects, with the audited consolidated financial statements, in accordance with FRS-43: *Summary Financial Statements* issued by the New Zealand Accounting Standards Board.

Summary Financial Statements

The summary financial statements do not contain all the disclosures required by Public Benefit Entity International Public Sector Accounting Standards ("PBE IPSAS") Tier 2 reduced disclosure regime. Reading the summary financial statements and the auditor's report thereon, therefore, is not a substitute for reading the audited financial statements and the auditor's report thereon. The summary financial statements and the audited financial statements do not reflect the effects of events that occurred subsequent to the date of our report on the audited financial statements.

The Audited Financial Statements and Our Report Thereon

We expressed an unmodified audit opinion on the audited consolidated financial statements in our report dated 2 September 2019.

Boards' Responsibility for the Summary Financial Statements

The Board is responsible on behalf of the entity for the preparation of the summary financial statements in accordance with FRS-43: *Summary Financial Statements*.

Auditor's Responsibility

Our responsibility is to express an opinion on whether the summary financial statements are consistent, in all material respects, with the audited financial statements based on our procedures, which were conducted in accordance with International Standard on Auditing (New Zealand) (ISA (NZ)) 810 (Revised), Engagements to Report on Summary Financial Statements.

Other than in our capacity as auditor we have no relationship with, or interests in, the entity or any of its subsidiaries.

BDO Wellington Audit Limited

BDO Wellington Audit Limited
Wellington
New Zealand
2 September 2019

Annual Report of the Cancer Society of New Zealand Inc, Te Kāhui Matepukupuku o Aotearoa

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