

Working towards a cancer free future

ANNUAL REPORT 2019



**Cancer
Council**
Queensland

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Every minute, every hour,
every day, we're working
towards our vision of a
cancer free future.

Our mission

To reduce the burden of cancer.

Our commitment

To improve the quality of life of Queenslanders
living with cancer.

Our values

We support the cancer community with integrity,
agility and a deep sense of belonging.

Cancer in Queensland



The facts

- The most common cancers diagnosed in Queensland are prostate, melanoma, breast, bowel and lung cancers.
- One in two people will be diagnosed with cancer by the age of 85.
- At least one third of all cancer cases are preventable.
- In 2015, around 27,800 cancer cases were diagnosed, and more than 8800 Queenslanders died of cancer.



Successes

- Thanks, in part, to research into cancer prevention, treatment and management, approximately 21,400 cancer deaths were avoided in Queensland between 1996 and 2015.
- Four cancers—prostate, melanoma, breast and thyroid—now have five-year relative survival rates higher than 90% in Queensland.
- The five-year relative survival for all invasive cancers in Queensland is more than 70%.
- The age-adjusted risk of dying from cancer has dropped by 18% between 1996 and 2015.



Research

- In 2019, we invested \$8.7 million into lifesaving research.
- We fund more research than any other independent community-based charity in Queensland.

2019

what we achieved



2570 wigs and turbans were distributed to cancer patients experiencing hair loss.



112,293 printed resources were distributed across the state.



7899 contacts were made with our **13 11 20** Information and Support line.



22,898 nights of accommodation were provided in our lodges.



1104 Queenslanders were assisted with financial support through Practical Support Programs.



151,212 trips were provided to help cancer patients and their carers get from our lodges to their treatment facility.



\$7,239,199 was invested in support services, including accommodation lodges.



Chair's report

Mr Andrew Arkell

In 2019, assisting those in our community impacted by cancer remained our sole focus. We continued to invest our time, energy and funds into lifesaving cancer research, prevention programs and support services.

One characteristic of Cancer Council Queensland which I am incredibly proud of, however, is our ability to also look towards the future. We are continually striving to make the lives of future generations free from cancer and thus, richer and fuller.

Research is fundamental to achieving our vision of a cancer free future, and so Cancer Council Queensland invested \$8.7 million into lifesaving research in 2019. We also worked closely with our long-term donors to fund a new research project grant scheme, the Cancer Council Queensland Accelerating Collaborative Cancer Research (ACCR) Grants. This has given us the opportunity to fund cutting edge research projects to target new ways to prevent, detect and treat cancer.

We are also laying the foundation blocks for a brighter future for the next generation through our education and prevention programs, which have successfully progressed in 2019. Our Smart Shade Creation Initiative, supported by Queensland Health, distributed more than \$275,000 to 113 eligible community organisations throughout the state. Australia has the highest age-standardised rate for melanoma in the world¹ with Queensland having the highest rates in Australia². By providing shade to Queensland communities, we are reducing the risk of skin cancer.

We have continued our Cancer Support and Information Services throughout Queensland, with an investment of over \$7,200,000 in 2019. We assisted 1104 Queenslanders with financial support through our Practical Support Programs and the Cancer Council Pro Bono Legal and Financial Service received 452 referrals from across the state. We are committed to being the first port of call for reliable and trustworthy emotional and practical support for those impacted by cancer.

In accordance with the requirements of our Constitution, I am retiring from the Board, having been continuously involved with Cancer Council Queensland since 2001.

I have volunteered my services over this time as Cancer Council Queensland undertakes, on behalf of the Queensland Community, significant research and other programs to make the lives of Queenslanders better.

As this is my last Chair's Report, it is my privilege to welcome Dr Anita Green to the role of Chair in 2020. Dr Green has a long involvement with Cancer Council Queensland, having become a member of our Board of Councillors in 2009 and two years later, appointed a director of Cancer Council Queensland. Anita is also the Chair of the Board's Medical & Scientific Committee. She has an in-depth knowledge of the national and international cancer landscape through her time on the Board of Cancer Council Australia. Dr Green leads a Board and Committees of dedicated, experienced and passionate professionals who are all working towards a cancer free future.

I also take this opportunity to thank Peter Dornan AM for his contribution to the Board. Peter was named 2020 Queensland Senior of the Year for his work in men's health, which spanned a career of over 50 years. Peter provided the Board with expert knowledge as a physiotherapist and importantly, as a prostate cancer survivor. Peter's insights as a 'consumer' of cancer services provided focus and clarity.

I would also like to extend a heartfelt thank you to our volunteers, supporters and employees for their hard work and dedication to Cancer Council Queensland in 2019. We are genuinely grateful for the support of so many people contributing to our cause.

It is our duty to ensure that no Queenslanders faces cancer alone. Every day, we're employing our values – integrity, agility and a strong sense of belonging – to support the Queensland cancer community. We will continue our work until cancer is eliminated as a life-threatening disease for future generations.

¹ Olsen CM et al. 2019. Trends in melanoma incidence rates in eight susceptible populations through 2015. J Invest Dermatol; article in press.

² Australian Institute of Health and Welfare 2016. Skin cancer in Australia. Cat. no. CAN 96. Canberra: AIHW.



Message from the CEO

Ms Chris McMillan

2019 was another year of positive change. By working together, we have made a significant difference to the lives of those in the cancer community.

On average, one person is diagnosed with cancer around every 20 minutes in Queensland. We aim to be there for each and every person, providing support and advice. However, our services are not only for those living with cancer, but everyone in our wider Queensland community. We endeavour to protect all Queenslanders from the young to the elderly, from this disease through prevention and advocacy programs. Together, we can decrease the number of new diagnosis' every minute, every hour and every day.

In 2019, we have expanded and upgraded many of our services to support Queenslanders impacted by cancer, educate the wider public on risk prevention and continue vital cancer research. Here is a snapshot of what we – dedicated volunteers, employees and supporters – have achieved over the past year.

2019 highlights

- We are now in phase two of our work on the Australian Cancer Atlas, which was launched in September 2018. The Atlas continues to educate Australians on how types of cancers vary according to geographical location and informs lifesaving research.
- Significant progress has been made on the Australian Childhood Cancer Registry, which is funded by Cancer Council Queensland. Internationally accepted staging systems for childhood cancers have recently been developed, and Cancer Council Queensland has been at the forefront of this work.
- In 2019, we upgraded the facilities in several of our accommodation lodges and provided 22,898 nights of accommodation to regional Queenslanders undergoing treatment. We also expanded our Transport to Treatment services in Townsville, in partnership with Dry July. Over the course of the year, our Transport to Treatment drivers covered 228,555 kilometres statewide, assisting 21,037 Queenslanders to access treatment. For some members of our community, these services really are the difference between receiving treatment or not.
- In the past year we have also committed to moving many of our emotional support services online and via

telephone, to reach more regional Queenslanders who need our support. The 13 11 20 Information and Support line team responded to 7899 contacts and PalAssist received 600 contacts via telephone, email and webchat. The Cancer Counselling Service also began using online platforms to deliver Living Mindfully webinars. Gradually, we are increasing our reach to assist all Queensland residents, no matter where they live.

- We have scaled up our QUEST cancer prevention program to provide online support to organisations committed to creating healthy work environments which will reduce the risk of cancer for all in the community. In 2019, we also assisted in establishing Health and Wellbeing Queensland, a statutory agency that will focus on Queenslanders' physical health.

Lastly, I want to thank our incredible supporters, volunteers, employees and donors for their hard work and generosity. In 2019, we raised \$7,675,182 across all our fundraising campaigns. Whether it is through attending an Australia's Biggest Morning Tea, taking part in a Relay, hosting a Girls' Night In, or supporting any of our campaigns, each person who has participated has made a huge difference. Furthermore, we received nearly 80,000 donations in 2019, amounting to \$10.5 million. Our Gifts in Wills service has also gained a massive amount of traction, with over \$6 million donated in bequests. We are so very fortunate to have the support of such generous and forward-thinking donors.

Cancer Council Queensland would not be able to offer the support we are renowned for, without the dedication of our employees, Board and Committees, supporters and volunteers. Our volunteers often dedicate many years to supporting our work and I would like to acknowledge the significant contributions by our retiring Chair of the Board, Mr Andrew Arkell, and also Board Director Mr Peter Dornan AM. Together, we ensure no Queenslanders faces cancer alone and create a brighter future for the next generation.

Research

Every day our researchers are working towards the next cancer breakthrough

Cancer Council Queensland's research programs are focused on providing tangible benefits for the community through research to improve the lives of cancer patients, their families and all Queenslanders. Our strategy is strengthened by national and international collaborations and partnerships and aims for rapid translation of results into improved practice and policy. Over 100,000 Queenslanders have taken part in Cancer Council Queensland's research program to date.

Our research is focused in three key program areas:

- **The Descriptive Epidemiology Research Program** aims to understand patterns and trends in cancer incidence, prevalence, mortality and survival to identify areas of improvement or need and to investigate factors that impact on diagnosis, clinical management, health services delivery and cancer outcomes.
- **The Childhood Cancer Research Program** aims to conduct and facilitate national and international research into the epidemiology, causes and outcomes of childhood cancer. Underpinning this work is Cancer Council Queensland's management and support of the Australian Childhood Cancer Registry, a national clinical database of all cases of childhood cancer diagnosed in Australia.
- **The Health Systems and Psycho-Oncology Research Program** is focused on identifying and improving key challenges related to social and geographic inequities in cancer-related outcomes, prostate cancer survivorship, bowel cancer screening, and community engagement with cancer organisations.

supplement the information already collected on surgery and radiotherapy.

The method for ascertaining the specific chemotherapy agents for patients varied by hospital, and involved either obtaining patient pharmacy records, review of medical records (on-site or electronically) or approximation based on the agents listed in the chemotherapy protocol documentation, if the data were not directly available. Following on from the success of this project, Cancer Council Queensland is committed to prospectively enhancing treatment data in the Australian Childhood Cancer Registry through the ongoing collection of information on standardised chemotherapy protocols and chemotherapy-related drugs.

Distribution and survival by stage at diagnosis for childhood cancers

Stage at diagnosis of cancer is one of the most important predictors of cancer survival. Information on stage at diagnosis is therefore vital for interpreting treatment outcomes and for identifying differences between jurisdictions. This year, an analysis of data from the Australian Childhood Cancer Registry, focussing on the most common childhood blood cancers^[1] and solid cancers^[2], showed that survival rates in Australia are among the best in the world.

For childhood blood cancers, our results typified the much-improved survival rates that are now achieved even for patients presenting with higher stages, with five-year survival of at least 85-90%. Some of the findings indicated areas for further investigation, including superior survival in acute myeloid leukaemia among children in Australia and higher presenting stage in Hodgkin lymphoma than reported elsewhere in the world. Regarding childhood solid cancers, we found that around three out of every four children with a solid cancer were diagnosed at a lower stage and that most of these cancers exhibited highly significant differences in stage-specific survival.

The data used in these studies represent an important step towards consistent and reliable information on stage for childhood cancers within Australia. These world-first results were published in international peer-reviewed journals and will provide a baseline for future comparisons.

Key research initiatives and outcomes in 2019

Improving childhood cancer information for Australia through the Australian Childhood Cancer Registry

The Australian Childhood Cancer Registry records information on every child diagnosed with cancer in Australia. It is Australia's only complete, population-based clinical registry of cancer in children and one of the few such registries in the world. The information collected is used by researchers and childhood cancer clinicians to understand the burden of childhood cancer in Australia.

The data are also used to investigate possible geographical or socioeconomic differences in outcomes, and track improvements in childhood cancer survival over time. This year, the Registry team has focussed on obtaining complete and detailed information on chemotherapy treatments, including the specific chemotherapy agents administered, to

‘Every piece of research increases our knowledge and each new discovery brings us closer to improved treatments for cancer. Together we will save lives.’

Professor Joanne Aitken,
General Manager, Research



International engagement

Given the rarity of childhood cancers, internationally consistent data standards and definitions are crucial for pooled data analyses and population comparisons. Over recent years, a detailed manual for deriving childhood cancer stage for cancer registries was developed, tested and implemented in national work led by Cancer Council Queensland. In an important development, the staging manual was formally endorsed by the Union for International Cancer Control (UICC) and the International Association of Cancer Registries (IACR) in early 2019 and is now freely available through the IACR website.

The staging manual has been implemented in Europe, parts of Africa, Asia and South America. To facilitate its

use in non-English speaking countries, the staging manual has been translated by registries in those countries into Portuguese, Japanese, Italian, Spanish and French.

Cancer Council Queensland has established a working group including representatives of GRELL (the Group for Epidemiology and Cancer Registry in Latin Language Countries) (Spanish translation), the Italian Institutes for Cancer Patient Care and Research (Italian translation), the Brazilian National Cancer Institute (Portuguese translation) and the African Cancer Registry Network (French translation) to resolve any inconsistencies in the translated versions, and recommend a suitable central online repository for all translations.

Cervical cancer screening in Indigenous women

Improving cancer control for Indigenous Australians continues to be a key strategic priority for Cancer Council Queensland. Cancer survival rates are lower among Indigenous Australians than non-Indigenous Australians for all malignancy types. Indigenous Australians are also less likely to participate in cancer screening programs and, if diagnosed with cancer, are more likely to be diagnosed with advanced disease.

Until recently there has been no information about cervical screening participation rates among Indigenous Australian women. This was due to the lack of an Indigenous identifier on the cervical screening registers.

This started to change in 2013, when Cancer Council Queensland was part of a national data linkage study designed to quantify cervical screening participation among Indigenous women. Even though Pap smear registries do not include Indigenous status, by linking these registries with the Hospital Admitted Data Collections (which do record Indigenous status), the Indigenous status of screened women could be ascertained. Funded by the National Health and Medical Research Council and led by Menzies School of Health Research, this study quantified for the first time the lower screening rates among Indigenous Australian women, and how they varied by geographical location.

While this study provided new and important information, it was critical to update these results with more contemporary information, up to the introduction of the new cervical screening program (Renewal) in 2018. To facilitate this, additional data linkages between the hospital data collection and the Pap smear registry were carried out. This process included records for over 1 million women and over 2 million cervical screening episodes. Analyses of these and other data will continue over the next few years, and will aim to answer questions about how the most recent screening rates vary by geographic area, whether these screening rates and the geographical patterns are changing over time, and what are the driving factors behind the lower screening rates among Indigenous women.

Ultimately, the goal of this research is to understand the screening and treatment pathways among Indigenous cancer patients and the role this plays in their reduced survival rate. This information can then be used to guide the development of effective and culturally sensitive interventions to reduce the existing gap in cancer outcomes.

Systematic reviews of cancer research

In 2019 alone, there were over 1.4 million papers published in medical scientific journals, with more than 80,000 of those related to cancer^[3]. It is difficult for clinicians and researchers to keep track of all these, even when limited to specific topics. One of the methods used to summarise the results from a large number of published studies is called a systematic literature review. A systematic literature review provides a summary of the medical literature that uses defined and reproducible methods to systematically search

for all the papers on a specific topic, critically appraise the quality of the methodology and findings of the papers, and synthesize these results to provide an overall summary of the key findings.

As might be expected, systematic literature reviews take a substantial amount of staff resources to complete, but they provide the international research community with an important framework on which to guide future research and avoid duplication of effort. In 2019, we conducted a number of systematic reviews focusing on important issues in cancer to help guide further research.

The first of these looked at the published international evidence for geographical variations in prostate cancer indicators by residential rurality and area disadvantage. The review considered 169 published papers and found substantial evidence that prostate cancer indicators varied by residential location across diverse populations and geographies.

While the wide variations in study design limited comparisons across studies, our review indicated that internationally, men living in disadvantaged areas, and to a lesser extent, more rural areas, face a greater prostate cancer burden. This review highlighted the need for a better understanding of the complex social, environmental, and behavioural reasons for these variations, recognising that, while important, geographical access is not the only issue.

The second systematic review considered current trends in the incidence of liver cancer among adults. Liver cancer is a leading cause of cancer deaths worldwide, although the burden varies substantially between countries, reflecting geographical distribution of viral hepatitis, which is one of the key risk factors for liver cancer.

The review covered 59 published studies. It found that incidence of liver cancer in non-Asian developed countries was increasing for adult liver cancers generally and also for Hepatocellular carcinoma (HCC, the most common form of liver cancer). In contrast, incidence trends were decreasing in the Asian region, although rates were still very high. Our findings highlighted the importance of viral hepatitis control and lifestyle interventions to reduce the global liver cancer burden.

Another reason to conduct a literature review is to combine the results from studies of rare diseases, thus increasing the number of cases available for analysis and so achieving a more stable understanding of the true picture. This is the case with liver cancer among children – a rare disease – where published estimates for individual countries are difficult to interpret.

We therefore conducted a systematic literature review in which we summarised all published estimates from around the world to provide a stronger and more reliable picture of changes in the incidence of childhood liver cancer over time. This review showed that rates of childhood liver cancer and hepatoblastoma (the most common diagnostic subgroup) are increasing worldwide. Answering the question of ‘why’ is the next research step.



Cancer survival measures (National data set)

When clinicians and researchers talk about cancer survival, often they are referring to a term called ‘net survival’, or the mortality that is associated specifically with a cancer diagnosis. This ‘net survival’ refers to the very hypothetical (and non-realistic) situation where cancer is the only cause of death. This is difficult to interpret in the real world. However, there is a range of other statistical measures that can be used in describing cancer survival. These alternative measures of survival assist in communicating and understanding the impact that a cancer diagnosis has a person’s life.

These measures include:

- **Loss of life expectancy** which reflects the difference between the life expectancy of people diagnosed with cancer and the life expectancy of similar individuals from the general population.
- **Probability of population cure** is when the mortality rate associated with a cancer diagnosis returns to the same level as that expected within the general population. This method can also be used to calculate the survival expectation for the group of cancer patients who eventually die from their cancer.
- **Crude probability of death** estimates the probability of dying from cancer within a certain time period, while also accounting for the probability of dying from another cause. It is often reported as ‘within a group of 100 fifty-year old women diagnosed with breast cancer, on average 9 would die from cancer within 10 years, 2 would die from other causes, and 89 would be alive after 10 years.’
- **Avoided deaths** estimates the number of cancer deaths that could be avoided within a certain time period if the cancer survival in one group of cancer patients improved to be the same as that observed for another group.

At Cancer Council Queensland, we have used data from each of the eight state and territory-based population cancer registries in Australia to calculate these measures and provide new insights into the survival experience of Australians diagnosed with cancer between 1982 and 2014.

Results to date have consistently highlighted the improving survival outcomes for Australian cancer patients over time. This is great news. However, it implies that the number of Australians who are living with a cancer diagnosis

is increasing. Furthermore, this increasing number of cancer survivors poses a challenge to the health system in ensuring equitable access to appropriate evidence-based care for all patients during the many years after their cancer diagnosis.

Prostate cancer survivorship

Survival rates for prostate cancer are greater than 95% but many men encounter significant and ongoing treatment related symptoms and distress. To improve the survivorship experience of men and their families, Cancer Council Queensland works in partnership with the NHMRC Centre of Research Excellence in Prostate Cancer Survivorship (CRE-PCS), the Prostate Cancer Foundation of Australia (PCFA) and the University of Southern Queensland (USQ).

A key milestone in 2019 was the completion of the Prostate Cancer Supportive Care and Patient Outcomes project conducted at Cancer Council Queensland. This project followed men for 10 years after a diagnosis of prostate cancer and found that about one third of men still experience poor physical and mental quality of life outcomes 10 years later, highlighting the importance of long term follow up. Other work identified aspects of masculinity that may prevent men from accepting the need for help, and acknowledged that gender-sensitised health interventions may be required to target men effectively and lead to optimal outcomes. A culmination of this work was a set of recommendations for screening for distress and psychosocial care for men within a proposed model for delivery for healthcare providers. Researchers also sought to address the distinctive needs of advanced prostate cancer patients by designing a nurse-delivered, tele-based supportive care intervention which has been strongly endorsed by prostate cancer specialist nurses across Australia.

In 2019, we gained new insights into the priorities for prostate cancer survivorship from the perspective of patients and key healthcare providers through important qualitative studies. Researchers from Cancer Council Queensland and USQ presented nationally and internationally on survivorship issues for men with prostate cancer and we also supported the CRE-PCS, in partnership with the PCFA and the Australian and New Zealand Urogenital and Prostate Cancer Trials Group, to deliver the ‘Changing the Face of Prostate Cancer Survivorship in Australia: Implementation Forum’ in Brisbane.

Travelling for Treatment

The Travelling for Treatment Project is a flagship project of the Building Regional Resilience in Cancer Council (BRRICC) program. It is a collaboration between Cancer Council Queensland and the University of Southern Queensland to investigate the healthcare challenges faced by rural and remote Queenslanders who are diagnosed with cancer. The project is gaining an in-depth understanding of the experiences of regional cancer patients who are required to travel long distances in order to receive their healthcare. Patients who stay at our accommodation lodges during their treatment are invited to participate in the project. This invitation also extends to carers (family or friends) of cancer patients to help us understand the

unique experience of those who provide patient care outside the formal healthcare setting. We are privileged to capture the individual stories of study participants over time, from the point of their stay at the lodge to when they return home and beyond. Recruitment for this project continued across all six of our accommodation lodges in 2019. September 2019 was an important milestone for the Travelling for Treatment project, with the first patients and carers completing their two-year assessment. Cancer Council Queensland is grateful for the support received for this research from participants – support that will help to improve services tailored to the unique needs of the people who live outside urban Queensland.

[1] Youlden DR, Gupta S, Frazier AL, et al. Stage at diagnosis for children with blood cancers in Australia: Application of the Toronto Paediatric Cancer Stage Guidelines in a population-based national childhood cancer registry. *Pediatr Blood Cancer* 2019; e27683.
 [2] Youlden DR, Frazier AL, Gupta S, Pritchard-Jones K, Kirby ML, Baade PD, Green AC, Valery PC, Aitken JF. Stage at diagnosis for childhood solid cancers in Australia: a population-based study. *Cancer Epidemiol* 2019;59:208-214.
 [3] National Institutes of Health (NIH) National Library of Medicine, PubMed database, accessed 14 May 2020, <<https://www.ncbi.nlm.nih.gov/pubmed/>>



Accelerating Collaborative Cancer Research (ACCR) Grant Scheme

Changing the way we fund lifesaving research, to accelerate breakthroughs

A priority for Cancer Council Queensland is to invest in Queensland-led cancer research with demonstrable potential to improve the survival and/or wellbeing of cancer patients.

In 2019, Cancer Council Queensland launched an exciting new cancer research funding scheme called the Accelerating Collaborative Cancer Research (ACCR) Grant. It has replaced Cancer Council Queensland's long-running Cancer Research Project Grants scheme.

The key objectives of ACCR grants are to accelerate the translation of cancer research outcomes into practice and policy to improve the survival and wellbeing of cancer patients, and to encourage effective research collaboration between universities, health services and medical and scientific research institutes.

To reduce the burden of cancer in Queensland, we must continue to invest in innovative and ground-breaking research. The ACCR grant scheme will fast track this research, with the new funding model designed to give our researchers the funding and sustained commitment they need to deliver greater impact.

Up to two ACCR grants will be awarded each year.

Each grant will:

- Be for a maximum term of four years.
- Provide a total of \$500,000 per annum, comprising \$350,000 per annum from Cancer Council Queensland and a required cash co-contribution of \$150,000 per annum from the administering institution.

The new funding scheme is intended to:

- Stimulate innovative, collaborative cancer research.
- Develop the capacity of high-quality cancer research groups in Queensland.
- Accelerate the progress of research to improve survival and wellbeing of cancer patients.

Two ACCR grants were awarded in 2019 for funding commencing in 2020.

Improving immunotherapy for lung cancer patients

Lung cancer remains the leading cause of cancer death, and the fifth most common cancer diagnosed in Australia. It's why learning how to improve the effectiveness of treatments for lung cancer, such as immunotherapy, remains critical—and why Professor Mark Smyth and his team are keen to improve outcomes.

He is one of the leaders of the project known as LUCKI STARS. This special 11-member multidisciplinary team will dedicate themselves to developing diagnostic tools and therapeutic interventions that will improve our understanding of lung cancer patient response or resistance to immunotherapy.

Professor Smyth explains: 'This project combines multiple approaches and expertise, to improve early diagnosis of lung cancer and identify better ways to match appropriate therapy for optimal treatment outcomes in lung cancer patients.'

'Some of these therapies are the latest and most promising developed so far, and our project will investigate which lung cancer patients will be benefitting the most from those.'

The team will be working with the best available lung cancer samples from clinical trial patients, both before and following treatment. By better being able to identify biomarkers which indicate either response or resistance, they are hoping to be able to treat lung cancer earlier, and with new combinations of immunotherapies.

Professor Smyth explains: 'Firstly, we aim to diagnose lung cancer early, which would greatly improve outcomes of patients. Next, we will trial new approaches to treat lung cancer patients and improve the selection of drugs for patients with lung cancer. Therefore, the ultimate goal is to increase survival for cancer patients. The findings we are making in lung cancer will be applicable to other cancer types. Funding and collaboration are essential for high quality research.'

It's going to meet a critical need for lung cancer research.

'Until now, much needed research funding for lung cancer has not been forthcoming, compared to other cancer types.'

LUCKI STARS is a project that won't just maximise a range of disciplines and knowledge, but also will use the latest in cutting edge technology and treatment methods to improve outcomes for this deadly cancer. Having a four-year commitment, and \$2million in funding, will have an enormous impact on lung cancer treatment. For everyone affected by this lung cancer, it will deliver incredible hope.



'We're now closer than ever to improving the survival rates of many cancers like lung cancer.'

Professor Mark Smyth

A promise that communication could be key to saving lives

With the number of new cancer diagnoses increasing by 2.5% per year, and the number of cancer survivors in the Australian population predicted to reach 1.4 million by 2020, how we care for people throughout their treatment, and beyond, will play an increasingly important role in how cancer impacts our community.

It's why, as one of our selected grant recipients, Professor Penelope Webb will lead a research project—known as PROMISE—that will test the effectiveness and cost-effectiveness of the use of electronic patient-reported-outcome-measures (PROMs) in routine cancer care to improve patient outcomes.

These PROMs give patients a way to communicate their experience of cancer to their doctors, helping to identify and manage different symptoms, making care even more tailored to patient need.

'Our goal is all about improving cancer care. We know that when patients come into hospital, they may see different doctors at different visits. Right now, there isn't an easy way for these doctors to track how things are going,' says Professor Webb.

It's a project that hopes to not just reduce the significant costs of emergency admissions but also to save lives.

'We hope that asking patients to complete a short PROM about how they are feeling before their hospital visits will improve communication and help their doctors identify problems sooner. Doctors can then manage side effects of treatment better to improve patients' wellbeing and help them get through treatment.'

Giving clinicians a better understanding of what their patient is experiencing, is key to improving treatment outcomes. Professor Webb acknowledges evidence of these tools improving patient/clinic communication. However, new research suggests they may even improve health and increase survival.

To truly measure the impact of using PROMs in routine patient care, Professor Webb will be conducting a study with 600 patients, at four hospitals in Queensland, across 18 months.

It's a study that's only possible thanks to the depth and length of commitment of our new research grants.

Professor Webb says: 'We'll be studying adults who have been newly diagnosed with lung, oesophageal, brain, breast or prostate cancer. To do a large study like this, we need sufficient funding, guaranteed for several years. We couldn't have done it otherwise.'

To be able to test and develop ways to improve patient/clinic communications, so as to improve the care patients receive—in turn improving their chances of surviving—is an important step that's only possible thanks to our new funding model.



'Our goal is all about improving cancer care.'

Professor Penelope Webb

EXTERNAL RESEARCH GRANTS

Chief Investigator	Institution	Research title	2019 funding amount
2018 – 2019 Project Grants			
Prof Paul Alewood	The University of Queensland	Development of oxytocin receptor specific tracers for improved breast cancer management	\$100,000
Prof Riccardo Dolcetti	The University of Queensland	Improved antigen-specific immunotherapy for cutaneous malignant melanoma	\$100,000
Dr David Fielding	The University of Queensland	Streamlining lung cancer diagnosis through genomic testing of cytology smears	\$100,000
Prof Brian Gabrielli	The University of Queensland	Preclinical development of combinations with CHK1 inhibitors in melanoma and lung cancer	\$100,000
Prof Jean-Pierre Levesque	The University of Queensland	Colony-stimulating factor 1 receptor tyrosine kinase, a new target to treat acute myeloid leukaemia	\$100,000
Prof Gregory Monteith	The University of Queensland	Pharmacological targeting of an adaptive breast cancer cell survival pathway as a novel treatment for breast cancer: Constitutive Ca2+ influx mechanisms in triple negative breast cancer cells	\$100,000
Dr Kate Gartlan	QIMR Berghofer Medical Research Institute	Characterising IL-5 mediated suppression of alloimmunity	\$100,000
Dr Jill Larsen	QIMR Berghofer Medical Research Institute	Identifying ‘cooperative’ mutations in non-small cell lung carcinoma that facilitate lung carcinogenesis	\$100,000
A/Prof Kelli MacDonald	QIMR Berghofer Medical Research Institute	Analysis of pathogenic macrophage differentiation and function in chronic GVHD	\$100,000
Prof Mark Smyth	QIMR Berghofer Medical Research Institute	Inhibiting ILC1 formation in cancer	\$100,000
2019 – 2020 Project Grants			
Prof Mark Smyth	QIMR Berghofer Medical Research Institute	Nectin-like molecules in cancer	\$100,000
Prof Kum Kum Khanna	QIMR Berghofer Medical Research Institute	To investigate the mechanistic and functional roles of MLK4 in mediating radio-resistance of breast cancer stem cells	\$100,000
A/Prof Vicki Whitehall	QIMR Berghofer Medical Research Institute	High Risk Sessile Serrated Adenomas of the Colorectum	\$100,000
Dr Bryan Day	QIMR Berghofer Medical Research Institute	Dystroglycan Complex Targeting: A Novel Approach to Eliminate Tumour-Initiating Cells in Adult Brain Cancer	\$100,000
A/Prof Juliet French	QIMR Berghofer Medical Research Institute	Combining genetics and genomics to identify multi-cancer risk genes	\$100,000
Prof Gregory Monteith	The University of Queensland	Exploiting remodelling of calcium signalling to specifically target triple negative breast cancer via promotion of apoptosis	\$100,000
Prof Nikolas Haass	The University of Queensland	Induction of endoplasmic reticulum stress to potentiate immunogenic cell death to improve melanoma therapy	\$100,000
A/Prof Helmut Schaidler	The University of Queensland	O-linked-N-acetylglucosamine transferase and ten-eleven translocation 1 facilitate therapy induced cellular reprogramming leading to acquired drug resistance in cancer	\$100,000
Prof Riccardo Dolcetti	The University of Queensland	Strategies to overcome immune-resistance to cancer vaccines	\$100,000
Dr Brett Hollier	Queensland University of Technology	Targeting the adaptive response to androgen-deprivation as an adjuvant therapy for advanced prostate cancer	\$100,000
SENIOR RESEARCH FELLOWSHIP			
Prof Sandi Hayes	Queensland University of Technology		\$44,360
CANCER CLINICAL TRIALS SUPPORT SCHEME			
Total expenditure	Public and private health facilities in Brisbane		\$1,271,366



Cancer Support and Information

Every day, we give cancer patients and their families the information and support they need to cope with cancer

Cancer Council Queensland offers a range of practical and emotional support services for Queenslanders affected by cancer. These include counselling, peer support, transport and accommodation services and information resources.

13 11 20

Our 13 11 20 Support and Information Service provides cancer information, emotional and practical support and referrals to anyone wanting to know more about cancer. This includes people living with cancer, their families, carers and friends, people wanting to reduce their cancer risk, teachers, students and healthcare professionals. In 2019, our 13 11 20 service responded to 7899 contacts.

Statistics have revealed a 34% increase, over the past five years, in the use of emails and website forms to access Cancer Council Queensland services and information. As a result, we are continuously striving to improve our email and website processes to better manage increased requests for support.

Recognising the increasing use of text-based communication in health care, we have also implemented a Health Professional Request for Cancer Support webform. This allows health professionals to link their clients to 13 11 20 and other Cancer Council programs and services. The online Request for Cancer Support form has been welcomed by health professionals, with 13 11 20 receiving over 120 online requests in 2019.

PalAssist

PalAssist received 600 contacts via telephone, email and webchat in 2019. PalAssist is a Queensland-wide palliative care, 24-hour accessible online and telephone service. It is free for anyone who has a life limiting illness or condition, as well as their families and carers. The service is funded by Queensland Government and provided by Cancer Council Queensland.

Cancer Counselling Service

Our Cancer Counselling Service consists of a team of dedicated nurse counsellors and psychologists who are passionate about providing high quality, evidence-based psychological support to Queenslanders distressed by cancer.

In 2019, the Cancer Counselling Service provided support to 870 Queenslanders affected by cancer, with psychologists delivering 2360 hours of support and our nurse counsellors providing 283 hours.

This service delivered two eight-week Living Mindfully group programs and one Learning to Relax workshop, the latter of which was funded by Dry July. Feedback from both programs was positive and will inform how we deliver these programs in the future.

In 2019, we continued our partnership with Professor Tamara Ownsworth of Griffith University and Princess

Alexandra Hospital in the evaluation of a telehealth psychological support intervention for people with primary brain tumour and their family members. This randomised control study compared the delivery of 10 one-hour sessions delivered by a psychologist via a videoconferencing platform, with five one-hour sessions of therapy delivered via telephone by a Cancer Counselling Service Psychologist.

Education and Information

In 2019, over 112,293 printed resources were distributed across the state and a further 3693 resources were downloaded from the Cancer Council Queensland website. These resources provide information about specific types of cancer, treatment, emotional and practical issues, early detection and prevention as well as our many support services.

Cancer Council Queensland organised 26 community and health professional information sessions – 20 face-to-face sessions and six webinars – across Queensland with 464 attendees. The webinars increased the reach of the information and support we provide and were attended by 102 people. We also continued our engagement with Aboriginal and Torres Strait Islander Health Professionals by providing four information and education sessions across the state as part of the Caring for Our Community project. This project was a Cancer Australia Supporting People with Cancer grant initiative, funded by the Australian Government.

Peer Support

In 2019, we evaluated our face-to-face peer support pilot program for those undergoing treatment in Radiation Treatment Facilities. The program will continue and expand over the coming years.

Our Cancer Support and Information programs and services recruited 26 new volunteers. In 2019, there was a total of 231 active Cancer Support volunteers across the state.

Our Cancer Connect program, which connects people currently diagnosed with cancer and their carers to volunteers who have had a similar experience, received 59 referrals, both from Queensland and interstate. Twenty-seven successful matches were made with Queensland peer support volunteers who provided support to others experiencing a similar diagnosis. Referrals not able to be matched with Queensland volunteers were redirected to Cancer Connect programs in other states. We ended 2019 with nine active Community Activity Program groups across Brisbane, Gold Coast, Rockhampton, Sunshine Coast and Townsville.



***'In 2019, we supported 857 clients
and distributed 2570 wigs and turbans.'***

Practical Support

We were proud to assist 1096 Queenslanders with financial support through our Practical Support Programs in 2019. The Cancer Council Pro Bono Legal and Financial Service received 452 referrals from across Queensland. The ESA Wig and Turban Service has continued providing headwear and wigs to women who experience cancer-related hair loss. In 2019, we supported 888 clients and distributed 2666 wigs and turbans.

Transport Services

Cancer Council Queensland's transport services aim to meet the needs of Queenslanders with cancer and their families who are experiencing hardship in accessing treatment. To some members of the community, these services are the difference between receiving treatment or not.

In 2019, Cancer Council Queensland's Home to Treatment Transport Service fleet of vehicles continued to grow. We launched our first Townsville Home to Treatment Service in June, with support from Dry July. The Townsville Service provided 76 clients with 598 trips to and from their cancer treatment, travelling more than 13, 223 kilometres.

In 2019, the Home to Treatment services in Brisbane and Cairns provided 881 clients with 4528 trips to and from their cancer treatment, travelling more than 81, 010 kilometres.

To assist Queenslanders travelling to Brisbane and Townsville for treatment, we provided transport to 3111 people through our Travel Transfer Service, travelling a total of 34, 124 kilometres across 1570 trips. As part of our suite of transport services, we provide transport to

Queenslanders staying in our accommodation lodges, to support them in travelling to and from their treatment and medical appointments. These services provided over 15,121 trips, covering a total of 102, 934 kilometres in 2019.

Accommodation

In 2019, we provided accommodation to more than 2451 regional cancer patients and carers in our six accommodation lodges across the state. Our lodges provide a home-away-from-home for regional cancer patients, facilitating access to cancer treatment.

Each year we invest around \$1.45 million from community donations to run our lodges at little to no cost to patients, easing the financial burden that often accompanies a cancer diagnosis. Our lodges are an important part of our mission to reduce the burden for regional Queenslanders. Guests at our lodges in Brisbane, Townsville, Cairns, Toowoomba and Rockhampton have access to support services and practical assistance, such as transport, counselling, and peer support.

Together, our lodges have the capacity to provide over 100, 000 bed nights of accommodation each year, with 134 self contained and/or studio style rooms and recreational facilities for Queenslanders affected by cancer.

In 2019, we completed the final stage of refurbishment to The Charles Wanstall Apex Lodge. This completed the full renovations on site, which updated the flooring, bathrooms, kitchens and whitegoods in every room on the property. The Olive McMahon Lodge began its large-scale renovations as well with complete updating of all new rooms, plus necessary facilities upgrades.

LODGE PROFILE

Queensland couple says lodge 'saved them'



Robyn and Rod Mackenzie's lives changed forever when Rod was diagnosed with melanoma and prostate cancer in late 2017.



The Stanthorpe couple began travelling back and forth to Brisbane for treatment from January 2018 following Rod's diagnosis.

'He (Rod) had four procedures in Brisbane for his cancers so we were staying in Brisbane for a lengthy period,' Robyn said.

'Rod's cancer became inoperable and he now has monthly treatments at the PA hospital.'

Robyn came across Cancer Council Queensland's accommodation lodge facilities after doing some research online.

'We weren't informed about the lodge, but I thought there must be something out there to help us,' she said.

'I did research and found the lodge online.

'The lodge has done so much to help us, and I have made sure people in Stanthorpe know about Cancer Council Queensland's lodges.

'I didn't know much about Cancer Council Queensland until our family was affected by cancer.'

The couple stayed at Ellis Lodge in South Brisbane on and off during Rod's cancer treatments.

'I can't speak more highly of the people who work at the lodge and everyone you encounter at Cancer Council are the right people for those jobs,' she said.

'The bus is marvelous and the facilities at the lodge make it feel like a home away from home.

'Cancer Council Queensland saved us financially and emotionally, plus we got to meet other people at the lodge going through similar things.'

The couple recently began renting their own apartment that is close to Ellis lodge and still pay a visit every week for morning tea.

'The lodge saved us, and we still have morning tea there every Tuesday,' she said.

'I am now contributing to the morning tea as my way of giving back and supporting the lodge.'

'Cancer Council Queensland saved us financially and emotionally, plus we got to meet other people at the lodge going through similar things.'

Health and Wellbeing

In 2019, Cancer Council Queensland's QUEST program continued to support organisations to create healthy environments and help reduce the risk of cancer. QUEST is an online program that supports and mobilises organisations across Queensland to make the healthy choice the easy choice. Currently, 3017 workplaces, schools, sports clubs and early childhood centres are registered to the program and can download policy templates, tools and resources.

In 2019, we had a focus on men's cancer prevention as part of Men's Health Week. Kip Wightman served as Ambassador and produced a short film with Channel 7. Overall, the campaign reached more than 3300 people.

We continued to focus on reducing skin cancer risk by providing shade across Queensland and thus preventing skin damage. As part of the SunSmart Shade Creation Initiative, funded by Queensland Health, we distributed \$275,000 to 113 eligible community organisations. The grants provide vital funding for not-for-profit organisations who cater for children aged 0-18 years and allow them to install and maintain shade structures for educational, sporting or recreational purposes.

Shade creation grants were awarded in the following areas in 2019:

Region	Number of shade grants awarded
Brisbane	3
South West Queensland	13
Sunshine Coast	3
Wide Bay Burnett	9
Rockhampton	25
Mackay	41
North Queensland	5
Far North Queensland	14

In 2019, we launched a promotional campaign for the National SunSmart Program (NSSP) with the goal of increasing engagement with non-member schools and Early Childhood Centres (ECC). The promotional campaign consisted of a multifaceted approach including media releases, social media engagement, direct calls and various mailouts. Through this campaign, we observed a significant increase in memberships for both ECCs and schools. We received 407 applications from ECCs and 140 from schools, resulting in a 10.6% and 6.2% increase in membership numbers, respectively. As a direct result, the NSSP network for Queensland expanded in 2019 to 2391 schools and ECCs.



Celebrating 20 years of Cancer Council's National SunSmart Program at Lady Gowrie Quarry Street Child Centre with the Hon. Grace Grace

Ultraviolet (UV) radiation damage accumulated during childhood and adolescence is strongly associated with an increased risk of skin cancer later in life.

Young children are most often in school or in childcare when (UV) radiation levels are at their peak during the middle of the day. These organisations are uniquely placed to educate children about sun protection behaviour, minimise UVR exposure and ultimately reduce a child's lifetime risk of skin cancer.

The National SunSmart Program aims to instil lifelong SunSmart habits in Queensland children from an early age.

More than 2300 Queensland primary schools, early childcare centres and outside of school hours care facilities are currently members of the free program.

Among them is Lady Gowrie Quarry Street Child Centre, which has highlighted its commitment to protecting its staff and students against the sun's harmful UV rays by joining the program.

Lady Gowrie Qld CEO Louise Jackson explained that early childhood is the time where foundations are laid for future health, learning and wellbeing.

'Queensland is the skin cancer capital of the world and at Lady Gowrie we take our role in preparing children for life seriously, and that includes [encouraging] SunSmart behaviour as early as possible,' she said.

'It is important to model SunSmart behaviour and ensure children have the best possible protection from the sun at all times.'

In 2019, Cancer Council Queensland CEO Chris McMillan and Minister for Education the Hon. Grace Grace MP visited Lady Gowrie Quarry Street Child Centre to celebrate 20 years of the program in Queensland and encourage more organisations to join the program.

'It is important to model SunSmart behaviours and ensure children have the best possible protection from the sun at all times.'

'One third of cancer cases are preventable through the adoption of healthy lifestyle behaviours. Our goal is to reduce the risk of preventable cancers for all Queenslanders.'

Advocacy

Every day, we speak out on behalf of the community on the issues that matter to them



We work with the community to change laws and policies to reduce cancer risks and improve cancer care.

Our current priorities include:

- reducing our exposure to tobacco at home and at work
- protecting our skin from the sun
- improving our physical health and wellbeing
- intervening early to identify cancers and risks
- monitoring the quality of our treatment and care
- reducing the financial burden for cancer patients and their families.

In 2019, there was a number of important advances in cancer prevention and control that aligned with this agenda. We were proud of our contributions to initiatives that positively impact on the health and wellbeing of all Queenslanders.

Cancer Council Queensland assisted in the establishment of Health and Wellbeing Queensland, a statutory agency that will focus on Queenslanders' physical health. We'd been advocating for a health commission for several years, including making submissions to three parliamentary inquiries investigating its proposed scope, function and activities. We were pleased to see it formed in 2019, and look forward to working with the commission on shared public health priorities.

2019 also saw us supporting restrictions on junk food advertising, to reduce children's exposure to this type of advertising and help them (and the broader community) make healthier choices.

Our commitment to creating safer and healthier environments for the Queensland community also

extended to advocating for better policies concerning exposure to second-hand smoke. We pushed for more 'buffer zones' around early learning centres and other smoke-free areas. We also assisted to restrict access to tobacco products, including emerging products such as e-cigarettes, which pose a danger to the community. Lastly, we helped increase services for people exposed to danger in their workplace, particularly those that may be affected by lung cancer and other respiratory diseases in mines and other workplaces.

Advocating for better patient care and services was a large focus for us in 2019. We have been discussing end-of-life care and palliative care in the Queensland community for some time, with an aim to improve the system. A large parliamentary inquiry was undertaken in 2019, looking at all aspects of end-of-life care, and we were able to share our perspective, based on the experience we have supporting Queenslanders through this difficult time.

Improving transparency for patients and their families through access to an enhanced website was another significant accomplishment we assisted with. This website will provide more information about hospitals and health services across Queensland.

In 2019, we have continued to support changes to travel subsidies for Queenslanders living in regional, rural and remote areas. These people living with cancer need to travel to major cities to access treatment and support, and rely on our voice to help them do so.

Campaigns and Community Engagement

Every day, our supporters go above and beyond to help fund our lifesaving work

Cancer Council Queensland would like to extend a heartfelt thank you to everyone who was involved in a fundraising event in 2019. These fundraising initiatives are vital to ensuring people affected by cancer receive the support they need from diagnosis, through to treatment and beyond.

In 2019, we raised \$7,675,182 across all fundraising campaigns, with the help of our generous and dedicated supporters.

Australia's Biggest Morning Tea

In 2019, 4272 hosts helped us celebrate 26 years of this much-loved fundraiser, raising a total of \$2,143,096 throughout Queensland homes, workplaces, community groups and clubs.

CancerFREE Challenge

In 2019, 46 teams took on the CancerFREE Challenge to raise more than \$674,855 to help support Queenslanders affected by cancer. The Redlands Volunteer Branch near Brisbane won by raising \$129,961.

Daffodil Day

We flooded the state in a sea of yellow for Daffodil Day in 2019, raising over \$972,546 with the help of more than 2000 volunteers. These volunteers, along with 621 team leaders, were responsible for raising over \$700,000 selling fresh daffodils and merchandise throughout Queensland communities. More than 131 schools took part in the campaign, raising an incredible \$39,429, and 147 workplaces raised \$16,358 by selling merchandise on their front counters and taking donations. All money raised was directed towards lifesaving cancer research.

Fundraising for women's cancers

Through hosting PINK events, choosing to have a night in with friends or walking for women's cancers, many wonderful supporters united to raise vital funds for the women they love. In 2019, 441 hosts raised \$196,014 as part of our Girls' Night In campaign, 246 supporters raised \$257,042 for Pink Ribbon and \$149,188 was raised during our Walk For Women's Cancers campaign. Overall, \$602,244 was raised across the three campaigns.

Relay For Life

More than 30 Relay For Life events were held throughout Queensland in 2019, raising a total of \$1,939,108. More than 1198 teams took part with over 27,186 participants attending the events to celebrate survivors and carers, remember loved ones lost and fight back against cancer.

Community Fundraising

Whether it was shaving their head, running a marathon, holding a bake sale or organising a golf day, our amazing community fundraisers raised an incredible \$2,018,188 across Queensland.



Our impact

Trinity Anglican School Goes Yellow For Daffodil Day

Trinity Anglican School (TAS) painted the school yellow with daffodils in their fundraising drive for Cancer Council Queensland's 2019 Daffodil Day. Their hard work certainly paid off, as they won second place in the state for money raised.

Principal Paul Sjogren said he is immensely proud of TAS, particularly the way in which students and teachers worked together to raise much needed funds for a cause that touches so many Australians, including their own school community.

'We didn't set out in our fundraising to win a competition. It was more about getting behind a great cause and giving it our all.'

'In reflection, what this does prove is that the school's community and caring spirit is definitely alive and well,' Mr Sjogren said.

TAS's 2019 Daffodil Day fundraising effort were three-fold. It incorporated sales from official merchandise, fresh bouquets of daffodils and a beautiful, 'Field of Hope' memorial, placed under the library sails. The memorial was created by the senior students but involved the whole school, with students and teachers planting paper daffodils throughout the day.

Cancer Council Queensland's Cairns Team Leader, Jenny Coates, commended the students on their dedication, 'What they achieved is simply amazing and a testament to the school as a whole.'



'We didn't set out in our fundraising to win a competition. It was more about getting behind a great cause and giving it our all.'

Our Donors and Our Supporters

Our donors are the foundation of everything we do



Cancer Council Queensland simply couldn't do what we do without the generous support of our donors. We give thanks for their continued support in 2019. We received nearly 80,000 donations in 2019, amounting to an incredible \$10.5 million. Through donations, both small and large, Gifts in Wills and regular giving, our supporters helped fund ground-breaking research, prevention and detection programs and support services for all Queenslanders affected by cancer.

Gifts in Wills – future proofing for a cancer free future

Gifts in Wills are Cancer Council Queensland's primary source of fundraising revenue, contributing over 30% of our income in 2019. Donors who chose to leave a gift in their Will to Cancer Council Queensland are called our Lifetime Partners because they are helping future proof our research and service delivery outcomes as we work towards a cancer free future together.

This year, Cancer Council Queensland gratefully received generous gifts from over 120 of our Lifetime Partners, including those listed below:

- Aileen Bolton
- Averil Iris Wardecki
- Colin Robert Sinclair
- Desmond Neil Chapman
- Douglas Noel Feldman
- Esme Hazel Hay
- Flory Kapau-an Vanderwerf
- Glenys Ann Roemermann
- Jeanne Lauder Telfer

- Jeffrey James Kearley
- John Antonio Carl Stroppiana
- John Brae Edmonds
- John Lyall Russell
- Klaasje (Karla) Haitsma
- Mary Margaret Davies
- Melda Joy Dale
- Meryl Anne Scully
- Millicent Betty Campbell
- Moya Lillian Bray
- N. Bruce and Julie Robson
- Patricia Lorraine Coleman
- Robin Denise Davidson
- Roderick Kelly
- Roma June MacKenzie
- Scott Elworthy McGhie
- Shirley Veronica Collins
- Thomas James Griffin
- Thomas Nicholson
- Veronica Ella Mantle

We are extremely grateful to all our Lifetime Partners and their families, who donated over \$6 million in bequests.



Rebecca Bell, who has kindly included a gift to Cancer Council Queensland in her Will.

'I'm not a wealthy woman, but I want to leave what I can to make life easier for people who are going through cancer.'



Executors of the Peach Estate, Mary and Cedric Holland and Cancer Council Queensland CEO Chris McMillan presenting the inaugural ACCR grants, in honour of Donald and Ray Peach, to grant recipients Professor Mark Smyth and Professor Penelope Webb.

Trusts benefiting Cancer Council Queensland

Cancer Council Queensland is honoured to be the recipient of ongoing funding from several private trusts, including those established through Wills. These trusts provide a wonderful legacy and are a vital and ongoing source of funding. In 2019, private trusts contributed a combined total of \$791,774 towards our work. Our thanks go to all the original benefactors and to the trustees who provide ongoing management of these thoughtful and enduring gifts.

Our gift to you

We understand that cancer can be both physically and financially devastating. As part of our Gifts in Wills program, we offer a Free Will Service to anyone who includes a gift to us in their Will. Thanks to the support of community-minded law firms across the state, the Free Will Service has been operating in Queensland since 2009, with over 300 Wills created within the past decade.

2019 saw a marked expansion of this service to more locations across Queensland, including Toowoomba, Caboolture, Cairns and Ipswich. Cancer Council Queensland is incredibly grateful to our partner law

firms (listed below) and members of the public who have used the service and included us in their Will – undoubtedly, one of the most generous gifts of all.

- ABKJ Lawyers
- Attwood Marshall Lawyers
- Blue Quill Lawyers
- Briese Lawyers
- Catton Roderick
- Compass Legal Solutions
- Davoren & Associates
- Edgar & Wood Solicitors
- Fedorov Family Lawyers
- Gerald Sherrington Lawyers
- Hede Byrne and Hall Lawyers
- HSH Lawyers
- McNamara Law
- MRH Lawyers
- Quadrio Lee Lawyers
- Ramsden Lawyers
- Robert Harris Rivett
- The Will and all

The stories of Carl & Linda, John and Sam



Linda and Carl



Sam



John, pictured with his wife

These incredibly brave individuals found the courage and energy to share their stories with our donors in 2019. It is one thing to be diagnosed with cancer and face it head on, but it is entirely another to face cancer and then have the strength to share your experience with others. That is exactly what the people in our 2019 appeal case studies did – they shared their stories and in doing so, helped us raise nearly \$2 million to support other Queenslanders living with cancer.

In our March appeal, Carl and Linda shared their remarkable story of both being diagnosed with cancer within a few weeks of each other. From the small town of Roma (500 kilometres from Brisbane) Carl and Linda, who are in their sixties, used our Transport to Treatment and Accommodation services to help them access their treatments. Living away from home for over three months, they described our practical support services as 'a game changer'. They shared their story to help raise funds, so others from rural and remote communities can access these services in the future.

John shared his cancer story in our mid-year Tax Appeal, highlighting the need for increased investment into cancer research and better cancer treatments. John was only 26 years old when he was first diagnosed with Hodgkin Lymphoma. Shockingly, this unexpected and awful news came just two weeks before his wedding. After treatment, John went into remission but sadly relapsed, just when he learned he was to become a dad. Thanks to donor funded research, John's second treatment was successful, and he is now a happy father to three. John shared his story to help raise more funding for our vital cancer research, because

as he said in the appeal: 'Without research, there's no treatment. Without treatment there's no survival... Research is the gateway to a new life.'

However, it was our Christmas appeal case study on Sam that stole many of our donors' hearts in 2019. Sam's mum, Sophie, shared his cancer story to help raise awareness of melanoma and increase funding for cancer research. Sadly, Sophie lost Sam to melanoma. Had he survived, Sam would now be 42, but instead Sophie must keep her son's memory alive through her beautiful grandson Cole. Since sharing her heartfelt words about losing her son, Sophie has been overwhelmed with our donors' kindness, generosity and messages of love for her and Cole. She asked us to pass on her thanks to the more than 4000 generous Queenslanders who gave to the appeal.

Our heartfelt thanks to Carl and Linda, John, Sam and Sophie and their brave families for sharing their stories. Thank you for sharing your personal stories and thank you again to our wonderful donors for stepping up with their continued generosity.

Retail



SLIP



SLOP



SLAP



SEEK



SLIDE

During 2019, Cancer Council Queensland operated six retail locations across the state, including our first seasonal Pop UP store located at Toombul Shopping Centre in Brisbane.

Our stores, both physical and online, processed more than 10,000 retail transactions last year, resulting in over 21,500 units of sun protection products purchased by Queenslanders. This included sunglasses, hats, umbrellas, rash vests and sunscreen.

Our licensees made improvements and changes to some products throughout the year, giving Queenslanders access to high-quality, affordable sun protection.

These updates included:

- Several existing sunscreen formulations being manufactured to SPF50+
- Refreshing the Face sunscreen range and including a more water-resistant formulation
- On trend sunglasses manufactured to be compliant with the AS/NZS 106701:2016
- Swimwear textiles featuring quintessential Aussie holiday icons

The sales from our retail operations go towards funding cancer research, prevention programs and patient support services. You can support us by searching for your local store on our website or shopping online at www.cancercouncilshop.org.au.



People (Employment and Volunteering)

Our employees and volunteers are the heartbeat of our organisation and we value their commitment, drive and contribution toward everything we do



In order to best support the attraction, recruitment and retention of both employees and volunteers, in 2019 our People & Safety and Volunteer Engagement departments merged to become the People (Employment and Volunteering) Group. This enabled the group to streamline processes and focus Cancer Council Queensland resources more effectively.

Comparator	Volunteers	Employees
Number	1100	200 ¹²
Average Length of service (years)	13.7	4.3
Gender	78% Female 22% Male	78% Female 22% Male
Location	72% Regionally based	78% Brisbane based
Safety (CCQ incident numbers)	4	24 ³

Cancer Council Queensland volunteers

We continue to recognise the dedication and hard work of our volunteers. Last year, 430 volunteers attended our 10 Thank You Celebrations, which took place across the state. During these festivities, we were able to celebrate the efforts of all our volunteers, as well as those who marked a special volunteering anniversary.

Last year, Cec Gleeson celebrated 45 years of volunteering with us as an active member of the Ipswich branch. We continued celebrating throughout National Volunteer Week, when eight of our volunteers were nominated for the 2019 Queensland Volunteering Awards. These awards recognise the efforts of volunteers in bringing about positive change within their communities.

Our Transport to Treatment service also continued to grow in 2019, with 83 volunteer drivers across Brisbane, Cairns and Townsville providing 957 clients with 5126 trips to and from their cancer treatment, travelling more than 91,497 kilometres.

Last year, we also worked hard to begin identifying and implementing a fit for purpose Volunteer Management System (VMS). The aim of the VMS is to enrich our volunteer program by providing the ability to effectively mobilise volunteers across all areas of the organisation, and support alignment with the National Standards for Volunteer Involvement.

¹200 people are employed in total, this equates to 170 full time equivalent roles.
²25% of employees work either part-time or have flexible working arrangements.
³CCQ's workers compensation premium is 65% lower than the industry rate due to the claims performance.

'Volunteers make a huge difference by generously giving their time to create a cancer free future.'

VOLUNTEER PROFILE

A day in the life of a Transport to Treatment driver



Travelling to treatment can be challenging, especially when travelling away from home for treatments which last for many weeks or months. Finding affordable and accessible transport is important, whether travelling intrastate or in the local area. Cancer Council Queensland offers a range of transport services called Transport to Treatment, which are available to those who have limited options.

Kirstyn Bartholomeusz started volunteering for the Transport to Treatment program in Townsville, shortly after the service launched in the area. She is extremely passionate about helping others, but it was the passing of her uncle from cancer that inspired her to start volunteering.

‘I cared very deeply for my uncle and before he passed, he expressed to me his appreciation for all the nurses and volunteers who cared for him,’ said Kirstyn.

‘I began looking into ways I could help and the opportunity to become a Transport to Treatment volunteer driver with Cancer Council Queensland really stood out to me.’

‘As a Nursing and Midwifery student, I’m really passionate about providing healthcare to everyone who needs it. Transport to Treatment is a big help to patients living rurally or in smaller communities, as it provides them with an easy and affordable means of accessing treatment.’

What Kirstyn enjoys most about volunteering is being able to give back to her community and be a bright spark in someone’s day.

‘The people who use our services are usually quite unwell so being able to distract them with a story or joke to make

them laugh is really special to me. I want all my clients to feel like they’re one in a million – because they are!’

Kirstyn said a typical volunteer shift begins with morning tea between her, other volunteers and Anthea and Trish, who work in the Gluyas Rotary Accommodation Lodge. She then finds her client list for the day, plans her routes and ensures the Transport to Treatment vehicle is ready to go.

‘Some of my clients are only 15 minutes away, while others can be 45 minutes away – either way, I use my time with them to get to know them and try to understand their circumstances a bit better.’

‘One of my most special clients lives quite far away, so we spend the drive talking about his life and his children. He lives alone and I know he finds the social aspect of the service really valuable to his recovery.’

‘What’s unique about Cancer Council Queensland is the many different ways it provides support to people affected by cancer. I used to think I would only be able to help people in a hospital setting, but now I realise just how important these practical community services are.’

‘Seeing the positive impact Transport to Treatment has on patients affected by cancer and their families is so heartwarming.’



Cancer Council Queensland’s Journey towards reconciliation

In 2019, we received Reconciliation Australia’s approval for our first Reconciliation Action Plan (RAP), which we launched in July as part of NAIDOC week celebrations.

The RAP provides a structured approach to advancing reconciliation in our own unique way. As our first RAP, the purpose will be to decide on the vision for reconciliation and to explore where our organisation is best placed to influence change within Australia’s reconciliation journey. Whilst our first RAP will focus on building capabilities and an understanding of reconciliation for our employees and volunteers, the long-term purpose will be to produce future RAPs that continue to be mutually beneficial and sustainable.

As part of the RAP development, we commissioned an artwork by Indigenous artist Rachael Sarra. The artwork

was designed to celebrate and engage with Aboriginal and Torres Strait Islander communities. It’s also a means of strengthening relationships between Aboriginal and Torres Strait Islander people and Cancer Council Queensland, and is for all employees and stakeholders to appreciate and engage with.

The Cancer Council Queensland artwork is a symbol of hope, resilience and guidance. It encourages a supportive connection and a sense of belonging, as well as acknowledging the reality of some journeys and advocates healing – mentally, physically, spiritually and culturally.

Leadership and Development

In 2019, Cancer Council Queensland engaged our Managers and Executive Leadership team in a tailored leadership development program that ran over a five-month period for more than 40 internal leaders. The theoretical aspects were complimented by the introduction of both a Leadership Capability Framework and Action Learning activities.

The Leadership Capability Framework is a model that describes behavioural and performance expectations at four levels within Cancer Council Queensland. The 11 capabilities directly link to our values and Code of Conduct, but are also generic enough to be applied across all occupations. Each capability defines excellence in leadership behaviour as well as establishing role clarity and accountability.

The 10 Action Learning activities saw leaders working in groups to solve challenges. These 10 activities ranged from employee engagement, reward and recognition through to improvements in Performance Development Reviews and safety incident reporting. As a charity, Cancer Council Queensland prefers to use this type of methodology to both develop leadership capabilities and advance our charitable purpose at the same time.

Employee Engagement

For the past two years, we have collaborated with the Queensland University of Technology (QUT) to conduct Nonprofit Employee Engagement and Innovation Surveys. Last year, most areas had improved, with 84% of the indicators scoring higher than in 2018 (31 out of 37 indicators). This means that only 16% of the indicators rated the same or a bit lower than in 2018 (6 out of 37). From a benchmarking perspective, Cancer Council Queensland rated more highly on 31 of the 37 constructs compared to other not-for-profits which indicates a highly engaged workforce.

Health, safety and wellbeing

Cancer Council Queensland approaches work health and safety through a diverse but targeted range of programs and initiatives that are developed through consultation as well as managing existing and emerging risk. The approach includes seven major work health and safety risks that encompass both psychical as well as psychosocial aspects.

Examples of programs and initiatives include flexible working arrangements, resilience training, improved accessibility to facilities, and shaded lunch areas. Given the nature of our work, we include resilience training into induction and onboarding. Additionally, we also offer the 'traditional' Employee Assistance Program as well as having enhancements for dealing with cancer.

We have improved our incident reporting and technology to ensure the safety of all stakeholders. As a result, there has been a heightened awareness concerning the reporting of hazards, meaning we can proactively manage any health and safety risks. Of the 93 safety incidents reported in 2019, 78% were people related and 22% were plant related (vehicles, facilities etc.). Of the people related reports, 50% were lodge residential guests and/or carers, and 30% were employees and volunteers. The other 20% were visitors and event participants. Within the employee reports, 26% were sprains and strains and 16% were lacerations.

Our employees are engaged in multiple ways. Two of the more formal structures include a Work Health and Safety Committee and a Healthy Workplace Committee. The Healthy Workplace Committee facilitates our externally recognised Healthy Workplace Program. The Healthy Workplace Program achieved gold status in Queensland Health's Happier Healthier Workplaces program and in 2019 was finalist in the 'Best commitment to work health and wellbeing' category of Queensland's 2019 Safe Work and Return to Work Awards.



Our Supporters

Trust and Foundation 2019

- E Robert Hayles & Alison L Hayles Charitable Trust
- Gambling Community Benefit Fund
- CM & JA Whitehouse Foundation
- Department of Social Services - Community Grants Hub
- Perpetual Limited
- Santalum Foundation
- The Page-Hanify Family Benefaction
- Ivan Maurice Jones Endowment
- E Robert Hayles & Alison L Hayles Charitable Trust
- The Cory Charitable Foundation
- Redland City Council
- The Cody Foundation

Corporate Partnerships

- Brisbane Broncos
- Sirron Holdings Pty Ltd
- Suncorp Brighter Futures
- Queensland Rail
- JJ Richards
- The Star Gold Coast
- Dry July
- Brother Leagues Club Cairns
- Chris Warren Homes
- Channel 7 Brisbane

More ways you can help

Every day, you can help us get closer to a cancer free future

Join our online community

Spread the word and help raise the profile of cancer in the community. Like and share on Facebook, Tweet, upload a snap to Instagram or use LinkedIn to show your support on social media.



@CCQLD



/cancercouncilqueensland



@cancercouncilqld



/cancer-council-queensland

Host (or join) a fundraising event

Whether it's Daffodil Day, Australia's Biggest Morning Tea, Relay For Life, Do It For Cancer or Walk for Women's Cancers, get excited and get involved with your colleagues and friends to raise funds for vital research, support services, prevention and early detection campaigns.

For more information call **1300 65 65 85** or visit cancerqld.org.au/be-involved

Donate

Donate once or donate monthly. A tax-deductible donation will contribute to vital cancer research, support services for patients and families, and prevention and early detection. A little goes a long way when you give regularly. It also gives us confidence to commit to long term research projects to make lifesaving discoveries.

For more information, please call the Donor Hotline on **1300 66 39 36** or email breakthrough@cancerqld.org.au

Workplace giving

Workplace Giving can be simply donating what you would spend on one coffee or a magazine. The choice is yours how much you wish to donate and how frequently – weekly, fortnightly or monthly. Deductions are pre-tax, so you won't notice the few dollars you donated, but you will be making a big difference to those affected by cancer

For more information, visit cancerqld.org.au/go/workplace-giving

Leave a gift in your Will

Your Will is the ultimate reflection of your values and a profound statement about your life. Including a gift in your Will to Cancer Council Queensland will help fund lifesaving cancer research and support Queenslanders affected by cancer.

To receive your free copy of *Your guide to leaving a gift in your Will*, or for a confidential chat, please call **1300 66 39 36** or email giftsinwills@cancerqld.org.au

Make a difference, volunteer

We believe that no one should face cancer alone, which is why we need people like you to volunteer with us in whatever way you can.

For more information call **1300 851 957**, email volunteer@cancerqld.org.au or visit cancerqld.org.au/volunteeropportunities

Buy SunSmart

Buying sun protection products from Cancer Council Queensland will not only protect your health and safety, but also support the vital work we do for the Queensland community.

Visit one of our retail stores in Brisbane, Bundaberg, Gold Coast, Mackay and the Sunshine Coast or visit cancercouncilshop.com.au

Prevent cancer

We know that preventing cancer is one of the most effective ways of creating a cancer free future. Cancer Council Queensland offers a range of programs and resources designed to support you to reduce your cancer risk where you live, work, play and learn.

Visit cancerqld.org.au/cancer-prevention/ to find out more



Board and Committees

Cancer Council Queensland continues to adopt good governance principles that adequately and flexibly support the organisation’s constantly changing environment.

Imperatives of good governance such as flexibility, accountability, compliance and risk management are represented in the development of consistent and cohesive policies, processes and internal controls for all areas of responsibility throughout the organisation. We gratefully acknowledge the dedication and contribution of the members of Cancer Council Queensland’s Board and Committees.

Board of Directors

- Mr Andrew Arkell – Chair
- Dr Anita Green – Deputy Chair (from February 2019)
- Mr Peter Dornan AM
- Associate Professor Paul Davidson (resigned February 2019)
- Mr Steve Wiltshire
- Mr Robert Gregg
- Professor Karen Becker (appointed February 2019)
- Mrs Tricia Schmidt (appointed February 2019)
- Ms Samantha Lennox – Company Secretary

Finance, Audit and Risk Management Committee

- Mr Steve Wiltshire – Chair
- Mr Andrew Arkell – Deputy Chair
- Mr Robert Gregg
- Ms Penny Shield
- Dr Louise Kelly
- Mrs Tricia Schmidt (appointed February 2019)
- Mr Ian Rodin (appointed February 2019)

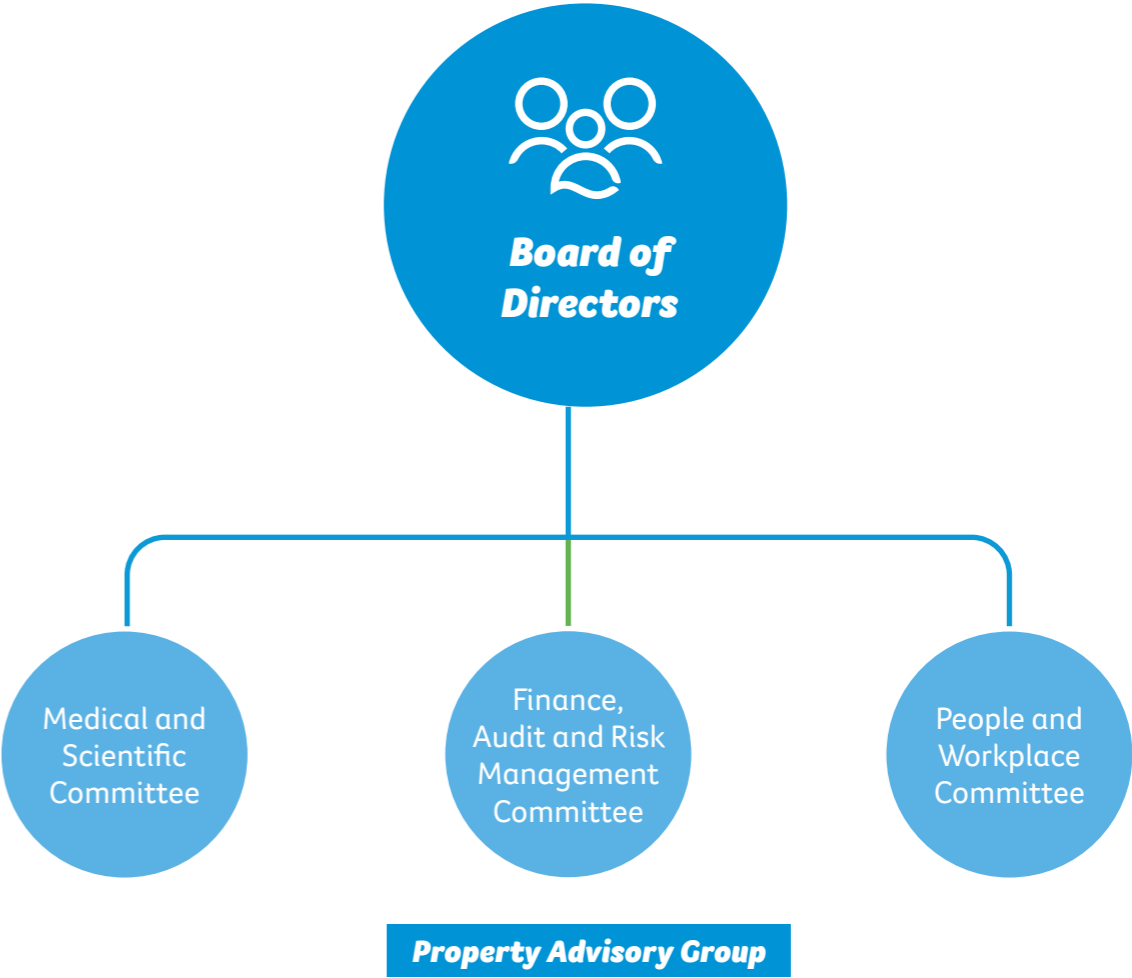
Medical and Scientific Committee

- Dr Anita Green – Chair
- Associate Professor Andrew Moore
- Professor Kwun Fong
- Dr Ralph Smallhorn (resigned April 2019)
- Professor Alpha Yap (appointed February 2019)

People and Workplace Committee

- Associate Professor Paul Davidson – Chair (resigned February 2019)
- Professor Karen Becker – Deputy Chair (until February 2019)
- Chair (from February 2019)
- Mr Todd Everitt – Deputy Chair (from June 2019)
- Mr Nicholas Rogers
- Ms Nerida Sing (appointed March 2019)
- Ms Belinda Hapgood (appointed March 2019)

Governance Structure



Finance Report

For the 12 months ended 31 December 2019

Summary

The total revenue for the financial year ended 31 December 2019 was \$30,587,764. In the same period, total expenditure was \$29,273,900 leaving a surplus of \$1,313,864. Cancer Council Queensland (CCQ) also received other income from a gain on disposal of assets of \$33,372 and a gain in the fair value of its managed fund of \$1,120,584, resulting in a reported operating surplus of \$2,467,817.

INCOME

Total revenue was \$30,587,764 down -\$7,520,483 on 2018 reflecting decreases over last year on bequests -\$6,923,307, Interest and dividends -\$94,778, Retail income -\$221,486, accommodation income -\$439,408 and other revenue -\$1,282,205 off-set by an increase in fundraising (excluding bequests) of \$810,701.

Fundraising (excluding bequests)

Fundraising income (excluding bequests) was \$14,937,585. This was an increase of \$810,701 on 2018 due to higher major gift, direct mail and regular giving income (+\$623,227) and higher event income (+\$187,474).

Bequests

Bequests income was \$6,743,025. This was a decrease of \$6,293,307 on 2018. Bequests are very important to CCQ's ability to fund the level of cancer services and research it currently delivers each year. It is, however, difficult to predict the value of bequests in any given year. The average value of bequests over the last ten years has been approximately \$9m per annum or close to a third of CCQ's total income. In 2018 bequests were well above average at \$13m and they were below average in 2019.

Interest and Dividends

Dividend and interest payments were lower as a result of lower dividends, lower interest rates and lower average cash balances.

Retail Income

Retail income was lower due to lower sales from physical stores and lower royalties. Online income was higher.

Accommodation Income

Accommodation income was lower due mainly to Olive McMahon lodge in Toowoomba being closed for renovations in the second half of the year and 18 rooms were offline for a six- month period at Charles Wantsall lodge in Brisbane, whilst being renovated.

Other revenue

Revenue for managing the Queensland Cancer Registry was reduced by \$1.3m due to the ending of that contract in 2018.

EXPENDITURE

Total expenditure was down by \$316,066 on 2018. Research expenditure was down by \$263,486 due to efficiency savings made in the Internally run Viertel Research Centre.

Fundraising expenditure was down by \$70,222, Community Services expenditure was down by \$205,255 (which had increased by \$727,358 in 2018), Partnership and engagement expenditure was down by \$71,746, retail expenses increased by \$62,038 administration and depreciation expenses increased by \$232,607. There was a higher depreciation expense reported in 2019 due to the adoption of the new standard AASB16 on accounting for leases.

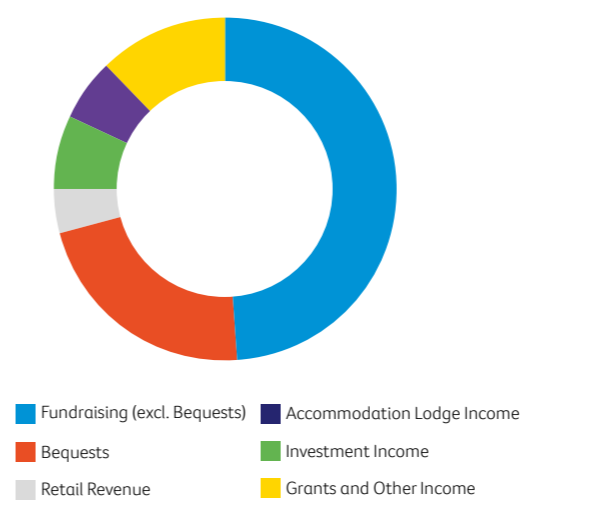
The main sources of revenue were:

	2019	2018
	\$'000	\$'000
Fundraising (excluding bequests)	14,938	14,127
Bequests	6,743	13,036
Total Fundraising Revenue	21,681	27,163
Retail revenue	1,358	1,579
Investment income	2,207	2,302
Accommodation lodge income	1,741	2,181
Grants and other income	3,601	4,883
Total other revenue	8,907	10,945
Total Revenue	30,588	38,108

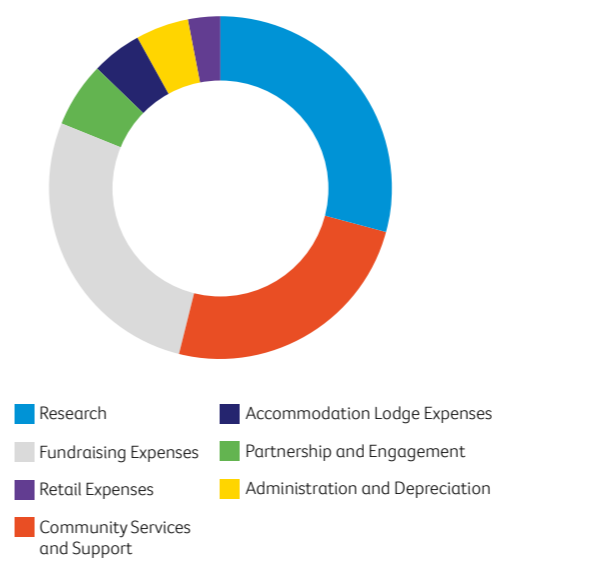
The main areas of expenditure were:

	2019	2018
	\$'000	\$'000
Fundraising expenses	8,081	8,152
Retail expenses	806	744
Administration and depreciation	1,394	1,161
Accommodation lodge expenses	1,452	1,351
Research	8,673	8,936
Partnership and engagement	1,649	1,721
Community services and support	7,219	7,525
Total expenses	29,274	29,590
Surplus before other income	1,314	8,518
Net gain/(loss) on disposals	33	11
Change in the fair value of managed funds	1,121	(743)
Total Other Income	1,154	(732)

Revenue by Source



Expenditure by Area



Full financial details for the year ending December 31, 2019 have been reported in the Financial Statements on pages 5 to 31 of the *Financial Report*.

These financial statements have been independently audited and the Auditor's Report is included in the statements.

The 2019 result reflects another strong financial performance by CCQ whilst it maintained all of its cancer services and commitments to research.

We express our sincere appreciation to all our supporters for their continuing contribution.

Events arising since the end of the reporting period
On 31 January 2020 the World Health Organisation (WHO) announced a global health emergency because of a new strain of coronavirus (COVID-19) and on 11 March 2020 classified the COVID-19 outbreak as a pandemic.

As a result of social distancing measures brought in by the Australian Government in response to COVID-19, subsequent to year end CCQ has had to cancel or postpone a number of its fundraising activities and close its physical retail outlets. It is not known when these activities and operations will resume.

COVID-19 has also led to a significant downturn in financial markets subsequent to year end. This has resulted in a 15% decrease in the value of CCQ's investments at the date of the signing of the accounts (28 April 2020).

The full impact of COVID-19 continues to evolve at the date of this report. Although CCQ is not able to fully estimate the effects of the COVID-19 outbreak on its results of operations and financial conditions for the 2020 financial year, a number of different financial scenarios have been modelled and it is clear that it will have a material adverse effect on CCQ's operations and financial results and condition for the 2020 financial year.

As at 31 December 2019, Cancer Council Queensland had reserves totalling over \$63 million. These reserves, along with other measures being taken by our management team and the assistance to be provided by federal government through the JobKeeper assistance package, give us confidence in CCQ's financial stability and its ability to continue its important work in the community.

CCQ has continued to provide support to Queenslanders impacted by cancer through these uncertain times.

The majority of our services are continuing.

The 13 11 20 Information and support line continues to provide both telephone and email support during the COVID-19 pandemic. Services including Transport to Treatment, lodge accommodation and transport are operating with minor changes to ensure social distancing guidelines are maintained.

The counselling service has temporarily ceased face to face counselling in line with government advice, however the telephone counselling service has continued.

Pal Assist continue to provide telephone and text-based support to those with a lifetime limiting illness.

Statement of profit or loss and other comprehensive income

For The Year Ended 31 December 2019

		2019 \$	2018 \$
Revenue			
Revenue	2	30,587,764	38,108,247
Other income/(losses)	2	1,153,956	(732,143)
Expenses			
Fundraising expenses	3	(8,081,428)	(8,151,650)
Retail expenses	3	(806,292)	(744,253)
Depreciation and amortisation expenses	3	(1,151,966)	(783,351)
Administration expenses	3	(242,256)	(378,264)
Partnership & Engagement	3	(1,648,934)	(1,720,680)
Community Services and Public Health expenses	3	(7,218,818)	(7,524,998)
Accommodation Lodge expenses	3	(1,451,650)	(1,350,724)
Research expenses	3	(8,672,559)	(8,936,045)
Surplus before income tax expense		2,467,819	7,786,138
Income tax expense	1 (d)	-	-
Surplus for the year		2,467,819	7,786,138
Other Comprehensive Income			
Items that will not subsequently be reclassified to profit or loss			
Change in fair value of land and buildings		-	449,277
Change in fair value of financial assets		2,721,227	(1,864,975)
Other Comprehensive Income for the year		2,721,227	(1,415,698)
Total Comprehensive Income		5,189,046	6,370,440

The above Statement of Profit or Loss and Other Comprehensive Income should be read in conjunction with the accompanying notes

Statement of financial position

As at 31 December 2019

		2019 \$	2018 \$
Current Assets			
Cash and cash equivalents	5	1,400,885	1,561,959
Trade and other receivables	6	1,013,219	1,692,051
Inventories	7	270,005	295,900
Financial assets	8	6,552,548	10,141,164
Other current assets	9	254,763	149,196
Total Current Assets		9,491,420	13,840,270
Non-current Assets			
Financial assets	8	30,979,856	25,185,318
Property, plant and equipment	10	31,025,632	28,147,490
Right-of-use assets	11	476,300	-
Intangible assets	12	-	19,205
Total Non-current Assets		62,481,788	53,352,013
Total Assets		71,973,208	67,192,283
Current Liabilities			
Trade and other payables	13	3,611,647	4,321,102
Provisions	15	643,480	609,166
Lease Liabilities	21	252,735	-
Total Current Liabilities		6,207,862	7,904,055
Non-current Liabilities			
Lease Liabilities	21	223,565	-
Long-term unpaid grants	14	2,100,000	1,000,000
Provisions	15	187,653	223,146
Total Non-current Liabilities		2,511,218	1,223,146
Total Liabilities		8,719,080	9,127,201
Net Assets		63,254,128	58,065,082
EQUITY			
Marylyn and John Mayo Reserve Fund	17	5,182,701	4,530,588
Reserves	17	8,812,380	6,394,104
Accumulated surplus		49,259,046	47,140,390
Total Equity		63,254,128	58,065,082

The above Statement of Financial Position should be read in conjunction with the accompanying notes

Statement of changes in equity

For The Year Ended 31 December 2019

	Asset Revaluation Reserve \$	Financial Assets Revaluation Reserve \$	Subtotal \$	Marylyn and John Mayo Reserve \$	Accumulated Surplus \$	Total \$
Balance at 1 January 2018	4,073,418	5,352,053	9,657,541	3,765,258	38,271,842	51,694,641
Surplus for the year after income tax	-	-	-	-	7,786,138	7,786,138
Other comprehensive income	4492,77.41	(1,661,692)	(1,212,414)	(203,283)	-	(1,415,698)
Transfer of Mayo income to reserve	-	-	-	968,613	(968,613)	-
Transfer of net gain on financial assets sold	-	(2,051,023)	(2,051,023)	-	2,051,023	-
Balance at 31 December 2018	4,522,696	1,871,408	6,394,104	4,530,588	47,140,390	58,065,081
Surplus for the year after income tax	-	-	-	-	2,467,819	2,467,819
Other comprehensive income	-	2,389,910	2,389,910	331,317	-	2,721,227
Transfer of Mayo income to reserve	-	-	-	320,797	(320,797)	-
Transfer of net gain on financial assets sold	-	28,366	28,366	-	(28,366)	-
Balance at 31 December 2019	4,522,696	4,289,684	8,812,381	5,182,701	49,259,046	63,254,128

The above Statement of Changes in Equity should be read in conjunction with the accompanying notes

Statement of cash flows

For The Year Ended 31 December 2019

	2019 \$	2018 \$
Cash flows from operating activities		
Receipts from customers and fundraising	30,415,533	32,036,140
Interest received	152,150	317,252
Dividends received	2,019,157	2,035,220
Payments to suppliers and employees	(30,441,148)	(30,689,214)
Net cash inflow from operating activities 22 (b)	2,145,692	3,699,397
Cash flows from investing activities		
Payments for property, plant and equipment	(3,729,897)	(1,571,602)
Proceeds from sale of property, plant and equipment	74,597	129,856
Reinvestment of dividends	(1,030,544)	(1,020,784)
Proceeds from sale of / (payment for) financial assets	2,708,398	(2,690,276)
Net cash outflow from investing activities	(1,977,448)	(5,152,806)
Cash flows from financing activities		
Payments for principle portion of lease liabilities	(329,318)	
Net cash outflow from financing activities	(329,318)	
Net decrease in cash and cash equivalents	(161,074)	(1,453,408)
Cash and cash equivalents at beginning of the year	1,561,959	3,015,367
Cash and cash equivalents at end of the year 22 (a)	1,400,885	1,561,959

The above Statement of Cash Flows should be read in conjunction with the accompanying notes



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GPO Box 457 Brisbane QLD 4001
Australia

INDEPENDENT AUDITOR'S REPORT

To the members of Cancer Council Queensland

Report on the Audit of the Financial Report

Qualified opinion

We have audited the financial report of Cancer Council Queensland, which comprises the statement of financial position as at 31 December 2019, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial report, including a summary of significant accounting policies, and the directors' declaration.

In our opinion, except for the effects of the matter described in the *Basis for qualified opinion* section of our report, the accompanying financial report of Cancer Council Queensland, is in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

- (i) Giving a true and fair view of the company's financial position as at 31 December 2019 and of its financial performance for the year then ended; and
- (ii) Complying with Australian Accounting Standards - Reduced Disclosure Requirements and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for qualified opinion

Fundraising events revenue from cash collections is a significant source of revenue for Cancer Council Queensland. Cancer Council Queensland has determined that it is impracticable to establish control over the collection of fundraising event revenue received in the form of cash prior to entry into its financial records. Accordingly, as the evidence available to us regarding fundraising event revenue from this source was limited, our audit procedures with respect to fundraising event revenue had to be restricted to the amounts recorded in the financial records. We therefore are unable to express an opinion whether fundraising event revenue from cash collections that Cancer Council Queensland has recorded is complete.

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's responsibilities for the audit of the Financial Report* section of our report. We are independent of the company in accordance with the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act) and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We confirm that the independence declaration required by section 60-40 of *Australian Charities and Not-for-profits Commission Act 2012*, which has been given to the directors of the Company, would be in the same terms if given to the directors as at the time of this auditor's report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our qualified opinion.

BDO Audit Pty Ltd ABN 33 134 022 870 is a member of a national association of independent entities which are all members of BDO Australia Ltd ABN 77 050 110 275, an Australian company limited by guarantee. BDO Audit Pty Ltd and BDO Australia Ltd are members of BDO International Ltd, a UK company limited by guarantee, and form part of the international BDO network of independent member firms. Liability limited by a scheme approved under Professional Standards Legislation, other than for the acts or omissions of financial services licensees.



Emphasis of Matter - Subsequent Event

We draw attention to Note 25 of the financial report, which describes the non-adjusting subsequent event being the impact of the COVID-19 outbreak on the entity. Our opinion is not modified with respect to this matter.

Other information

The directors of the company are responsible for the other information. The other information obtained at the date of this auditor's report is information included in the company's annual report, but does not include the financial report and our auditor's report thereon.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed on the other information obtained prior to the date of this auditor's report, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the directors' for the Financial Report

The directors of the company are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards - Reduced Disclosure Requirements and the ACNC Act, and for such internal control as the directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, directors are responsible for assessing the company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intends to liquidate the company or to cease operations, or has no realistic alternative but to do so.

The directors are responsible for overseeing the company's financial reporting process.

Auditor's responsibilities for the audit of the Financial Report

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

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website (<http://www.auasb.gov.au/Home.aspx>) at:

http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf

This description forms part of our auditor's report.

A J Whyte

Director

Brisbane, 30 April 2019

13 11 20
cancerqld.org.au

● Toowoomba

● Cairns

● Townsville

● Mackay

● Rockhampton

● Bundaberg

● Sunshine Coast

● Brisbane

● Gold Coast