

Cancer Society of New Zealand National Office

ANNUAL REPORT 2013



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OUR VISION

THE LEADING ORGANISATION DEDICATED TO REDUCING THE INCIDENCE OF CANCER AND ENSURING THE BEST CANCER CARE FOR EVERYONE IN NEW ZEALAND.

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.



PRESIDENT'S REPORT

The complex diseases that make up the cancer spectrum remained as large a threat to all of us in 2012/13 as they have for many years, despite the amazing advances we're seeing in both diagnosis and treatment.

New Zealanders are fortunate to have access to world-class cancer medicine in this country – and alongside this, to the comprehensive support that the Cancer Society of New Zealand provides to people and families affected by cancer.

The Board is delighted that our role continues to be recognised, with high ratings given to the Society in the 'most trusted charity' survey conducted by Reader's Digest, and other accolades recognising our position as the premier charity for cancer-related diseases in this country.

It's been a great personal privilege and pleasure to be present at a number of events at which the Society has been recognised. These have included the WriteMark Plain English Awards, at which we were presented with the 2012 Best Organisation Award, and the Fundraising Institute Annual Awards, where we won an award in recognition of our Daffodil Day partnership.

As always, I'm humbled by the hard work and devotion of so many people in our organisation, both volunteers and employees.

ACHIEVING SUCCESS IN A CHALLENGING ENVIRONMENT

As is happening with all charitable organisations that depend entirely on public and private funds to survive, the Society faces a number of challenges to maintaining our high levels of community and research support.

However, I'm pleased to report that, despite this, we continue to provide by far the bulk of charitable funding for cancer-related research. For a small nation to achieve in this field as we do is highly commendable, and I wish to acknowledge the enormous contribution of time and expertise made by our Research Advisory Committee in ensuring that our research funds are allocated wisely.

WITNESSING POSITIVE POLICY AND HOSPITAL DEVELOPMENTS

The Cancer Society notes with approval the Government's continuing efforts to reduce the use of tobacco and its effects on New Zealanders' health, and the simultaneous progress on the issue at local-body level throughout the country. We continue to promote healthy lifestyles, including the need to avoid excessive sun exposure and the value of regular exercise.

The Cancer Society also notes with satisfaction the continued reduction in waiting times for cancer treatment in our hospitals. However, the scourge of cancer-related diseases remains, and much work is still required from organisations such as ours in terms of knowledge, prevention and support for those affected by cancer.

ACKNOWLEDGING OUR PARTNERS

We maintain strong connections with cancer-related organisations around the world, and during 2012/13 focused specifically on those in Australia, the United States, the United Kingdom and

Ireland. Thanks go to Chief Executive Dalton Kelly, whose untiring efforts and ambassadorial skills have enabled us to forge close ties with the parent bodies of our major fundraisers Relay For Life and the Movember organisation.

Meanwhile, our long standing sponsorship relationship with the National Bank of New Zealand has been renewed in the bank's new identity as ANZ. We're delighted to welcome ANZ as our principal sponsor of Daffodil Day, major sponsor and official bank of the Society. We look forward to a long and rewarding relationship, and record our gratitude to the staff of the former National Bank for their decades of support.

THANKS TO OUR OTHER SUPPORTERS...

Of course the Cancer Society has a vast number of other financial supporters, from those who donate to our street appeals to large corporate sponsors. We're truly grateful to you all and are proud to report that out of every dollar we raise, 80 cents go directly to support our work. Like all charities, however, we need a lot of money to operate – and in future this is likely to mean that we'll need to look at new ways to raise funds, rather than relying on public and corporate generosity.

The Society is also indebted to the large number of volunteers who give freely of their time and talents. Our sincere thanks go to them for their generous contributions, without which much of our work would not be possible.

We thank too our voluntary expert advisory committees, which provide invaluable guidance. Particular thanks go to the Finance Advisory Committee chaired by David McCone, which does a wonderful job in managing our precious charitable dollars.

... AND TO OUR STAFF

The Cancer Society is blessed with a highly proficient and dedicated team, led by CEO Dalton Kelly and Deputy CEO Jan Pearson, to all of whom I express personal thanks for their work in the past 12 months.

I also wish to acknowledge Professor Chris Atkinson, Medical Director, for his professional advice and guidance – and the Chief Executives of the six Divisions for their support and dedication, particularly in Christchurch where the ongoing effects of the 2010/11 earthquakes remain a huge obstacle to the smooth delivery of services. Their resilience in the face of this adversity matches that which we see so often in people affected by cancer.

Finally, my thanks to Board members who have provided sound and valuable governance during continually challenging times. With their ongoing leadership and guidance, the Cancer Society can face the future with confidence, to serve all New Zealanders.

*He tangata, He tangata,
He tangata!*

Murray MacCormick
National President



This last year has seen some significant events unfold. However, before reporting on our activities it is time to reflect on a troubling and serious statistic.

There has been an increase in the incidence of cancer of 22.8 percent since 1999, and the number of deaths from cancer rose 9.9 percent during the same decade. While much of this increase is an expected result of a growing and ageing population – it is also very much the result of lifestyle choices.

Nevertheless, we also know that treatment and outcomes have been improving for cancer with the exception of pancreatic and lung cancers. This means the rate at which people die from cancer continues to fall; this is great news, and long may it continue.

Cancer prevention and treatment have been priorities for the medical profession, Government, and of course, the Cancer Society for several decades now – and significant improvements have arisen from this focus.

These improvements are welcomed, but New Zealanders and Cancer Society members and volunteers face an ongoing, unavoidable fact. While we have been, to an extent, sheltered from the worst effects of the financial woes of the world, it is blindingly obvious that Government expenditure will be tightly controlled for the foreseeable future.

We have managed to persuade Government to retain expenditure levels in the cancer sector, and indeed, as I will report further on, we even managed a small increase for a capital spend during the year under review.

Nevertheless as a response to this situation, we must, as a community and as an organisation accept that New Zealanders should be taking a greater role in keeping themselves healthy, rather than harbouring ongoing expectations and relying on the Government to pick up the pieces when the toll caused by a risky lifestyle becomes apparent.

Of course we expect the Government to continue to fund cancer health services, and we can be pretty sure that they will.

TAKING RESPONSIBILITY FOR OUR ACTIONS

It is time for the debate about healthy lifestyles to be racked up a few more notches.

This is not only because Government's funding is limited, but it is a matter of responsible citizenry.

Let's think about the background to this. Firstly, cancer treatment has become more refined and effective, yet the numbers of cancers will increase as the population grows and ages.

Furthermore, we're living longer, and we're also demanding better health services as a matter of course.

Yet there are considerable numbers of preventable cancers that occur through abuse of tobacco, food, over exposure to the sun, alcohol and lack of exercise.

Yet when these abuses rebound in the form of disease, in general New Zealanders see treatment as a right. Simply being a taxpayer seems to be the basis of this belief.

The health budget, even in a zero budget, will grow as demand

grows. Waiting lists and treatment are under control today – but how will this control be maintained as the baby boomer population bulge begins to age?

Right now the first cohort of this 'silver tsunami' of children born after WW2 are reaching the current retirement age of 65 – and this is only the beginning of the tsunami.

TARGETED MEDICINES BECOMING MAINSTREAM

While technology and treatments become more and more refined, the days of blockbuster population-based drugs are disappearing. Medicines are becoming more targeted to patients as we learn to understand the human genome. These are exciting trends, and we saw, just the other day, one of these drugs funded to treat lung cancer. I say treat, not cure, advisedly. Many people do not realise that these drugs are often only effective on groups within the population that have a specific receptive gene in their makeup – they are ineffective to those who don't have the gene.

The medical profession is doing its best to service demand – the medical profession regularly goes way beyond the call of duty as a matter of course.



PLANNING FOR THE FUTURE

Furthermore, enormous steps have been taken so the wider health sector can strategically plan for future treatments of cancer through the capture of vital statistics in the upgraded Cancer Registry. This means that the incidence and treatment of various cancers have begun to be accurately tracked as the first cancers are captured in the system.

Health planners are now beginning to be able to predict, with a level of accuracy, where new radiation equipment will be needed, or where staffing might need to change or where treatments are altered.

This sort of central planning will be of huge value, and while the general public might never notice its effects, it will certainly help physicians, planners and the funding politicians to understand future needs in a logical and independent manner.

THE IMPORTANT CANCER SOCIETY ROLE

The Cancer Society is unusual in the health sector in that we seek no funding from the Government, and we do not hold any Government contracts. This means there are no potential conflicts of interest for us when we talk about advocating to Government, or planning for and implementing cancer issues.

The Cancer Society was established to provide support and care for people with cancer. However, it is a very substantial business and has a presence in cities, towns, hospitals and health centres throughout New Zealand. Some of our members find it odd that we regard ourselves as a business, but we need money to provide our services which are: research, cancer prevention education and care and support for those with cancer.

Most people outside the cancer community don't realise that a cancer diagnosis is not an automatic death sentence; indeed some 50 percent of patients survive their contact with it. And modern medicine, supported by research, is improving survivability more and more.

Research is essential – and it is not just something that is funded in good times – a 'nice to have'. We at the Cancer Society see ongoing, serious, cancer-focussed research as a 'must do'. And, we put our money where our mouths are. The Cancer Society invests a great deal of money annually into cancer research.

Indeed the Cancer Society's contribution to cancer research is only exceeded by that given by Government. Currently the Society is funding 39 scientific research grants with a value of \$6.3 million. We also fund the Social and Behavioural Research Unit of the University of Otago to undertake a collection of advisory work.

The Auckland Division of the Society provides an additional \$2.4 million annually to the Auckland Cancer Society Research centre, and has been a significant contributor since it was established in 1956.

Furthermore, the Auckland Division has brought ten drugs to clinical trials around the world, with a further four currently in trials. The spin-off from this is not just medicines that work, but also the creation of new biotechnology companies, jobs and income for New Zealand.

Then, at the other end of the cancer spectrum, the Cancer Society provides support services for those with the disease. Our reality is that we deliver our services through teams of people – both paid and volunteers. We could not do this without our amazing team of volunteers who are largely ordinary people who do extraordinary work.

This is our community taking responsibility for cancer. On any given week day we have around three thousand volunteers in action – and this always more than doubles to over seven thousand for special occasions like Daffodil Day or a Relay For Life event.

Our volunteers come from all walks of life, and the age can range from teenagers right through to the very elderly, some aged 90 or more. The ethnic mix is increasing gradually, and we are seeing more and younger people volunteer. This bodes well for the future.

Volunteers have a huge range of skills. These range from drivers who bring patients in for treatment, bakers, pro bono directors for our boards, fundraisers, administrators, to IT people who can help us with data input, hospital hosts and health advocates who prepare policy submissions and write letters to the editor.

We even have youth rappers promoting health messages, people who volunteer to look after pets and walk dogs and volunteers who play scrabble online via the internet.

We take the needs of our volunteers as seriously as we do our patients and our staff. We have a commitment to volunteers and volunteering and have adopted nationally agreed standards reflecting best practice. The Cancer Society recognises and supports the Universal Declaration on Volunteering and we have designated managers who manage our volunteers.

CANCER PREVENTION

The Cancer Society spends a significant sum annually on programmes such as Smokefree, SunSmart, nutrition and physical activity advice, Kaupapa programme – delivered to Māori by Māori and men's health awareness.

We have our own sun protection products which are sold through pharmacies and supermarkets.

We start young with the SunSmart programme in schools that reaches children in virtually every school in New Zealand. This programme has been remarkably successful with schools who now demand that children wear hats when they go outside as a matter of course, and where sunscreen is seen as essential at the pool or on the playing field – rather than a wimpy vanity.

TIME TO DEBATE ISSUES OF PERSONAL RESPONSIBILITY

The Cancer Society can and will continue to provide these education programmes, but it is high time that the New Zealand community started to debate the issues of personal responsibility.

Sometimes when I watch the news I think that New Zealand society, or at least substantial elements of it, are becoming too dependent on the 'magic money tree' that apparently provides funding for the health budget without taking responsibility for their own health.



We know that many cancers, like lung cancer, melanoma and the dreadful cancers caused by excessive alcohol consumption, are preventable. They can be prevented by adopting a reasonably healthy lifestyle – not by taking a magic pill. That reasonably healthy lifestyle is not constrained or limited – it can be totally enjoyable, given a few sensible actions, with the word moderation as a catch cry.

In spite of plenty of publicly available good advice, there is clear evidence of a growing element in society that is not prepared to take that self-help responsibility and who believe it is Government's role 'to fix it' and to provide instant resolution to self-caused harm.

Maybe it is time that poor nutrition, lack of exercise, smoking, over consumption of alcohol, drug abuse and so on are seen as child and family abuse, rather than behaviour society accepts.

There is a precedent in regard to tobacco, and the role the Cancer Society has played in getting this evil put behind plain walls cannot be underestimated.

But we have a long way to go with the rest i.e. alcohol, sunbathing, obesity and so on. The problem lies with perceptions that one can pass responsibility for the results of such abuse to Government to fix – rather than take responsibility for it within families and whānau.

We all know that changing behaviour only occurs when perceptions are changed and values rethought. So many good people are doing sterling work both at the bottom of the cliff dealing with the fallout and at the top with education and support. But maybe this is not enough. Maybe it is time we all started to discuss these issues with a little more passion and commitment?

This is certainly not a discussion or debate about rationing services and treatment; rather we should be talking about New Zealanders stepping up to realities and taking responsibility for their own, and their families' lifestyles and actions.

This is the way to take real responsibility for cancer while the medical profession, officials, Government and researchers continue with their invaluable contribution.

The Cancer Society will continue to be in the face of the community as it raises money and delivers services. The money raised will not only be put into our research, cancer prevention publicity programmes and support for people with cancer, but we'll also be working to help alter these perceptions about taking responsibility for health outcomes and cancer in particular.

WORKING WITH THE MINISTRY AND MINISTER

The Society continues to work collaboratively with both the Ministry of Health and the Minister. An excellent example of this was the launch earlier this year of VERT by the Minister of Health at the University of Otago, Wellington.

This was funded by the Ministry following submissions by the Cancer Society. We are delighted that in a time of zero budgeting that the Minister was able to convince his colleagues of the value of this million dollar piece of equipment.

VERT is a virtual environment of a radiation therapy treatment room, focussing on the treatment unit, i.e. a linear accelerator.



Through life-size 2D and 3D visualisations, VERT is a platform for the education of radiation therapy students and staff, registrars, medical physicists, oncology nurses, and multidisciplinary team members. It can also be used to help familiarise patients about their treatment prior to commencing radiation therapy.

VERT allows students to visualise things that can't be seen in a real treatment room. These include internal anatomy, radiation dose clouds, radiation beams and isocentre coordinates. These visualisations help to teach complex concepts in an intuitive and easily absorbed manner.

It is a relatively cost-effective option for radiation therapy education in an immersive simulated environment and it means students will be better prepared for the clinical time when they are treating patients.

This is yet another example of the Cancer Society effectively advocating and working for the cancer community.

My sincere thanks go to the National Office staff for their very professional work over the last twelve months and to our National President Murray McCormick and the Board for their governance and support.

My final thanks go to ANZ for on-going support as the major sponsor and official bank of the Cancer Society and principal sponsor of Daffodil Day.

Dalton Kelly
Dalton Kelly
 Chief Executive



NATIONAL OFFICE STAFF

National office staff (l to r): John McBeth, Marie Daly, Jan Pearson, Dalton Kelly, Fiona Mawley, Pam Hunter, Skye Kimura-Paul, Gloria Love, Sarah Stacy-Baynes, Helga Wientjes and Lynne St-Clair-Chapman. Absent, Kelly Atkinson, Barb Hegan, Louise Sandford, Sarah Penno, Philip Hope and Chris Atkinson.



NATIONAL EXECUTIVES COMMITTEE

Chief Executives (l to r): Mike Kernaghan (Otago and Southland), Liz Chesterman (Canterbury-West Coast), Mike Smith (Wellington), Dalton Kelly (National), John Loof (Auckland), Judy Gould (Waikato/Bay of Plenty), Roger Twentyman (Central Districts).



NATIONAL BOARD OF THE CANCER SOCIETY OF NEW ZEALAND

The National Board (l to r): Murray Loewenthal, Roy Cowley, Murray McCormick (President), Kathy Conlan, Garry Forgeson and Nigel Brown.

HEALTH PROMOTION

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

In line with the Cancer Society's Strategic Plan and the World Health Organisation's Ottawa Charter for Health Promotion, our Health Promotion team advocates for policy improvements and the creation of supportive environments. It also supports Division and Centre staff to advocate on local issues and provide advice and information on, and lead, programmes that enable the development of personal health skills and community action for health.

SUPPORTING RELEVANT RESEARCH

The key areas for health promotion activity are those supported by evidence. Much of this evidence, such as recommendations relating to physical activity, alcohol and nutrition to reduce cancer risk, is generated by overseas research. However, there's also a need for local evidence relevant to New Zealand's context and social situation.

This evidence is primarily generated by research undertaken at New Zealand universities, such as the Cancer Society Social and Behavioural Research Unit (CSSBRU) at the University of Otago. The Unit is supported by funding from the Cancer Society, and during 2012/13 completed, published and presented on a number of important health promotion projects. The annual report is available on their website

ENABLING PROFESSIONAL DEVELOPMENT

As part of our commitment to professional development, the Cancer Society hosted a health promotion workforce development hui in Wellington in October 2012. Focusing on 'advocacy', the hui was attended by more than 30 staff and representatives from CSSBRU and the National Health Promotion Committee.

Professional development was also the focus for a number of Health Promotion staff, who completed postgraduate studies, presented at conferences and other national and international events, and gave guest lectures during 2012/13.

COLLABORATING FOR CHANGE

Our health promotion activities cover both the primary prevention and the screening and early detection areas of the cancer control continuum.

To support this work, the Cancer Society works closely with many other agencies, in New Zealand and Australia, on tobacco control, skin cancer prevention, physical activity, alcohol and nutrition-related cancers and the wide range of topics related to screening and early detection. Through these alliances we advocate for policy change, provide information, and support communities to improve their local environments so that healthy choices are easy choices.

During 2012/13 we made some substantial gains in our work with a number of New Zealand agencies to effect policy change. Thanks in large part to the commitment and actions of Cancer Society staff and volunteers around the country, tobacco is now finally an 'out of sight' product, and the drive for plain packaging on tobacco products continues to gain traction.

We also maintained a strong and increasing media presence during the year, on topics ranging from screening to reducing the risk of specific cancers, to the benefits of nutrients and healthy behaviours. Our Health Promotion Manager is a member of the Boards of Action on Smoking and Health (ASH) and the Quit Group, and chairs the Smokefree Coalition Board and the National Smokefree 2025 Working Group.



THE CANCER SOCIETY CONTINUED TO SUPPORT PARENTS VOICE

Promoting physical activity and good nutrition for our children...

The Cancer Society continued to support parents concerned about their children's physical activity and nutrition during 2012/13.

Working with the Obesity Action Coalition, Te Hotu Manawa Māori, the CSSBRU and a number of other individuals, we boosted the content on the 'Parents Voice' website (www.parentsvoice.org.nz). Launched last year, the site provides a virtual forum for parents to discuss the physical activity needs of their children. Visitors to the site have completed surveys on healthy school fundraising, school lunches and school holiday activities, while the Parents Voice Facebook page has continued to attract an increasing number of visits and 'likes'.

... AND IN THE COMMUNITY

In 2012/13 a number of papers were published that reinforced the benefits of physical activity in:

- reducing the risk of cancer
- improving the lives of those going through treatment
- reducing mortality and cancer recurrence after diagnosis and treatment.

That message is reflected in a number of Cancer Society Position Statements and information sheets (available on our website) that give details about physical activity and healthy nutrition for the public, media and health professionals.

RAISING AWARENESS OF THE ALCOHOL-CANCER LINK

The Cancer Society is committed to raising public awareness of the links between alcohol and the risk of cancer – and we were pleased to see an increase in media articles on the topic during 2012/13.

During the year we worked to heighten awareness of the issue among our staff, especially those new to the Cancer Society, and undertook a baseline survey of our knowledge and practices. These efforts will help us to ensure that we communicate consistent messages and 'walk the talk' on the issue with stakeholders and the wider community.

We were pleased to see the passing of the Alcohol Reform Act in December 2012. While it lacks many of the actions that we supported during the submission process, it does provide opportunities to get involved in the development of local alcohol plans during the second half of 2013. We plan to help communities to make submissions on restricting the number of alcohol outlets and influencing the opening hours in their areas.

WORKING WITH OTHERS

During the year we maintained our collaborative partnerships with organisations such as the Heart Foundation, the Stroke Foundation, Diabetes New Zealand, Te Hotu Manawa Māori, Agencies for Nutrition Action, the Nutrition Foundation, AUT University, the University of Otago, the Edgar Centre and the many nutrition and physical activity organisations that deliver similar messages to ours.

Our Division and Centre staff also continued to network with agencies including public health units, sports trusts, schools and marae, and collectively we made significant contributions to committees, working parties, boards and action groups.



The Cancer Society continued to support parents concerned about their children's physical activity and nutrition during 2012/13.



TOBACCO CONTROL

Tobacco use is responsible for about 25% of cancer deaths in New Zealand, and smoking is responsible for the deaths of 5,000 New Zealanders each year (4,700 smokers and 300 from second-hand smoke). Furthermore, tobacco plays a significant role in health inequalities in New Zealand, with smoking being more prevalent among Māori, Pacific and low-income groups than any others.

The Cancer Society has had a major advocacy role in tobacco control for many years, with the aim of reducing the incidence and impacts of tobacco-related cancers. During 2012/13 we were involved in four main areas: achieving a smokefree Aotearoa by 2025; introducing plain packaging of tobacco products; undertaking research on tobacco-related issues; and advocating for the implementation of the National Māori Tobacco Control Leadership Service.

ACHIEVING A SMOKEFREE AOTEAROA

The Government is committed to the goal of a smokefree Aotearoa by 2025, with 'smoke free' defined as less than 5% of adults being regular smokers.

The Cancer Society has been instrumental in developing and implementing an action plan to achieve this goal, which identifies the key policy steps and actions for tobacco control in New Zealand between 2011 and 2015. The plan aims to:

- protect children from exposure to tobacco and the marketing and promotion of tobacco products
- reduce the supply of, and demand for, tobacco
- empower all smokers to quit and receive appropriate support services and products.

INTRODUCING PLAIN PACKAGING

The Cancer Society and the Heart Foundation initiated a public campaign to introduce plain packaging on tobacco products. The work is supported by the National Smokefree Working Group, which comprises representative from the Health Promotion Agency, ASH, the Smokefree Coalition, the Ministry of Health, Te Reo Marama, the Heart Foundation, Tala Pasifika, the Cancer Society, Quitline, ASPIRE 2025 and Tobacco Control Research Turanga.

The campaign consists of a website (www.plainpacks.org.nz), social media (Facebook, Twitter and YouTube videos), mock plain-pack resources, postcards, radio advertising, up-to-date evidence, submission templates, petitions and action alerts to the sector.

In July 2012 the Ministry of Health released a discussion document titled *Proposal to Introduce Plain Packaging of Tobacco Products in New Zealand*. The document aimed to gather the views of interested individuals, businesses and organisations, inform New Zealand's trade partners and invite their comments, and seek additional information relevant to the proposal and the Regulatory Impact Statement.

Three months later the Ministry launched a public consultation process on its proposal. 292 written submissions were received along with 20,000 plus postcards, form letters and signatures on petitions either in support of or opposing plain packaging.

In February 2013 the Government announced that it planned to introduce legislation before the end of the year to put tobacco products in plain packaging; it's now waiting to see what happens with Australia's legal cases. Meanwhile, the Ministry of Health is developing the detailed policy, which will include the size and content of health warnings. The Cancer Society will be active in mobilising the community to submit during the select committee consultation process.

UNDERTAKING RESEARCH

Two key research projects relating to tobacco control were undertaken during the year.

Social supply of cigarettes: This qualitative study, involving 10 focus groups of young smokers, explored how they obtained their tobacco through non-commercial sources. It revealed that the main sources were family, with parents as the leading source (often buying tobacco for their children to smoke). Other access methods included sharing tobacco in groups of friends and, when young smokers were desperate, stealing, 'butt scabbing' and asking strangers.

Both family and social networks continue to support smoking and supply tobacco to young people – so as long as these networks operate, young people will continue to smoke. This indicates that interventions other than purchase restrictions are important for reducing minors' access to tobacco.

The research paper has been accepted for publication in the Australian and New Zealand Journal of Public Health.

Retailers' study: Using data on known tobacco outlets throughout New Zealand, and GIS (geographic information systems) to map outlets, deprivation and secondary schools, this study identified that:

- there were 5,008 tobacco outlets in New Zealand, with a density of one outlet per 617 people, or one per 165 smokers
- half of the country's secondary schools had outlets within 500 metres of their boundaries
- tobacco outlets were more densely located in areas of higher socio-economic deprivation
- a third of all tobacco outlets had licences to sell alcohol.

Given the widespread retail availability of tobacco, the study identified the need for a mandatory system of registration for the better enforcement of smokefree legislation.

ADVOCATING FOR THE NATIONAL MĀORI TOBACCO CONTROL LEADERSHIP SERVICE

During the year the Cancer Society led the advocacy for the implementation of the National Māori Tobacco Control Leadership Service, which aims to help achieve a smokefree New Zealand by 2025 through a focus on reducing tobacco-related harm inequalities for Māori.

After a request for proposals, to which a number of Māori providers responded, the contract was awarded to a joint venture: ASH and Māori public health provider Hāpai Te Hauora Tapui. The Society's National Tobacco Control Advisor will be a member of the governance board once it's established.

SCREENING AND EARLY DETECTION

As has been the pattern in the past few years, our screening and early detection activities during 2012/13 were all about discussion, debate and lots of science.

The year started with our own national screening forum in Wellington, which was attended by staff from around the country. It proved an excellent opportunity to hear from experts on screening and to talk in-depth about our role in this area. The forum led to agreement that anyone offered a screening test should be informed of the potential benefits and harms associated with it, so that they can make an informed decision on whether participation is the right choice for them.

The forum also highlighted the significant challenges of screening: that the science is difficult to understand, the 'experts' don't all agree on its benefits and it's hard to communicate these difficulties.

After much discussion it was agreed that both areas would be better supported with a restructure of the Screening and Early Detection Operational Group. Screening is now covered by the National Office Advisor supported by a relevant sub-committee from our National Health Promotion Committee. Issues associated with early detection are considered by the now-renamed Early Detection Operational Group.

RESEARCHING HPV

As part of our relationship with the University of Otago, we partly commissioned a group of fourth-year medical students, based at the Otago Wellington campus, to undertake a short research project on the HPV (human papilloma virus) vaccination programme.

The project had two 'clients', the Cancer Society and the Hutt Valley Public Health Unit (PHU). The Cancer Society asked students to look at what young women understood about the HPV vaccination, while Hutt Valley PHU asked whether there were any specific demographics associated with non-vaccinating parents. Their findings showed that there was still some misunderstanding about the vaccine, what it does and doesn't do, and the parents most likely to not vaccinate were white and well educated.

PROMOTING BETTER PATIENT SUPPORT

September 2012 saw the start of a pilot for the 'My Health Matters' kit, in conjunction with the Cancer Society's Scientific and Behavioural Research Unit and the MidCentral Cancer Network, which is hosted by the MidCentral District Health Board (DHB). The kit is given to cancer patients referred through Palmerston North's cancer services, and encourages them to take a more active role in their health care by documenting and managing their own information about their cancer and treatment.

This exciting and novel project has already given the researchers a lot of information, and will help to improve the way that patients diagnosed with cancer are supported by both the Society and the DHB.

ADVOCATING FOR SCREENING AND EARLY DETECTION

Screening and early detection continued to feature in the news media, with topics ranging from the management of women with dense breast tissue (New Zealand Listener) to the bowel screening pilot (Radio New Zealand), the My Health Matters kit pilot (local radio) and early detection for Māori men (Tumeke FM radio). In addition, an evening with the men of the Wellington Division's prostate cancer support group, discussing the reasons for the Society not actively advocating for routine PSA testing of all men, highlighted the challenges of trying to communicate difficult and complex messages to a range of people.

Today, we're receiving more and more queries about how elements in the environment might cause cancer. With this in mind we've started looking at how some people are exposed to cancer-causing agents in the workplace, and in response to the Government's review of workplace health and safety, made a submission on the management of workplace carcinogens.

As a result of this process we're considering how the Society can better advocate for improved safety for workers who may be at risk of developing cancer because of their jobs. This is a challenging area in which to work, as the evidence is constantly evolving and is often confusing or conflicting – so to ensure that we're clear on the science, we're working closely with the Centre for Public Health Research at Massey University.



SKIN CANCER CONTROL

ADVOCATING FOR CHANGE

As part of the Sunbed Action Group, we continued to advocate for sunbed regulation in 2012/13. This included discussing the issue with a number of parliamentarians, including:

- Minister of Health Hon Tony Ryall, who in mid-2012 issued an instruction to public health units to educate sunbed operators about their voluntary code of practice. Their work will be reported in 2013
- National MP Dr Paul Hutchison, who in November 2012 lodged in the ballot box a private member's bill to regulate sunbed and laser operators. This, coupled with encouraging announcements in Australia, was welcomed by the skin cancer control sector
- Associate Minister of Health Hon Jo Goodhew (who has responsibility for public health), advising her that many in the sector would welcome her leadership on a campaign to 'switch off sunbeds' in New Zealand, following the initiative of three Australian states during 2012
- opposition spokespeople for health, updating them on our efforts for regulating sunbed operators in New Zealand.

ADDRESSING WORKPLACE HEALTH AND SAFETY ISSUES

Our second advocacy push was to submit to the Independent Taskforce on Workplace Health and Safety that solar ultraviolet radiation (UVR) is a serious workplace hazard in outdoor settings. This was accompanied by a submission on other cancer-causing agents in the workplace.

We subsequently linked with the Department of Labour/Ministry of Business, Innovation, and Employment Sector Engagement Team, which resulted in a January 2013 media release about sun safety and employment responsibilities. In March 2013 we wrote to the Minister of Labour Hon Simon Bridges, congratulating him on his appointment and reminding him of both his past interest in sunbed regulation and our interest in his Ministry prioritising solar UVR as a significant workplace hazard. We plan to maintain this dialogue with Minister Bridges.

Around the time that submissions to the Taskforce were closing, and as part of a bigger piece of work to ensure that all our SunSmart resources were current, our SunSmart Operating Group identified that the Dulux-sponsored 2009 Sun Protection and Outdoor Work printed resource was out of date.

As part of the update process, we consulted (via our ACC connections) a range of health and safety managers nationwide. We've now updated the SunSmart 'workplace' text on the Cancer Society's website and included case studies on the Stronger Christchurch Infrastructure Rebuild Team and Fletcher Construction. However, we've delayed committing anything to print until we know more about the work programme of the new health and safety agency that is to be established as a result of the Taskforce's review. In the meantime, we've contacted Massey University's Centre for Public Health Research about opportunities to work together to ensure that cancer-causing agents in the workplace, including solar UVR, are on the workplace agenda.

COLLABORATING WITH OTHERS

Vitamin D continues to be an issue of interest, and our position remains that most of us gain enough vitamin D through opportunistic sun exposure. During the year we contributed to the Ministry of Health's draft Companion Statement on Vitamin D and Sun Exposure for Pregnancy and Infancy, which is due to be published in April 2013.

We also continued our work with the Melanoma Standards Working Group, a multidisciplinary clinical collaboration that's developing melanoma standards (one of 10 tumour standard streams) as part of the Ministry of Health's Faster Cancer Treatment programme. The standards aim to improve patient care and decrease the variability of tumour management around the country. We've contributed to parts of the draft standard for prevention and supportive care. The tumour standards are due to be published in the second half of 2013.



SUNSMART SCHOOLS



The SunSmart Schools Accreditation Programme (SSAP) continued to grow steadily in 2012/13. An additional 148 schools achieved accreditation, bringing the total number of accredited schools to 661, with a further 246 working through the process.

UPDATING THE SSAP DATABASE

For the past few years our National SunSmart Schools Advisor has been working with information technology specialist InterGen to develop a new SSAP database. After a comprehensive updating process the new database went live in March 2013, and health promoters from around the country are reporting that it's much easier to work with than its predecessor.

UPGRADE OUR CURRICULUM RESOURCES

2013 started with an exciting new initiative for SSAP – the redevelopment of our curriculum resources by Cognition Education, which runs the Health Promoting Schools programme for the Ministry of Health.

Research undertaken by the Cancer Society Social and Behavioural Unit (CSSBRU) highlighted the need to upgrade the resources using an 'inquiry-based learning' model, illustrated in the figure. The resources now link to national Māori and mainstream curricula and the newly implemented National Standards in reading, writing and mathematics. They should help SSAP to connect with more schools and enable teachers to teach SunSmart more effectively at each level.

TAKING SUNSMART BEYOND SCHOOLS

SSAP's promotion focus is on attending relevant conferences and expos, including:

- the New Zealand Principals' Federation conference
- the New Zealand Schools Trustees Association conference
- the AIMs (Association of Intermediate and Middle Schools) Games
- the New Zealand Area Schools Association conference.

ENSURING SHADE IN SCHOOLS

During 2012 our SunSmart Schools Advisor met with the Ministry of Education's Property and Infrastructure team to discuss the importance of shade in schools and the financial support that schools need to provide it. Prof Tony Reeder (CSSBRU) presented the research evidence and John Greenwood (Webshade, Australia) presented his shade audit tool, 'Check your Risk'.

The Ministry team agreed that shade was important in New Zealand schools, and since then we have:

- continued to discuss the issue, and it's been highlighted in Ministry publications such as *Property News*
- recommended a pilot project on shade in newly built schools, such as in Christchurch, to see how the audit process works.

SSAP representatives will attend the Ministry's regional property sector forums in 2013, which are held twice a year in each of the Ministry's four regions. The forums provide an opportunity for sector representatives and the Ministry to exchange information so that everyone is better informed at both national and local levels.

We're also rewriting the *Property Guidelines for Shade* to cover more than just shade sails.

KEEPING CONNECTED

During the year we continued to main our connections with the wider cancer community through:

- our membership of the Australian National Schools and Preschools Working Group, which comprises representatives from each of the cancer councils and is a great forum for sharing ideas, knowledge and resources
- our attendance at the Public Health Association and Behavioural Research in Cancer Control conferences, where we gave presentations on SunSmart schools in New Zealand.

INQUIRY BASED LEARNING

INQUIRY BASED LEARNING

Start: What is the issue/problem we want to discuss?

1. Reflection (needs analysis)
2. Knowledge Attack
3. Problem/Essential question
4. Plan
5. Gathering data
6. Analysis
7. Conclusion
8. Actions taken
9. Evaluation progress of actions



SUPPORTIVE CARE SERVICES

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Nau te rourou, naku te rourou, ka ora ai te iwi.

With your basket of knowledge and my basket of knowledge the iwi/people will benefit.

Our supportive care services are constantly working to ensure that people who have cancer, and their families, have access to the very best support and practical assistance we can offer. However, we know that we can't do this on our own, so we work closely with the people who use our services, and with volunteers, local communities and our health and service care partners.

Thanks to this collaborative approach, the Cancer Society as a whole, and each of our Divisions, can report some particular successes in supportive care, both within and beyond our walls.

Working collaboratively in...

AUCKLAND

A successful relationship between the clinical staff and those at Auckland Hospital's regional treatment centre enables them to jointly provide a weekly chemotherapy orientation programme for new cancer patients. Through this early contact with patients they link them to supportive care services much earlier than would otherwise be possible.

The Auckland Division has also established a tiered counselling and psychology model of care that provides people who use their services with the psycho-oncology services they need, when they need them.

WAIKATO/BAY OF PLENTY

The Cancer Society launched 'Kia ora – E te iwi' – our kaupapa Māori support and education programme – in 2011. While it's still in its early days in most Divisions, a partnership with the Midland Cancer Network and local Māori health service providers has enabled the Waikato Division to get the programme up and running in many of its communities. It plans to extend the programme next year to smaller communities such as the Urewera area and Tokoroa. Feedback from whānau participants has included: "I have really enjoyed this hui, the aroha and caring we shared. I've learned to not be afraid to ask for help, and now I know where to get it from" (Waiteteko Marae, Turangi).

WELLINGTON

Support and education programmes are an essential part of our work. In 2012/13 the Wellington Division responded to patient requests that the Living Well programme be offered to more specific groups rather than take an 'all comers' approach. The team has brought together groups of people with similar types or stages of cancer, and taken the programme to smaller communities such as Kapiti and Wainuiomata. They've had great feedback:

"... a great start for people with the same problem"

"... connecting with others with similar side effects"

"... sharing experiences with others with lymphoma and other blood cancers".

While the logistics of this approach can be challenging, the Wellington Division plans to continue working with local communities and their health professionals to meet this need.

CANCER SOCIETY OF NEW ZEALAND

CANTERBURY-WEST COAST

On behalf of all Divisions, Canterbury West Coast provides the Cancer Connect programme – a telephone peer support service that links people affected by cancer to volunteer peer supporters who've been through similar experiences. The service is provided by a team of 68 volunteer peer supporters, and the Division plans to train a further 20 next year.

OTAGO AND SOUTHLAND

Bridge to Health is increasingly becoming the cornerstone support and education programme in Otago and Southland. Provided in partnership with primary care services and hospital-based oncology services, it follows a similar approach to our other support and education programmes, with an added focus on supporting and encouraging the role of primary care services in the patient cancer experience.

The Otago-based GP who works with the Division to provide the programme has been working one to one with other GPs in the area to provide support and education in caring for their cancer survivor patients. There are plans to expand the programme to Central Otago and Southland.

CENTRAL DISTRICTS

During the past year Central Districts Division has focused on building relationships among its staff and volunteers, as its five centres have amalgamated into one organisation.

The amalgamation has enabled a Division-wide approach ensuring that high-quality supportive care services are consistently offered around the region. The staff are enjoying the benefits of being a cohesive team, with strong leadership that enables them to work together to meet their communities' needs.

NATIONALLY

During 2012/13 the entire Cancer Society organisation focused on increasing our ability to meet the needs of men with prostate and testicular cancer.

Six of our 0800 Cancer Information Helpline nurses completed a specialised course in prostate care nursing through the School of Nursing and Midwifery at La Trobe University – the only specialised course of study in Australasia that prepares registered nurses to care for men living with prostate cancer, and their families. The training enables our nurses to provide information, counselling, advocacy and advice along the continuum from diagnosis to treatment, follow-up care and palliation where appropriate.

DURING THE YEAR:

- more than 9,300 people accessed our supportive care services
- the accommodation services provided the equivalent of 102 beds fully occupied
- the 0800 Cancer Information Helpline answered 10,500 calls
- we distributed more than 47,000 cancer information resources
- more than 10,000 people participated in our support and education programmes
- we provided 6,000 people with transport to treatment.

VOLUNTEERING

We know that volunteers are essential to our success. We are committed to ensuring that they have the best possible experience with us, so that we continue to be their charity of choice for volunteering work.

Those leading our volunteer programmes work with, and support our staff, throughout the organisation to ensure that they apply the principles of good volunteering management. This means providing our volunteers with the support and recognition they deserve, maximising their talents and understanding their needs.

Activities and initiatives that supported volunteering in 2012/13 included:

- an update of our Standards for Engagement of Volunteers, which cover how we work with and manage our volunteers. Now available as a printed resource, the standards are being regularly referred to and used by our staff. For example, one Division used them when updating its policy for reimbursing driving expenses. As the policy directly affected volunteering, the Division consulted volunteers before making any changes to it
- holding a two-day hui in November 2012 for people with responsibility for managing volunteers. The hui aimed to develop a shared understanding of, and buy-in to, the direction of volunteering in the Cancer Society, and also offered an opportunity for professional development. The 31 participants came from our volunteer services, supportive care, administration and fundraising teams, reflecting the fact that volunteers are part of all our activities
- developing a model for volunteer engagement in the Cancer Society, which explains how staff work together to maximise volunteer potential
- participating in Volunteering New Zealand's project to develop best practice guidelines for volunteer-involving organisations. Launched in November 2012, the guidelines aim to support managers of volunteers to get the best out of their volunteer programmes and enhance their organisations' attractiveness to volunteers and paid staff alike.



Those leading our volunteer programmes work with, and support our staff, throughout the organisation to ensure that they apply the principles of good volunteering management.



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WINNING AWARDS

The Cancer Society was delighted to receive the Best Organisation Award in the 2012 WriteMark Plain English Awards. According to the judges:

“The Cancer Society’s commitment to clear communication and user-focused materials is impressive – many health organisations would benefit from adopting the Cancer Society’s approach. The Society has a remarkable and thorough system in place to ensure that plain English is the norm across the organisation. Congratulations on a well-thought-out and very successful approach to achieving clear communication”.

In addition, our editorial team was named runner-up in the Plain English Champion – Best Individual or Team category, and the Wellington Division runner-up in the Best Plain English Website – Public Sector /Non-Government Organisation category. The latter recognised the Division’s ‘Get The Tools’ men’s health website (www.getthetools.org.nz), with one judge commenting, “I really like this site. I like the tone and the feel. I think you understand your audience and anticipate what they’d want to know and do”.

WE’VE DECIDED TO USE THE \$10,000 PRIZE MONEY WE RECEIVED TO:

- commission communications company Write to review the booklet *Lung Cancer/Matepukupuku Pūkahukahu: A guide for people with lung cancer*
- source training in ‘Think Aloud’ user testing, in which users perform a series of tasks while verbalising every thought, feeling or opinion that comes to mind.

REVIEWING EXISTING AND PUBLISHING NEW RESOURCES

During 2012/13 we reviewed and published the fourth edition of our booklet *Prostate Cancer/Matepukupuku Repeure: A guide for men with prostate cancer*.

Our thanks go to all those who voluntarily contributed their feedback and helped us to ensure that the booklet contains clear and relevant information for affected men and their families. The reviewers included Professor John Nacey, Professor Brett Delahunt, Professor David Lamb, Associate Professor Chris Atkinson, urologist Rod Studd, oncologist Brendan Luey, clinical nurse specialist Bob Hale and the Cancer Society’s Linda Christian, as well as many lay people affected by prostate cancer.

Other publications reviewed included the often-requested booklet *Talking about Grief and Loss: A guide for people dealing with the death of someone close*. Thanks go to specialist reviewers Margaret Alve, Marie Glenys, Lois Tokin and the Society’s health psychologists, and to the many lay reviewers for their invaluable suggestions.

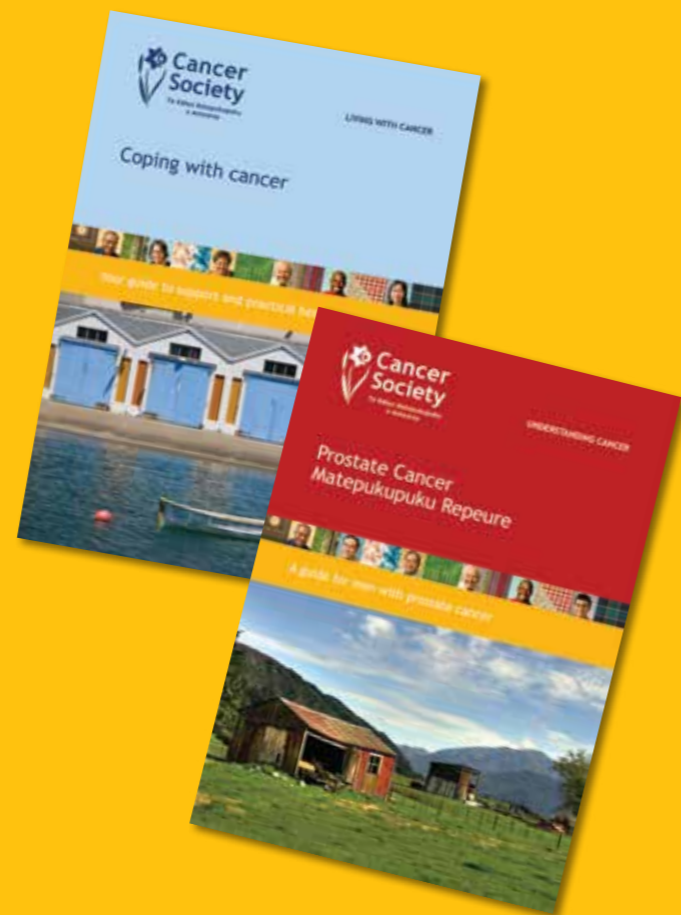
We also continued to review our series of information sheets, updating the material, adding fresh diagrams and making other changes in response to user testing by our wonderful volunteers. Among the number of new information sheets added to the catalogue were ‘Managing Long-term and Late Effects

of Cancer Treatment’, ‘Understanding Lymphoedema’, ‘Ocular Melanoma’, ‘Coping with Waiting’ and ‘Making Decisions about Cancer Treatment’. Information sheets produced in response to public and media demand for clear and balanced information included ‘Vitamin D’, ‘Fish Oils and Omega-3 and Cancer Risk’ and ‘Understanding the chemicals we use’.

NEW PUBLICATIONS PRODUCED DURING THE YEAR INCLUDED:

- *Coping with Cancer: Your guide to support and practical help*, which provides practical suggestions on managing the side effects of treatment and cancer, and information on the support and services available to people with cancer and those who care for them
- *Getting on with Life after Treatment: A guide for people after cancer treatment*, which was developed in response to the increasing number of people who are surviving cancer and wanting guidance on how to return successfully to life after treatment. We expect more demand for this type of information in the future.

The quality of our resources has improved significantly in recent years, culminating in the awards we received in 2012. This reflects the high standards of our staff and the robust writing processes we follow. We’re thrilled with the feedback we’ve received from health professionals, international plain English specialists and, most importantly, the New Zealanders who use them.



We are proud the Cancer Society is regarded as one of New Zealand’s most trusted charities, and sincerely grateful to everyone who chose to donate and/or support our cause during this past financial year.

Despite the very challenging economic climate, the unwavering support of individual donors and organisations helped raise millions of dollars nationally, enabling the Cancer Society to:

- provide practical support services and information – everyone affected by cancer deserves support for themselves and their families so they don’t face cancer alone
- fund vital research into the causes and treatments of all types of cancer. Finding a cure for cancer begins with scientific research. The Society also invests in quality social and behavioural cancer research
- reduce cancer risk through health promotion and education.

These challenging times reinforce the importance of the Cancer Society’s long term commitment to developing and building sustainable fundraising income that will help ensure the long term surety of core services.

DAFFODIL DAY 2012

Daffodil Day is the Cancer Society’s flagship event which culminates with a street appeal on the last Friday of August. We are grateful for the valuable support received from many organisations and the thousands of people of all ages who donate time and money. This major appeal continues to be a success despite the challenging climate.

In 2012 the Cancer Society delivered its 22nd Daffodil Day in conjunction with Principal Sponsor ANZ National Bank. Nationally the divisions raised \$4.8 million with the support of hundreds of volunteer area co-ordinators and 8,300 volunteer collectors.

The street appeal requires a huge number of volunteers and we sincerely appreciate the support of these special people who help the Society deliver New Zealand’s largest face to face fundraising event.

We are most grateful to ANZ National Bank, Principal Sponsor of Daffodil Day. The valuable support of management and staff, and their proprietary media across more than 300 branches provides the platform for Daffodil Day.

Staff assist with fundraising, including the sale of Daffodil Day merchandise and supporting the PR. In 2012, ANZ delivered a viral campaign in conjunction with Facebook and enlisted the support of their Olympic Ambassadors, including; Hamish Bond, Eric Murray and Hamish Carter. These new initiatives helped keep the event fresh and exciting and saw the most visible Daffodil Day campaign to date.

The Society acknowledges the support of its creative agency, Creative Marketing, media agency, Communic8 Ltd and the many other media organisations who support advertising for Daffodil Day.

- ACP / Bauer Media
- APN NZ Media
- Choice TV
- Fairfax Media
- Maori TV
- Mediaworks
- NZ Magazines
- Parkside Media
- Sky TV
- The Radio Bureau
- TVNZ
- TV3

BEQUESTS

Bequests are a vital source of philanthropic support, representing more than one third of all fundraising income.

We appreciate the kindness and forethought of these most dedicated and visionary donors. The Cancer Society has an active bequest programme and it welcomes the opportunity to honour this special group of supporters during their lifetime while they are able to accept our thanks and appreciation.



FINZ Awards (l to r) Philip Hope, Cancer Society National Manager Development, Gordon Macfarlane, Managing Partner Communic8 Ltd, Lynne St.Clair-Chapman, National Communications Manager and Head of Sponsorship ANZ, Susan McGregor



FUNDRAISING (cont.)

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TRUSTS AND FOUNDATIONS

We are tremendously grateful to the Trustees of the Trusts and Foundations who have awarded grants to the Society in an ever increasing regulatory environment.

The money received from Trusts and Foundations represents an important source of income which helps the Society sustain core services and further diversify its fundraising.

- AH Watson Charitable Trust
- Auckland Community Foundation
- Clyde Graham Charitable Trust
- Four Winds Foundation
- New Zealand Guardian Trust
- The Lion Foundation
- Trusts Community Foundation

SOAR PRINTING

We would like to acknowledge the valuable sponsorship received from Soar Printing, the Society's National Print Sponsor for Relay For Life.



They are also the Society's official print supplier for Cancer Information Booklets, Daffodil Day collateral and stationery.

Soar Printing is regarded as one of New Zealand's most sustainable companies and we are most grateful for their on-going support.

EZIBUY

We would like to acknowledge the valuable sponsorship received from EziBuy in support of Relay For Life in the form of t/shirts and gift vouchers.



EziBuy has been a sponsor of the Cancer Society since the very first Relay For Life event held more than ten years ago and their staff and friends also participate in Relay with teams of supporters.



PAYROLL GIVING

The Cancer Society of New Zealand Inc. is an approved donee organisation recognised by the IRD and it is able to receive donations by way of Payroll Giving.

The Society has been nominated by a number of organisations to receive donations from Payroll Giving, which provide a tax credit of 33.3% on the total deduction.

The Cancer Society sincerely appreciates the valuable support it has received from the following employees and their organisations:

- Department of Internal Affairs
- Fujitsu
- iPayroll
- Inland Revenue Department
- Ministry of Social Development
- Rabobank
- State Services Commission
- Telecom

COMMUNITY FUNDRAISING EVENTS

The Cancer Society has been fortunate to receive proceeds from a number of unique fundraising events and cause related programmes organised by special people in the community.

The majority of these events require many hours of planning and also rely on the generosity and goodwill of supporters.

Events held in the past year include: endurance running and cycle events, haircutting ceremonies, celebration gifts and a national motorcycle ride.

The latter, titled Ride For Cancer (conceived by Rob Appleton, a senior fire-fighter with the NZ Fire Service), was organised last November with the support of many dedicated firefighters in memory of colleagues (and friends) the Fire Service has tragically lost to cancer in recent years.

FUNDRAISING (cont.)

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This inaugural ride raised \$40,000 in support of the Cancer Society's Social & Behavioural Research Unit to fund cancer research and the Society is tremendously grateful to everyone who supported this event. Ride For Cancer also promoted key messages of the Fire Service and the Cancer Society.

NZ HOUSE & GARDEN TOURS 2013

Now in its fifth year, the New Zealand House & Garden Tour was hosted by 46 beautiful homes and gardens with support from 580 volunteers, in Auckland, Wellington, Nelson and Christchurch.



The Tour sold more than 4,400 tickets and raised \$280,000 shared equally by charity partners the Cancer Society and Look Good Feel Better. The NZ House & Garden Tour received excellent reviews from all stakeholders.

We are sincerely grateful to major sponsor Fairfax Magazines; NZ House & Garden Magazine, for sponsoring the event. Thanks also to supporting sponsors; Ford New Zealand, Resene and The Breeze.

We also wish to acknowledge our divisions and centres, for their hard work and support, and of course the homeowners, volunteers and all those who joined the day in support of our cause.

FUNDRAISING INSTITUTE OF NEW ZEALAND AWARDS – 2012

It was very pleasing to see our 21-year partnership with the ANZ National Bank recognised in the 2012 Fundraising Institute of New Zealand (FINZ) awards.

The Society won the 'Execucare Corporate Supporters Charity Fundraising Award for Excellence' for Daffodil Day 2011, acknowledging the ANZ National Bank for its tremendous support as Principal Sponsor of Daffodil Day. The remarkable community partnership built during the past 21 years, aided by the unwavering commitment of ANZ National Bank staff, has enabled us to raise the funds and profile needed to help reduce the incidence and impact of cancer in every community across New Zealand.

ACKNOWLEDGEMENT

Please do take some time to acknowledge our valued supporters listed below:

Major Sponsor of the Cancer Society, Principal Sponsor of Daffodil Day and Official Bank:

ANZ

National Sponsors:

EziBuy

Fairfax Magazines – NZ House & Garden Magazine

Soar Printing

The Breeze (MediaWorks)

Key Supporters:

Movember New Zealand

Connect NZ – Men's Health

Mitre 10 MEGA – Upper Hut

Mitre 10 MEGA – Petone

GIVING HOPE - WITH YOUR HELP THERE IS HOPE

Everyone living with cancer deserves support for themselves and their families and your support will help ensure they don't face cancer alone. Please consider how you can support the Cancer Society:

- donate by mail, in person, or through our secure website
- encourage your employer to make a tax deductible donation
- organise your own fundraising event to raise funds and awareness
- plan a bequest in your will
- plan a regular donation in conjunction with a workplace Payroll Giving scheme
- sponsorship
- support one of our events; Relay For Life, Movember, NZ House & Garden Tour etc.

To find out more, visit our website www.cancernz.org.nz

MOVEMBER 2012

Movember 2012 proved another massive success – both in raising awareness of men's health and in raising funds to support world-class men's health programmes that address prostate and testicular cancer and mental health challenges.



Men's health was the hot topic for the entire month of November, with a barrage of messages urging New Zealand men to change their health habits. There's little doubt that the campaign is succeeding in prompting men to talk about their health, something that few of them have done previously.

Movember is now an official event in 21 countries, and in 2012 it raised \$171 million worldwide.

In New Zealand, more than 15,000 people registered for the campaign and nearly \$1.6 million was raised.

The Cancer Society's involvement was led by National President Murray MacCormick, whose willingness to endure the uncomfortable task of growing a moustache led to his raising a significant amount of money.

The Cancer Society's share of the funds raised increased by \$100,000 on the 2011 total, taking it to around \$600,000 – a tremendous boost for our men's health initiatives. The money will continue to fund two prostate cancer Young Investigator scholarships and Movember aspects of the 'Get The Tools' programme, such as regional prostate cancer ambassadors.



RELAY FOR LIFE

This was a landmark year for our Relay For Life programme, with 20,000 New Zealanders coming together to celebrate, remember and fight back against cancer.

Since its launch in 2001, Relay For Life has become one of our biggest community activities. It's enabled us to increase engagement with communities nationwide and strengthen our relationships – locally, regionally, nationally and globally.

The major achievements, innovations and successes of Relay this year include:

- an 11% increase in income from the previous year
- an all-time attendance record of more than 4,000 survivors and caregivers
- the re-emergence of Relays in Christchurch and Tauranga
- youth Relays in Christchurch and Manawatu
- the Relay For Life activities at Antarctica New Zealand's Scott Base
- the introduction of a new Relay-based initiative to promote the 0800 Cancer Information Helpline to more New Zealanders.

PASSION, ENERGY AND WHOLEHEARTED COMMITMENT

We're enormously proud of these achievements, and recognise that they've been made possible through a shared commitment to leadership development, collaboration and innovation.

As a global Relay For Life partner, we're excited to be part of a movement that involves more than four million people across 6,000 communities and 21 countries. By working together with our global Relay partners and local communities, we hope to achieve our shared vision for a cancer-free future.

With this in mind we continue to be guided by a Māori whakataukī (proverb) in all our Relay planning and development activities:

He aha te mea nui o te ao?
He tangata! He tangata! He tangata!

What's the most important thing in the world?
It's people! It's people! It's people!

RELAY FOR LIFE – A WORD FROM TEAM MEMBERS

"If you want to do something for your town, go out and arrange to do Relay For Life... and see what it does for your community."

"It's really humbling to experience Relay For Life... to come with friends and colleagues and show that we're fighting back against cancer."

"It's a great way of raising funds, but also raising people's awareness."

"I love the Candlelight Ceremony. It helps me remember my Dad."

OUR RELAY FOR LIFE GLOBAL PARTNERS

Australia	Cancer Council Australia
Belgium	Fondation Contre le Cancer
Bermuda	Bermuda Cancer and Health Centre
Canada	Canadian Cancer Society
Denmark	Danish Cancer Society
France	Ligue Nationale Contre le Cancer
Guatemala	Una Voz contra el Cancer
Honduras	Asociacion Hondurena de la Lucha Contra el Cancer
Ireland	Irish Cancer Society
Jamaica	Jamaica Cancer Society
Japan	Japan Cancer Society
Luxembourg	Fondation Luxembourgeoise Contre le Cancer
Malaysia	National Cancer Society of Malaysia
Netherlands	Dutch Cancer Society
Philippines	Philippine Cancer Society
Portugal	Liga Portuguesa Contra o Cancro
South Africa	Cancer Association of South Africa
United Kingdom	Cancer Research UK
United States	American Cancer Society
Zambia	Zambian Cancer Society



THE USO BIKE RIDE 2012

The Cancer Society-supported USO Bike Ride has gone from strength to strength since it was launched in 2011. From the two original participants it's increased to 11 Pasifika and Māori men cycling the length of the country, raising awareness of cancer and men's health.

Meaning 'brother' in Samoan, the word 'USO' reflects both the team's strong family connections and the initiative's overall goal of understanding, strengthening and overcoming cancer. According to project leaders Talalelei Taufale and Chris Te'o, it's part of a wider effort to:

- encourage more Pasifika and Māori men to undergo health checks
- promote healthy living through exercise and diet
- improve access to health and physical activity services.

With our support and that of a range of community sponsors, the riders set off on 13 October and covered an average 160 kilometres a day in the two-week journey from Northland to Bluff. Along the way they promoted and distributed Cancer Society resources, including 'Get the Tools', the 0800 Cancer Information Helpline and information booklets in te reo Māori and Pasifika languages. Each leg included prearranged meetings with local community groups, kaumātua, religious leaders and health providers – and the team's amazing journey was also featured in a half-hour documentary that aired on TVNZ's Tagata Pasifika.

In preparation for the ride the USO team worked with the Cancer Society, including Kelly Atkinson (National Manager – Relay For Life and Community Development) and Steve Kenny (National



Men's Health Coordinator), BikeNZ, local cycling clubs, iwi, churches, sporting organisations, district health boards and health providers.

With the 2012 USO Bike Ride now complete, the riders are continuing to volunteer their time in support of our men's health programme and numerous community-based cycling events for people all ages and abilities. Plans for 2013/14 include an awareness-raising ride across Samoa in collaboration with the Samoa Cancer Society.



SCIENTIFIC RESEARCH GRANTS

The Cancer Society awarded the following grants in the 2012/2013 year:

Phase III Trial of weekly vs 3-weekly chemotherapy, in newly diagnosed ovarian cancer: ICON 8

Dr Kathryn Chrystal, Department of Medical Oncology, Auckland City Hospital

The applicants were awarded \$68,273 essentially over three years to enable them to enter twenty four women into the ICON 8 trial of first line chemotherapy for newly diagnosed ovarian cancer. The trial is an international trial run through the ANZ Gynaecological Oncology Group and is designed to improve efficacy of delivery of standard drugs and perhaps reduce toxicity.

Variable CYP2C19 activity effect on cyclophosphamide activation in breast cancer patients

Dr Nula Helsby, Molecular Medicine and Pathology, University of Auckland

Dr Helsby was awarded \$90,103 over two years to study the role of the enzyme CYP2C19 in influencing the response of chemotherapy in breast cancer.

Prostate Cancer - protein markers to determine which patients require treatment

Dr Bill Jordan, School of Biological Sciences, Victoria University of Wellington

The applicants sought funding to further the translational biologic studies associated with the TROG 03.04 RADAR study in 1,071 men with prostate cancer, treated with randomised androgen deprivation and radiation. The study is designed to enhance the ability of clinicians to predict the behaviour of prostate cancer by identifying specific proteins that may be linked to either more, or less aggressive cancers. They were awarded \$359,408 over two years.

NMDA Receptors in megakaryoblastic leukaemia

Dr Maggie Kalev, Molecular Medicine and Pathology, University of Auckland

The applicants were awarded \$155,847 from the Child Cancer Foundation over two years to study a novel hypothesis that NMDA (aspartate) receptors play a central role in megakaryoblastic leukaemia.

Does BCL6 Drive Chemotherapy resistance in Glioblastoma Multiforme?

Dr Melanie McConnell, Malaghan Institute of Medical Research, Wellington

Dr McConnell was awarded a Grant in Aid of \$102,810 to study whether expression of BCL6 mediates chemo-resistance in brain tumour.

PRINCESS: The Prediction of Regression in CIN2. A prospective multicentre trial of conservative management of CIN2 in women under the age of 25.

Assoc Professor Peter Sykes, Department of O & G, University of Otago, Christchurch

Professor Sykes was awarded \$107,173 over two years to determine the safety of active surveillance only in young women (under 25 years) with CIN2, to identify the rate of regression of CIN2 (with no treatment) and to identify factors that might predict for regression or progressions of CIN2. There is currently already a trend for conservative management of CIN in New Zealand and the proposed study would provide an evidence base to support that trend, or reverse it if the findings are negative.

Genetic copy number variation and breast cancer development.

Dr Logan Walker, Department of Pathology, University of Otago, Christchurch

The applicants sought funding to study DNA copy number variants (CNVs) which are a major source of inherited human genetic variation specifically in breast cancer affected families. They were awarded \$44,220 towards the project, the majority of which is being funded by the Health Research Council.

TRAINING SCHOLARSHIPS

The Cancer Society has awarded three 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.

Dr Omid Ahmadi, Department of Surgical Sciences, University of Otago, Dunedin –

Lymph node status and its influence of outcome in colorectal cancer

Miss Stacey Ann D'mello, Auckland Cancer Society Research Centre, University of Auckland –

Biological significance of N-methyl-D-aspartate receptor (NMDAR) mutation in New Zealand malignant melanoma patients

Dr Raymond Yung, Auckland Cancer Society Research Centre, University of Auckland –

Can Omega-3 fatty acid derivatives subvert the blood-brain barrier and treat high grade brain tumours



CANCER SOCIETY SOCIAL AND BEHAVIOURAL RESEARCH UNIT

Research updates from the Cancer Society Social and Behavioural Research Unit, based at the Dunedin School of Medicine.

The Cancer Society funds \$392,500 per annum to support the CSSBRU's priority research into tobacco control, ultraviolet radiation exposure, physical activity and nutrition, psycho-social-spiritual factors and hauora Māori. Here's just a small sample of the projects.

Project aim: To identify what empowers people affected by cancer.

Project update: This work is novel in that there has been no New Zealand research focusing on the positive aspects of the cancer experience. Interviews have begun with the 10 cancer survivors and their families who are the project's co-researchers. The findings should help those affected by cancer to maintain or develop ways to deal with their 'new reality' post-cancer diagnosis.

Project aim: To explore the best ways for GPs to support and inform patients affected by cancer.

Project update: Cancer patients often report that support service co-ordination is disjointed and varies from region to region, with a lack of clarity on the GP's role being an important factor affecting this. The research team has begun working with groups of GPs from different regions to explore their perceptions of care pathways and identify GP-inclusive frameworks to support cancer patients' needs.

Project aim: To examine what young people need to help them quit smoking (as there are very few youth-specific initiatives).

Project update: Research with groups of young people has identified a variety of often interlinked ideas on the tools needed to help young smokers to quit. These include: legislative changes; support from family, friends and community; quitting as a group; making personal changes, such as keeping active; adopting alternative behaviours to smoking; personalised health warnings; and a quit smoking camp. The results are currently being shared among those smoking cessation agencies that can make the best use of them.

Project aim: To evaluate the success of the Cancer Society's 'My Health Matters' patient diaries, which were designed to encourage patients to document and manage their own information about their cancer and treatment.

Project update: A trial of the new patient diaries was launched in the Mid-Central Health region late last year. Participants will be interviewed three and six months after they first start using the diaries to see if and how they have affected their care, and to explore ways in which the diaries could be improved.

Project aim: To quantify the association between sun exposure and vitamin D levels.

Project update: This research is part of a body of work contributing to the debate on how best to protect people's skin from the sun while ensuring they get enough vitamin D. It will provide estimates of the levels of ultraviolet radiation that each ethnic group in New Zealand's population requires to maintain the vitamin D they need for good health.



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 Marlborough), 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 Audit and Risk 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, 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 and 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 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 and 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

ANZ provides 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. Their financial statements are not consolidated with those of the National Office because the National Office is a separate entity.

FINANCIAL STATEMENTS

SUMMARY FOR THE YEAR ENDING 31ST MARCH 2013

This is a summary of the financial statements of the Cancer Society of New Zealand Incorporated, for the year ended 31 March 2013. The information was extracted from the full financial statements as audited by Deloitte Wellington, which were approved by the Board on 3 August 2013. 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.

The summary financial statements have been prepared in accordance with FRS-43: Summary Financial Statements. They cannot be expected to provide as complete an understanding as provided by the full financial report.

The presentation currency is in New Zealand dollars. All amounts are stated in \$000's.

INDEPENDENT AUDITOR'S REPORT ON THE SUMMARY FINANCIAL STATEMENTS

TO THE NATIONAL BOARD OF CANCER SOCIETY OF NEW ZEALAND

REPORT ON THE SUMMARY FINANCIAL STATEMENTS

The accompanying summary financial statements of Cancer Society of New Zealand Incorporated and Group ("Society" and "Group") on page 26, which comprise the summary consolidated statement of financial position as at 31 March 2013, and the summary consolidated statement of financial performance for the year then ended, are derived from the audited consolidated financial statements of the Group for the year ended 31 March 2013. We expressed an unmodified audit opinion on those financial statements in our report dated 3 August 2013.

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 consolidated financial statements of the Group.

This report is made solely to the National Board, as a body, for the purpose of expressing an opinion on the summary financial statements for the year ended 31 March 2013. Our audit has been undertaken so that we might state to the National Board those matters we are required to state to them in an auditor's report on summary financial statements and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the National Board 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 is responsible for the preparation of a summary of the audited consolidated financial statements, in accordance with FRS-43: Summary Financial Reports.

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 Cancer Society of New Zealand Incorporated or its subsidiary.

OPINION

In our opinion, the summary financial statements derived from the audited consolidated financial statements of Cancer Society of New Zealand Incorporated and subsidiary for the year ended 31 March 2013 are consistent, in all material respects, with those financial statements, in accordance with FRS-43: Summary Financial Reports.



Chartered Accountants
3 August 2013
Wellington, New Zealand

This audit report relates to the financial statements of the Cancer Society of New Zealand Incorporated for the year ended 31 March 2013 included on the Cancer Society of New Zealand Incorporated's website. The National Board are responsible for the maintenance and integrity of the Cancer Society of New Zealand Incorporated's website. We have not been engaged to report on the integrity of the Cancer Society of New Zealand Incorporated's website. We accept no responsibility for any changes that may have occurred to the financial statements since they were initially presented on the website. The audit report refers only to the financial statements named above. It does not provide an opinion on any other information which may have been hyperlinked to/from these financial statements. If readers of this report are concerned with the inherent risks arising from electronic data communication they should refer to the published hard copy of the audited financial statements and related audit report dated 3 August 2013 to confirm the information included in the audited financial statements presented on this website. Legislation in New Zealand governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.



CANCER SOCIETY OF NEW ZEALAND INCORPORATED

Financial Summary for the year ending 31st March 2013

Summary Income Statement

As at 31 March 2013	Consolidated		Parent	
	2013 \$000s	2012 \$000s	2013 \$000s	2012 \$000s
Royalties/Sales/Advertising Support	559	153	134	-
Income from Divisional Levies	2,900	2,900	2,900	2,900
Donations and Grants	644	515	644	515
Management fee from Daffodil Enterprises Limited	-	-	65	65
Daffodil Day	508	448	508	448
Investment Income	278	359	274	352
Sundry Income	163	222	163	217
Total Income	5,052	4,597	4,688	4,497

Daffodil Enterprises Expenditure	275	296	-	-
National Initiatives	250	206	250	206
Scientific Research	2,149	2,234	2,149	2,234
Health Promotion	296	387	296	387
Support and Volunteer Services	469	350	469	350
Communications	73	73	73	73
Daffodil Day Expenditure	508	448	508	448
Salaries	1,361	1,302	1,361	1,301
Administration	324	300	324	300
Rent	77	77	77	77
Audit Fee	11	9	11	9
Business Development	81	62	81	62
Depreciation	23	21	23	21
Total Expenses	5,897	5,765	5,622	5,468
Net Operating Surplus/(Deficit)	(845)	(1,168)	(934)	(971)

Summary Balance Sheet

As at 31 March 2013	Group		Parent	
	2013 \$000s	2012 \$000s	2013 \$000s	2012 \$000s
Current Assets	3,994	3,994	3,641	3,836
Non Current Assets	2,307	2,894	2,308	2,895
Total Assets	6,301	6,888	5,949	6,731
Current Liabilities	2,036	1,777	1,990	1,838
Net Assets	4,265	5,111	3,959	4,893
REPRESENTED By:				
Total Equity	4,265	5,111	3,959	4,893

ELECTED OFFICERS

PRESIDENT

Mr Murray MacCormick

NATIONAL BOARD REPRESENTATIVES

Auckland Division

Mr Nigel Brown

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

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 Elliott	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 - 2002
Mr Richard Gray	2003 - 2006
Russell McIlroy	2007 - 2010
Mr Clive Clelland	2010 - 2013

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

LIFE MEMBERS

Mr B C Prior
Professor John Gavin
Mr John Heslop
Dr Pat Kelleher
Dr Alan Gray
Professor B Heslop
Dr Peter Fitzgerald

AUDITORS

Deloitte
10 Brandon Street
Wellington

SOLICITORS

Duncan Cotterill
50 Customhouse Quay, Wellington

BANKERS

ANZ. Co. NZ
PO Box 2846
Wellington

NATIONAL OFFICE STAFF

Chief Executive

Dalton Kelly

Medical Director

Assoc Prof Chris Atkinson

Health Promotion Manager/ Deputy

Chief Executive

Dr Jan Pearson

National Manager Development

Philip Hope

National Communications Manager

Lynne St.Clair-Chapman

National Manager Supportive Care

Susan Sutcliffe / Marie Daly

National Manager Volunteering

Liz Hicks / Helga Wientjes

National Information Manger

Sarah Stacy-Baynes

National Manager - Relay For Life and Community Development

Kelly Atkinson

Health Promotion Advisor (Screening and Early Detection)

Sarah Penno

Health Promotion Advisor (Tobacco Control)

Skye Kimura-Paul

Health Promotion Advisor (Skin Cancer Control)

Barb Hegan

Health Promotion Advisor (SunSmart Schools and Pre-Schools)

Louise Sandford

Office Manager

Pam Hunter

Reception/Administration Assistant

Gloria Love

DAFFODIL ENTERPRISES STAFF

Marketing Manager

Fiona Mawley

NATIONAL OFFICE

Level 2 Red Cross House, 69 Molesworth Street, PO Box 12 700, Wellington 6144, New Zealand
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Any cancer, any question 0800 CANCER (226 237)
Cancer information Helpline
www.cancernz.org.nz

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