

control and cure

Cancer Institute NSW • Annual Report 2007

The NSW Government agency dedicated to the control and cure of cancer through prevention, detection, innovation, research and information.



cancer
institute
NSW



control and cure

Legislation administered
Cancer Institute (NSW) Act 2003

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Cancer Institute NSW
Level 1, Biomedical Building
Central Avenue
Australian Technology Park, Eveleigh
PO Box 41, Alexandria NSW 1435
Tel: + 61 2 8374 5600
Fax: + 61 2 8374 5700

Web: www.cancerinstitute.org.au

Email: information@cancerinstitute.org.au
Emails sent to this address are forwarded to the
appropriate person for action.

Cover image

A mammogram showing a breast cancer.

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**our goal is to
control and cure
cancer in NSW**

Highlights for 2006–07

The number of adults smoking in NSW dropped by 2.4%

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More than 400,000 women aged 50–69 years had a biennial mammogram at BreastScreen NSW clinics

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A \$26 million digital breast screen technology upgrade was announced

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We assumed management of the NSW Hereditary Cancer Registry from the Cancer Council NSW

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We established the Northern NSW Cancer Network

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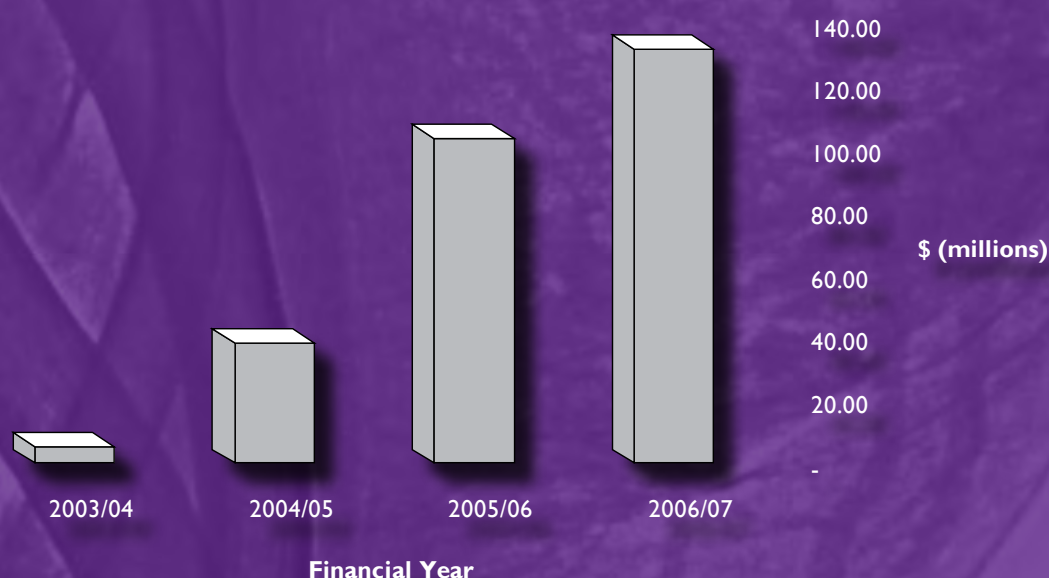
Around 5% of new cancer patients participated in trials at Cancer Institute NSW supported clinical trial units, up from less than 2% in 2003

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We committed \$32.7 million in new funding to cancer research in NSW

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NSW Government funding of the Cancer Institute NSW 2003/04–2006/07



control and cure

About the Cancer Institute NSW

The Cancer Institute NSW is Australia's first statewide, government-supported cancer control agency. We are committed to curing cancer through promoting the best cancer research, prevention, early-detection, treatment and education initiatives.

We are driving innovation in cancer care by working in partnership with the leaders in our field to lift the burden of cancer for the people of NSW.

Our goal is to substantially improve cancer control and cure in NSW by:

- Reducing the incidence of cancer in the community
- Increasing the survival rate of cancer patients
- Improving quality of life for cancer patients and their carers
- Operating as a source of expertise on cancer control for the government's health service providers, medical researchers and the general community.

Our history

June 2003

NSW Parliament unanimously passes the Cancer Institute (NSW) Act 2003.

July 2003

The Cancer Institute NSW is established as a response to the Act and the need to further decrease the devastating impact of cancer in NSW.

2004

We create Australia's first state cancer plan, the NSW Cancer Plan 2004–06.

2006

The first cancer plan is successfully completed and delivers major improvements in reducing smoking rates; improving screening services; providing new staff and technology in hospitals; and increasing cancer research.

2007

We release the NSW Cancer Plan 2007–2010.

Governance

The Cancer Institute NSW is a statutory body governed by the Cancer Institute NSW Board (page 19) appointed by the Minister for Health, the Hon. Reba Meagher MP and the Minister Assisting the Minister for Health (Cancer), the Hon. Verity Firth MP.

Structure

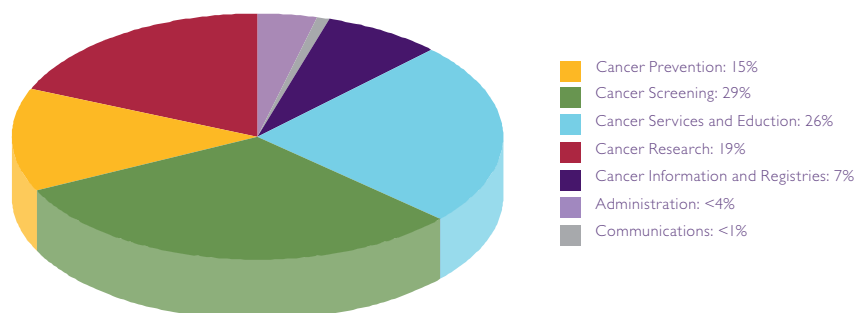
The Cancer Institute NSW comprises five divisions:

- Cancer Prevention Division (page 28)
- Cancer Screening Division (page 34)
- Cancer Services and Education Division (page 38)
- Cancer Research Division (page 46)
- Cancer Information and Registries Division (page 52).

These divisions are supported by the Finance, Human Resources, Information Technology and Communications teams.

Funding

The Cancer Institute NSW is funded by the Government of New South Wales. In 2006–07, we spent \$134.98 million, with 96% of funds spent on cancer prevention, screening, services and education, research and information and registries. Only 4% of funding was spent on administration.



NSW Cancer Plans

In 2006, the Cancer Institute NSW successfully completed Australia's first state cancer plan. We reported on its outcomes with a two-year progress report available on the Cancer Institute NSW website www.cancerinstitute.org.au.

In 2006–07, we facilitated the development of the second state cancer plan through eight workshops involving around 500 members of the public, cancer patients and carers, cancer experts, planners, government officials and health professionals. The *NSW Cancer Plan 2007–2010* is a blueprint to assist all people who are working to accelerate the control and care of cancer.

The *NSW Cancer Plan* focuses on five high priorities most likely to improve cancer results. These are:

Priority 1: Preventing cancer

Priority 2: Detecting cancer early

Priority 3: Improving cancer services and professional education

Priority 4: Accelerating improvement through research

Priority 5: Relevant data and information

This report will detail the progress made on these priorities throughout 2006–07.

Letter to the Minister

The Honourable Ms Verity Firth, MP
Minister for Women
Minister for Science and Medical Research
Minister Assisting the Minister for Health (Cancer)
Minister Assisting the Minister for Environment
Governor Macquarie Tower
Level 33, 1 Farrer Place
Sydney, NSW, 2000

Dear Minister,

We have pleasure in submitting the Cancer Institute NSW Annual Report 2006–07 for presentation to the Parliament of New South Wales in accordance with the Annual Reports (Statutory Bodies) Act 1984.

This report contains information on the completion of the *NSW Cancer Plan 2004–2006* and the development and implementation of the *NSW Cancer Plan 2007–2010*. It provides information on the further development of the Cancer Institute NSW.

We commend to you this report on the progress being achieved in the cure and control of cancer in NSW.



Ms Jill Boehm OAM
Acting Chairperson
Board of the Cancer Institute NSW



Prof James F. Bishop MD, MMed
MBBS, FRACP, FRCPA
Chief Cancer Officer
Chief Executive Officer
Cancer Institute NSW



The Cancer Institute NSW has been in existence for only four years. We were established by the NSW Government and supported unanimously by the NSW Parliament to:

- Reduce the incidence of cancer in the community
- Improve the survival rate of cancer patients
- Improve the quality of life of cancer patients and their carers
- Operate as a source of expertise on cancer control for the government's health service providers, medical researchers and the general community.

All of our programs are measured against high impact on these four objectives of the *Cancer Institute NSW Act*.

NSW Cancer Plans

In 2006 the Cancer Institute NSW successfully completed Australia's first State cancer plan. We reported on its outcomes with a two-year progress report available on the Cancer Institute NSW website.

In 2006–07, the Cancer Institute NSW facilitated the development of the second State cancer plan. We did this through eight workshops involving around 500 members of the public, cancer patients and carers, cancer experts, planners, government officials and health professionals. The *NSW Cancer Plan 2007–2010* is a blueprint to assist all people working to accelerate the control and care of cancer. The NSW Government endorsed the *NSW Cancer Plan* and tabled it in the NSW Parliament in November 2006.

The Cancer Problem

Cancer touches us all. The life-time risk of being diagnosed with cancer is one in two for men and one in three for women.¹

Cancer is now the largest single cause of the disease burden (19%) in Australia, surpassing cardiovascular disease.²

Cancer is responsible for the largest proportion, or 32% of fatal disease. Cancer is also the leading cause of death amongst 45–64 year olds and the leading cause of premature deaths.³



**cancer is the
largest single
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... surpassing
cardiovascular
disease**

¹Tracey EA, Chen S, Baker D, Bishop J, Jelfs P. Cancer in New South Wales: Incidence and Mortality 2004. Sydney: Cancer Institute NSW November 2006.

²Begg S, Voss T, Barker B, Stevenson C, Stanley L, Lopez AD. 2007. The burden of disease and injury in Australia. PHE 82, Canberra: AIHW

³Australian Institute of Health and Welfare 2006. Australia's Health 2006 AIHW cat. No. AHS73. Canberra: AIHW

In 2006, it was estimated that more than 35,000 people in NSW were diagnosed with cancer.^{1,3} Based on current trends, there is projected to be over 30% more cases of cancer in the next 10 years than there were in the last.¹

We have estimated that around 230,000 people in NSW are living with cancer with a larger number of surrounding family and friends affected. In 2004, there were more than 12,000 deaths, or 28% of all deaths, in NSW due to cancer.³

Cancer Trends

The number of cancer cases will increase by 30% over the next decade. This is mainly due to the aging of the population with more people in the high-risk age groups, 45–70 years.

The overall incidence rates of cancer (per 100,000 population) has levelled off in men (except for prostate cancer) and is still increasing in women (except for breast cancer).¹ However, for some cancers, including prostate, liver and thyroid cancers, incidence is increasing.

For the first time, cancer deaths have fallen by 16% in men and 10% in women over the last decade. Falling death rates are due to successes in clinical trials with results being applied to cancer screening or to improved cancer treatment as a result of important new discoveries in cancer research. Some common cancers have more dramatic falls in cancer death rates over the last decade including prostate (22%), bowel (21%) and breast (15%) cancers. Overall, nearly two-thirds of cancer patients are alive five years after a diagnosis of cancer and many are now cured of cancer. However, 83% are alive after five years if the cancer was localised when it was found, illustrating the importance of early detection.

High Impact Programs of the NSW Cancer Plan

The five essential pillars of cancer control that enable us to accelerate the control and cure of cancer are:

- Preventing cancer.
- Detecting cancer early.
- Improving cancer services.
- Accelerating improvement through cancer research.
- Relevant cancer data and information.

The *NSW Cancer Plan* is structured to address these five key areas with a program division responsible for each major area within the Cancer Institute NSW. These program areas are supported by corporate support units such as finance, human resources, information technology and communications.

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are cured**

¹Tracey EA, Chen S, Baker D, Bishop J, Jelfs P. Cancer in New South Wales : Incidence and Mortality 2004. Sydney: Cancer Institute NSW November 2006.

³Australian Institute of Health and Welfare 2006. Australia's Health 2006 AIHW cat. No. AHS73. Canberra : AIHW

The Year in Review

Preventing Cancer

Cancer prevention initiatives have the potential to significantly reduce the incidence of cancer, the burden on the health system and more importantly, the health burden on individuals and their families. It takes prolonged effort to modify cancer risk factors and behaviours such as smoking, sun exposure, poor diet, excess weight and obesity, alcohol consumption and physical inactivity. These risk factors also related to other diseases such as cardiovascular disease and diabetes. The impact of changes in risk factors is often seen last in cancer because of a lag in cause and effect. Successful cancer prevention initiatives may show early gains more widely elsewhere in the health system and in the general community.

Tobacco smoking remains the largest cause of preventable disease in our community and responsible for one in five cancer deaths. In 2006–07 the Cancer Prevention Division of the Cancer Institute NSW has made a significant contribution to the unprecedented fall of 2.4% in smoking prevalence in one year amongst adults in NSW. The adult daily smoking rate is now only 13.9%. The weekly smoking rate in adolescents has also fallen from around 13% to 8%.

We have produced and aired a number of high-impact television commercials which bring to life graphic warnings about tobacco products producing a high awareness amongst smokers. We also manage the Quitline and provide support for the increasing numbers of smokers accessing the service. Surveys reveal that 83% of smokers now agree that smoking can lead to death or painful debilitating illness.

Following a lifestyle survey, we produced *The Cancer Prevention Plan* and distributed more than 500,000 copies. It contained helpful steps that any individual can take to minimise cancer risk.

The Cancer Institute NSW is concerned by the increasing incidence of melanoma in our community. In the summer of 2006 the 'Tattoo' media campaign was launched with increased awareness of the problems of melanoma documented through tracking surveys.



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Detecting Cancer Early

There is strong medical evidence that screening for breast, bowel and cervical cancer can substantially reduce death rates from these cancers. The survival of patients with small cancers detected early is substantially higher with 83% of all cancer patients alive at five years compared to 61% with regional spread and only 13% of these with secondary cancer.¹

In July 2005, the Cancer Institute NSW assumed responsibility for the management of the breast and cervical screening programs in NSW. These screening programs are being reorganised and rejuvenated with an aim to encourage more women to participate in routine cancer screening and thus further reduce cancer death rates.

Breast cancer represents 12% of all cancers and is the fifth most common cause of cancer deaths but the commonest cause of cancer deaths in women. Participation rates in the target age group by June 2007 were the highest in NSW since 1998, and continues to trend upwards.

More than 400,000 women aged 50–69 years received a screening mammogram from BreastScreen NSW in the past two years. In addition, when we surveyed women in NSW in this age group, we found that 30% had obtained a private mammogram in the past two years. This suggests that 80–90% of women in NSW aged 50–69 years have regular mammograms.

The NSW Government has invested in the largest ever upgrade of breast screening technology in NSW with \$26 million allocated to implement digital mammography, enhanced business systems and a women's health register. This new system will enable expert radiologists to read films from anywhere in the State, provide more efficient archiving and recall of images and develop a better system to remind women of the need for screening.

Cervical screening using Pap tests has been largely responsible for a reduction of cervical cancer incidence by 43% and mortality by 53% in the last decade. In 2006–07, the Cancer Institute NSW launched a major mass-media campaign for Pap tests that had increased screening rates in Victoria and South Australia.

The NSW Government vaccinated more than 250,000 school girls with the new cervical cancer vaccine. This vaccination program aims to protect up to 70% of the next generation of women against cervical cancer. The Cancer Institute NSW is urging women to also continue to have a Pap test every two years. The Cancer Institute's program is focusing on women with low screening rates or those most at risk of cervical cancer.

The National Bowel Cancer Program has invited more than 185,000 people aged 55–65 years in NSW to participate in bowel screening. The Cancer Institute NSW is facilitating the development of the program in the State in collaboration with NSW Health and the Greater Metropolitan Clinical Taskforce.

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¹Tracey EA, Chen S, Baker D, Bishop J, Jelfs P. Cancer in New South Wales : Incidence and Mortality 2004. Sydney: Cancer Institute NSW November 2006.



Improving Cancer Services and Professional Education

Projections by the Cancer Institute NSW indicate that over the next 10 years, there will be approximately 400,000 new cases of cancer diagnosed with up to 130,000 cancer deaths predicted. Cancer numbers will increase by more than 30% compared with the last decade, placing a significant demand on future cancer services. Cancer services will require a sustainable workforce of skilled professionals to treat and support patients throughout the cancer journey, to meet their needs and to ensure optimal patient outcomes.

The Cancer Institute NSW has begun to implement the four key initiatives of the *NSW Cancer Plan 2007–2010*; smarter models of care, better co-ordinated care, skilled health professionals and more comprehensive patient support.

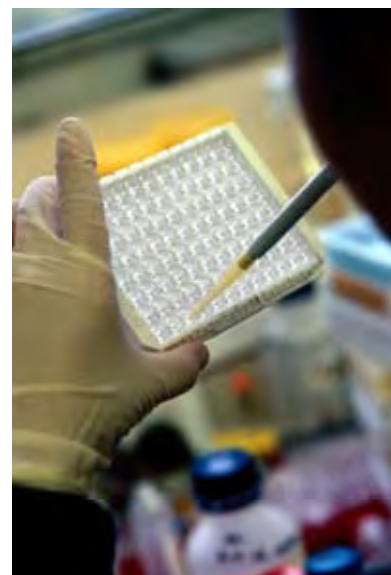
The smarter models of care program has encouraged clinical re-design of service models in a project to improve business processes in radiotherapy departments. This project has enabled participating departments to identify increased capacity which will improve patient access to radiotherapy. The standard treatment website has also become a major resource for doctors, nurses and patients seeking evidence based treatment advice with more than 370,000 hits per month.

Co-ordination of cancer care has been developed by the NSW Oncology Groups with cancer-specific experts identifying projects to improve the outcomes in specific cancers.

In addition, the Cancer Institute NSW has supported 118 multi-disciplinary teams to bring key experts together to discuss the management of an individual cancer patient. A further 20 teams are working on key projects such as rural outreach and documenting outcomes in their patients. In 2006–07 we mapped multi-disciplinary teams in NSW against agreed criteria. Around two-thirds of cancer patients now have their treatment discussed in a multi-disciplinary setting. The aim of this program will be to encourage the further extension of multi-disciplinary care.

To support the up-skilling of key cancer experts and future health professionals, the Cancer Institute NSW has developed a number of new training positions in 2006–2007. We have established a new Chair of Radiation Oncology at the University of NSW, a Chair in Palliative Medicine at the St Vincent's Hospital campus and a Chair in Cancer Nursing at the University of Sydney. In addition, we provided a rural cancer nursing education program, scholarships and clinical fellowships to focus on key areas of educational support.

The comprehensive patient support program has been developed in collaboration with the Cancer Council NSW as part of the partnership agreement between the two organisations. This partnership is reviewing patient accommodation and cancer information publications. In addition, the Cancer Institute NSW is supporting the development of psycho-oncology teams in hospitals. We continue to provide \$0.5 million annually to assist the travel of cancer patients who live more than 100 kilometres from their treatment facility.



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Accelerating the Control and Cure of Cancer through Research

Research will provide the information on which large future health gains are based. Research will drive improved survival and quality of life for future cancer patients. The cancer research program of the Cancer Institute NSW is now an integral part of the cancer health sector in NSW with an aim to quickly bring benefit to patients from new knowledge.

The cancer research program of the Cancer Institute NSW in 2006–07 has focused on translating research findings directly into clinical practice and programs, supporting researchers, providing enabling research infrastructure and building a new Cancer Trials Network. The aim is to make cancer research in NSW internationally competitive, to produce cancer research outcomes of significance and to increase the research investment in the State. So far we have invested more than \$48 million in cancer research initiatives.

In 2006–07 the Cancer Institute NSW supported seven major translational program grants. These research programs will improve the diagnosis of prostate cancer and melanoma, identify new anti-cancer treatments and the genes responsible for cancer or controlling the success of treatment. These programs will also identify biomarkers to better manage bowel cancer.

Around 200 cancer researchers in NSW are now directly supported by grants from the Cancer Institute NSW. These researchers range from senior leaders to postgraduate researchers early in their career to PhD students deciding to make cancer research a life-long career. These researchers will make a difference to the lives of future cancer patients.

The research infrastructure support has provided depth to the State's clinical trials groups, key equipment to provide new insight in cancer stem cells and gene therapy and allow proteomic cancer biomarker research to be shared across many research groups in the State. This program supports tissue banking of breast cancer specimens to allow a number of research groups to examine these important tissues.

The NSW Cancer Trials Network was established in 2006–07 in collaboration with the Cancer Council NSW. This network is modelled on the UK trials network. It has identified around 300 clinical trials ongoing in NSW involving around 5,500 cancer patients. The supporting trials structure will offer a larger number of trials and new therapeutic approaches to cancer patients. The NSW Cancer Trials Network has the potential of accelerating the access of patients to new promising cancer therapies and thus improving the chances of remission or cure for patients more quickly.

**our cancer research program
is now an integral part of the
cancer health sector ... with an
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patients from new knowledge**



Relevant Cancer Data and Information

Relevant cancer data and information are needed to understand the impact of cancer on the community in NSW. The effect of interventions aimed at preventing cancer, detecting it early, improving therapy or applying new research discoveries must be fully documented and understood. Cancer Registry data is also needed to clearly identify where results are excellent or inadequate and where more focused cancer programs are needed to further improve cancer results.

The NSW Central Cancer Registry is Australia's oldest population-based registry with more than 30 years of carefully compiled and maintained cancer results. Looking back at trends over 30 years has enabled the Cancer Institute NSW to project the likely cancer burden and outcomes in the coming decade and beyond.

Analysis of data from the NSW Central Cancer Registry has identified the dramatic fall in cancer death rates by 16% in men and 10% in women over the past 10 years. It has also predicted that between 2006 and 2016 the numbers of cancer cases will increase by 31% compared to the previous decade. A challenge for the future is to ensure these important cancer facts are more widely known and available to clinicians, planners and the public.

In 2006–07, the NSW Central Cancer Registry was upgraded. We also added collections of clinical information including stage of the cancer and treatment sequence. Such information will allow a more thorough examination of patterns of cancer care which can then be compared to best practice to improve services or learn from excellent results obtained.

In 2006–07 the Cancer Institute NSW, in collaboration with NSW Health and other partners, established the Centre for Health Record Linkage (CHeReL). The potential of this centre is to discover key cancer trends, disease patterns linked to cancer or patterns of care to allow more focused research to improve outcomes. Major partners also include the Clinical Excellence Commission, the Sax Institute, ACT Health and major NSW universities.

In 2006–07 we also began the development phase of several projects that will make cancer data more accessible and meaningful. An increasing amount of information is available on the Cancer Institute NSW website. This website will also be upgraded in the next 12 months with additional new reports about cancer.



**relevant cancer
data and
information
are needed to
understand
the impact of
cancer on the
community in
NSW**

Community and consumer inclusion

We recognise the importance of community and consumer feedback in our work to control and cure cancer in NSW. Their input ensures the research and information we produce about cancer is relevant and accessible to the general public, cancer patients and their families. They also help us to provide and maintain a high standard of cancer services throughout NSW. We have included consumer representatives on the Cancer Institute NSW Board, the Centre for Health Record Linkage (CHeReL) management committee and also among the NSW oncology group committees.

Development of the Cancer Institute NSW

In 2006–07, we consolidated our programs and business processes to deliver the high-impact programs listed above. The strategic development of the *NSW Cancer Plan 2007–2010* has provided a framework and a work plan for the Cancer Institute NSW.

The Cancer Institute NSW has developed the capability to comprehensively review key areas, to gain consensus and expert advice and then to develop focused programs addressing key issues. In working in this way programs have been benchmarked against their ability to fulfil the four objects of the *Cancer Institute NSW Act 2003*.

The Cancer Institute NSW is supported by our internal auditors (the Internal Audit Bureau) and other contractors to enable us to comply with appropriate legislation, have efficient financial and business management system and to embed program management into our daily work. We have also developed methodology for review, for program and project management and efficient reporting. For these activities I would like to thank all of the staff of the Cancer Institute NSW, especially Ms Beth Macauley, and the Divisional Directors of our programs.

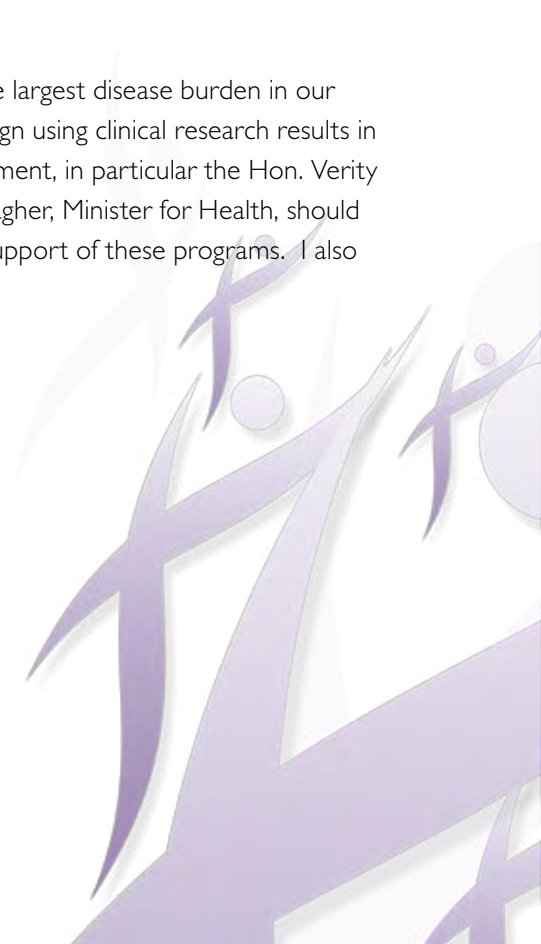
Control and Cure

Our goal is to accelerate the control and cure of cancer and thus lift the burden of cancer from the NSW community.

Advancements in cancer prevention, early detection, surgical techniques and medical treatments are leading to much better survival outcomes for many cancer patients. In all these areas the Cancer Institute NSW has made a substantial investment.

Overall, research offers our greatest hope for a future where cancer is no longer the largest disease burden in our community. Similarly, ongoing emphasis on prevention, screening and clinical re-design using clinical research results in patient care will improve cancer results further in coming years. The NSW Government, in particular the Hon. Verity Firth MP, Minister Assisting the Minister for Health (Cancer) and the Hon. Reba Meagher, Minister for Health, should be commended on this commitment to cancer control programs and the vision in support of these programs. I also thank the Department of Health for their support and advice.

**our goal is to accelerate the
control and cure of cancer
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community**



During 2006–07, the Cancer Institute NSW was also vigorously supported in the NSW Government by the Hon. Frank Sartor MP and the Hon. John Hatzistergos MLC in their previous Ministerial roles.

The Board of the Cancer Institute NSW continues to provide high-level support, guidance and leadership for the Cancer Institute NSW. I wish to extend my sincere appreciation to the Chairman of the Board, the Hon. Peter Collins QC, Ms Jill Boehm OAM and other Board Members for their dedication to the goals of the Cancer Institute NSW.

I also wish to thank Cancer Australia, the Cancer Council NSW, the Cancer Council Australia and other key stakeholders. This is the second year of a five-year Memorandum of Understanding between the Cancer Institute NSW and the Cancer Council NSW. In addition, many people work on a voluntary basis for Cancer Institute NSW committees, attending workshops or by providing expert advice or advice from their own experience. Many thanks for this dedicated work to improve cancer outcomes.

Finally, I extend sincere gratitude to all of the staff of the Cancer Institute NSW. Your dedication and vision for a future without cancer has enabled the Cancer Institute NSW to deliver our shared goals in 2006–07.

A handwritten signature in black ink, reading 'Jim Bishop'.

Prof James F Bishop MD MMed MBBS FRACP FRCPA
Chief Cancer Officer and Chief Executive Officer

Our Divisions

Division of Cancer Prevention

WHAT WE DO	NSW CANCER PLAN INITIATIVES	ACHIEVEMENTS IN 2006–07	OUR GOALS
Educate the community about the consequences of smoking and promote cancer-risk reduction behaviour. Inform NSW Government legislation and policy. Assist in developing and implementing national and state cancer prevention strategies.	Tobacco Control Program. Melanoma and Skin Cancer Program. Lifestyle Cancers Program. Cancer Screening Awareness Program.	2.4% decline in adult smoking rate (2006). 13 cancer prevention and early detection campaigns, covering tobacco, melanoma, lifestyle, cervical cancer, breast cancer and bowel cancer. Go for 2 & 5 campaign with NSW Health to promote healthy diet. Conducted the first Cancer Institute NSW Lifestyle and Cancer Survey.	Reduce smoking rates in adults by 1% per annum. Run melanoma awareness campaigns over the summer months; encourage and provide information about sun protection. Gain increased awareness by the public and general practitioners of the adverse affects of high BMI, low fruit and vegetable consumption and low physical activity. Create screening awareness programs to highlight the importance of early detection for breast, cervical and bowel cancers.

Division of Cancer Screening

WHAT WE DO	NSW CANCER PLAN INITIATIVES	ACHIEVEMENTS IN 2006–07	OUR GOALS
Increase participation of target populations in screening programs including hard-to-reach and disadvantaged people. Improve the quality of cancer screening services in NSW.	Breast Cancer Screening Program. Cervical Screening Program. Bowel Cancer Screening Program. Screening for other cancers.	More than 400,000 women aged 50–69 screened biennially at BreastScreen NSW clinics. Implementation of NHMRC Cervical Screen guidelines. Review of workforce capacity for colonoscopies completed. 500,000 Pap Test reminder letters sent to NSW women	Achieve a national benchmark of 70% of women aged 50–69 screened every two years by 2010. Increase cervical screening participation by 3% per annum. Increase communication about bowel screening to service providers and the public. Monitor evidence on the effectiveness of other screening approaches.

Division of Cancer Services and Education

WHAT WE DO	NSW CANCER PLAN INITIATIVES	ACHIEVEMENTS IN 2006–07	OUR GOALS
Support integrated, Area-based cancer services.	Better Coordination of Specialised Cancer Care Program.	Multi-disciplinary Teams (MDT Development Program established.	Coordinate all involved in specialised cancer services to provide optimal cancer results.
Develop multi-disciplinary team care plans for each patient.	Smarter Models of Care Program.	Radiotherapy business improvement completed.	Critically examine and redesign key clinical service provision models in cancer.
Establish lead clinicians and specialisation through cancer disease categories.	Comprehensive Patient Support Program.	Innovation in cancer care through 24 Health Service Innovation grants.	Provide timely individualised support to the level and detail required for patients and carers.
Foster patient-centred care coordination and structured validated psychological support.	Skilled Cancer Professionals Program.	Established Northern NSW Cancer Network.	Develop highly-skilled cancer professionals sub-specialised where appropriate linked to future patient demands.
Enable the development of skilled health professionals.		Supported cancer care professionals through international sabbaticals, scholarships, travel grants and clinical fellowships.	Encourage the use of evidence-based best practice.
Standard Cancer Treatment Protocol development		Developed an accreditation framework for Cancer Services.	

Division of Cancer Research

WHAT WE DO	NSW CANCER PLAN INITIATIVES	ACHIEVEMENTS IN 2006–07	OUR GOALS
Provide a unified, independent peer review process for cancer research funding in NSW.	Translational Research Program.	Around 5% of new cancer patients participated in trials at Cancer Institute NSW supported clinical trial units, up from less than 2% in 2003.	Rapid uptake of research discoveries into clinical practice.
Connect research discoveries directly to patient care improvements.	Research Careers Program.		Support high-quality successful and productive cancer researchers in NSW.
Increase the capacity of cancer research in NSW.	Cancer Research Infrastructure Program.	The NSW Cancer Trials Network was established in partnership with The Cancer Council NSW.	Provide research platforms and processes to facilitate high-quality cancer research.
Encourage scientific collaboration and amalgamation.	Clinical Trials Research Program.	Top cancer researchers honoured with NSW Premier's Awards for Outstanding Cancer Research.	Increase clinical trials participation to 10% of new cancer patients.
		Committed \$32.7 million to cancer research in NSW in 2006–07 to make the total commitment \$48 million.	Increase the quality and quantity of trials available to cancer patients.

Division of Cancer Information and Registries

WHAT WE DO	NSW <i>CANCER PLAN</i> INITIATIVES	ACHIEVEMENTS IN 2006–07	OUR GOALS
Cancer registration through the Central Cancer Registry and Clinical Cancer Registry. Pap Test Register. Epidemiological analysis and study support. Information systems development.	NSW Cancer Registry. Cancer Screening Data and Information. Centre for Health Record Linkage. Cancer Information Access Program.	Produced the Cancer Incidence and Mortality Report in late 2006. Migrated the NSW Hereditary Cancer Registry from the Cancer Council NSW. Completed and evaluated the Clinical Cancer Registry Pilot in five Area Health Services. Established the Centre for Health Record Linkage. Initiated NSW Cancer Genetics Information System Strategy. Developed information standards and data dictionaries for the Central and Clinical cancer registries.	Provide a single accessible, credible source of clinical and population data about cancer. Ensure screening data is readily available to the public, general practitioners, private and public providers and researchers. Use existing health data to answer important questions about the quality of services and document cancer outcomes. Increase provision of accessible cancer data to key users.



The Hon. Peter Collins AM QC BA LLB
Chairperson, Board of the Cancer Institute NSW

Chairperson THE HON. PETER COLLINS AM QC BA LLB

The Hon. Peter Collins served in the NSW Parliament from 1981 until 2003 holding a number of portfolios including Attorney-General, Minister for Consumer Affairs, Minister for the Arts, Minister for Health and Minister for the Drug Offensive in 1988–1991. He initiated funding for the Rock Eisteddfod under the Quit for Life program and expanded the event statewide for both government and non-government schools. Since 1988, this highly-successful program has gone Australia-wide and has been established in the United States and the United Kingdom. As Leader of the Opposition (1995–1998) he built strong working relationships with the Australian Hoteliers Association, Clubs and the Restaurant and Catering Association to pioneer policies on outdoor dining and passive smoking. He is a Commander in the Royal Australian Navy Reserve. He is also Chair of the Australian Institute of Health and Welfare and served as a member of the interim Board of The Cancer Council NSW. Mr Collins is also a board member of the Workers Compensation Insurance Fund Investment Board and Macquarie Generation. Mr Collins was appointed Chairperson, Board of the Cancer Institute NSW in 2005.



Pictured (L-R): Ms Liza Carver, Mr John Stubbs, Ms Jill Boehm AM, Prof James Bishop, Dr Helen Zorbas, Prof John Simes.
Not pictured: Prof Robert Sutherland, Dr Paul Moy, Dr Patrick Cregan

Chief Executive Officer

PROF JAMES BISHOP MD MMed MBBS FRACP FRCPA

Prof Bishop became a Fellow of the Royal Australasian College of Physicians (FRACP) and a Fellow of the Royal College of Pathologists of Australasia (FRCPA) in haematology in 1979. He was awarded a Fulbright Scholarship to study Medical Oncology at the National Cancer Institute (NCI), USA from 1979 to 1981. At the Peter MacCallum Cancer Institute, Melbourne, he was a consultant medical oncologist from 1981 to 1995, Head of Clinical Research from 1988 and founding Director of the Division of Haematology and Medical Oncology from 1990. From 1995 to 2003 Prof Bishop was the founding Director of the Sydney Cancer Centre at the Royal Prince Alfred Hospital and Concord Repatriation General Hospital in Sydney, and directed the Cancer Service for the Central Sydney Area Health Service. He is the Professor of Cancer Medicine at the University of Sydney. Prof Bishop has been a practising Oncologist for 25 years and his particular research interests are in clinical trials, new anti-cancer drug development and new cancer therapies. He has coordinated national clinical trials in leukaemia, breast cancer and lung cancer. He has authored more than 180 scientific papers on cancer, 150 abstracts and a textbook on cancer. He was awarded a Doctorate of Medicine by research thesis (Platelet Transfusion Therapy) in 1990 and a Master of Medicine by research thesis (Induction Therapy for Acute Myeloid Leukaemia) in 1999. Prof Bishop was appointed CEO of the Cancer Institute NSW in August 2003.

Members

MS JILL BOEHM OAM RN, CM, C ORTH, M Mgt, FAICD

Ms Boehm retired recently as the CEO of the Cancer Patients Assistance Society of NSW, which runs the Jean Colvin Hospital in Darling Point. She has been instrumental in developing additional rural branches of the Society and improving communication links between head office and rural branches. Ms Boehm is a registered nurse and representative of the NSW Nurses Registration Board on Professional and Tribunal matters, a Fellow of the Australian Institute of Company Directors and is a member of the Board of The Cancer Council NSW. Awarded the Order of Australia Medal in 2007 for service to the community through advocacy and support for people with cancer, their families and carers. She was nominated for the NSW Womens Honour Role in 2005 for her role as CEO of CanAssist and as a member of the Steering Committee building an accommodation facility for cancer patients and their carers at Wagga Wagga NSW. Ms Boehm was appointed to the Board of the Cancer Institute NSW in 2003.

MS LIZA CARVER BEc, LLB, LLM

Ms Carver is a Partner in the law firm, Gilbert + Tobin. She is a Commissioner of the Australian Energy Market Commission, a former Non-Executive Director of RailCorp NSW, a former Non-Executive Director of the Rail Infrastructure Corporation, a former Non-Executive Director of State Rail Authority of NSW, a former Non-Executive Director of Rail Access Corporation and has served as an Associate Commissioner with the Australian Competition and Consumer Commission, a member of the NSW Independent Pricing and Regulatory Tribunal, and a member of the NSW Premier's Council for Women between 1995 and 1999. Ms Carver was appointed to the Board of the Cancer Institute NSW in November 2006.

DR PATRICK CREGAN MBBS, FRACS

Dr Patrick Cregan is a specialist cancer surgeon based at Nepean Hospital with a major interest in breast, endocrine & endoscopic surgery. He has a particular interest in surgical robotics, having performed Australia's first and the world's sixth Telesurgical procedure. Other interests include research in mathematical modelling of cancer, patient communication and the application of advanced technologies. Dr Cregan has served on a number of committees/boards including the Royal Australian College of Surgeons, Wentworth Area Health Service, NSW Health Clinical Council and the Australasian Medical Simulation Society. Dr Cregan is currently the Medical Director of a private medical technology and research company, Medicvision. Dr Cregan was appointed to the Board of the Cancer Institute NSW in 2003.

DR PAUL MOY BA (HONS-EC), DIP ED, PHD(EC)

Dr Moy is Managing Director, UBS Global Asset Management and has extensive experience in investment banking, the energy, transport and utility industries. He is a former Deputy Secretary – NSW Treasury, a former Chairman of the Innovation Investment Fund, a former Director of Western Power Corporation, the Commonwealth Rehabilitation Service, Rail Infrastructure Corporation, Railcorp, the Diversified Utility and Energy Trust (DUET) and Transgrid Corporation. He is also a former Member of the National Competition Council and Australian Statistics Advisory Council. Currently Dr Moy is a director of Centennial Coal and Chairman of Austral Coal. Dr Moy was appointed to the Board of the Cancer Institute NSW in 2005.

PROF JOHN SIMES BSC, MBBS, VQE, SM, FRACP, MD

Prof Simes is the Director, NHMRC Clinical Trials Centre, University of Sydney; a Senior Principal Research Fellow and Professor of Clinical Epidemiology, School of Public Health, University of Sydney; Medical Oncologist, Royal Prince Alfred Hospital; Board Member, ANZ Breast Cancer Trials Group Incorporated; and Board member, Australasian Gastrointestinal Trial Group Incorporated. Prof Simes has participated in a wide range of scientific committees, including the Medical Services Advisory Committee and the Project Grants Committee, NHMRC, and is currently Chairman of the Large Scale Clinical Trials Committee of NHMRC. Prof Simes was appointed to the Board of the Cancer Institute NSW in 2003.

MR JOHN STUBBS BA, DIP ACCT

Mr Stubbs is the Executive Officer of Cancer Voices Australia, a national Cancer Advocacy Group. He is a survivor of Leukaemia and an active representative of cancer consumers. He has served on the ANZ Clinical Trials Advisory Committee, the Radiation Oncology Jurisdictional Implementation Group (ROJIG) and the Therapeutic Goods Committee under the Department of Health and Ageing, and the Australian Leukaemia Lymphoma Group Clinical Trials Data Monitoring Committee. He has also served on the Complementary Therapies Committee and the Accreditation Committee of the Cancer Institute NSW. Mr Stubbs was appointed to the Board of the Cancer Institute NSW in November 2006.

PROF ROBERT SUTHERLAND BAGRSc, MAGRSc, PhD, FAA

Prof Sutherland is the Director of the Cancer Research Program at the Garvan Institute of Medical Research, a Senior Principal Research Fellow of the National Health and Medical Research Council and Conjoint Professor, School of Medicine, University of New South Wales. Prof Sutherland has been responsible for the development of Garvan's basic and translational cancer research programs aimed at identifying new genes involved in the development and progression of diverse cancers and their use as diagnostic and prognostic markers and as novel therapeutic targets for treatment and prevention. Prof Sutherland was appointed to the Board of the Cancer Institute NSW in 2003.

DR HELEN ZORBAS MBBS, FASBP

Dr Zorbas is Director of the National Breast Cancer Centre (NBCC). She has been responsible for directing a number of key national projects and programs in evidence-based practice, clinical guidelines, monitoring, service improvement and psychosocial support to improve cancer care. Helen has been a member on a number of key National Cancer and Health committees and was recently appointed a member to the National Health Committee of the NHMRC for the triennium 2006–2009. Dr Zorbas was a GP for 14 years before becoming a breast physician and she now has a staff specialist appointment working one day a week at the Rachel Foster Breast Clinic, Royal Prince Alfred Hospital, Sydney. Dr Zorbas was appointed to the Board of the Cancer Institute NSW in November 2006.

DR GEOFFREY PRITCHARD MBBS MSc FRACS

Dr Pritchard retired from the Board of the Cancer Institute NSW in August 2006.

PROF SALLY REDMAN BA (HONS) PhD

Prof Redman retired from the Board of the Cancer Institute NSW in August 2006.

Corporate Governance Statement

The Board of the Cancer Institute NSW

The Cancer Institute NSW is a statutory body governed by the Cancer Institute NSW Board appointed by the Minister for Health, the Hon. Reba Meagher MP and the Minister Assisting the Minister for Health (Cancer), the Hon. Verity Firth MP.

The Board membership consists of nine non-executive members and the Chief Cancer Officer and CEO. Board Members are appointed for a term of three years by the Minister under the *Cancer Institute (NSW) Act 2003*.

The Board seeks to ensure that at any point in time its membership comprises persons with the appropriate mix of skills, knowledge, specialist expertise and availability to maximise its effectiveness and contribution to the organisation.

Board Meetings

During 2006–07, the Board met on four occasions (see table below).

The Role of the Board

The Board has responsibility for the organisation's broad policies and determines strategic priorities and exercises its functions, responsibilities and obligations under the *Cancer Institute (NSW) Act 2003*.

The Board delegates responsibility for the management of the Cancer Institute NSW through the Chief Cancer Officer. The Chief Cancer Officer is accountable to the Board for all authority delegated to executive management.

Board Governance Instruments

The Board has developed a number of key governance instruments to provide guidance for the organisation and to ensure a high level of accountability:

Statement of Strategic Intent

The *Statement of Strategic Intent* defines strategic priorities to govern and guide the organisation's strategic position in cancer control in NSW in conjunction with the *NSW Cancer Plan*.

BOARD MEMBER	ELIGIBLE MEETINGS	MEETINGS ATTENDED
Hon. Peter Collins (Chairperson)	4	3
Prof. James Bishop (CEO)	4	4
Ms Jill Boehm	4	4
Ms Liza Carver	3	2
Dr Patrick Cregan	4	3
Dr Paul Moy	4	4
Prof. John Simes	4	2
Mr John Stubbs	3	3
Prof. Robert Sutherland	4	2
Dr Helen Zorbas	3	2
Dr Geoffrey Pritchard (retired)	1	1
Prof. Sally Redman (retired)	1	1

Board Charter

The Board Charter outlines key responsibilities of the Board to: Develop the policies and identify strategies necessary to enable the Cancer Institute NSW to improve cancer control in NSW; Review and monitor the performance of the CEO; Ensure appropriate policies and procedures are in place to manage risks and comply with applicable laws and regulations; and approve and monitor financial reporting and budgets.

Code of Conduct

The Board of the Cancer Institute NSW has adopted a comprehensive *Code of Conduct and Ethics* that is consistent with best practice. The code outlines the fundamental values and principles that define the standards of behaviour expected of the Board of the Cancer Institute NSW.

Register of Interests

In accordance with the *Cancer Institute (NSW) Act 2003* a register of interests and a conflict of interest register is maintained and updated for all Board Members.

Committees

The Board is advised on specific matters by a number of committees. These include an Audit Committee; Ethics Committees; a Clinical Services Advisory Committee; a Research Advisory Committee; a Quality and Clinical Effectiveness Advisory Committee; and other committees as the Board considers appropriate to provide advice and assistance to the Board in carrying out its functions.

Each committee has the function of providing advice, in its respective area of expertise, to the Board on:

(a) the priorities of the Cancer Institute NSW in achieving

its objectives, and

(b) such other matters as the Board from time to time requests.

Details of these committees are included in the Appendixes.

Board Performance Review

The Board undertakes an annual performance review of its activities and effectiveness. To ensure best practice, a Board Charter has been drawn up to ensure consistency with Board objectives, responsibilities and governance standards.

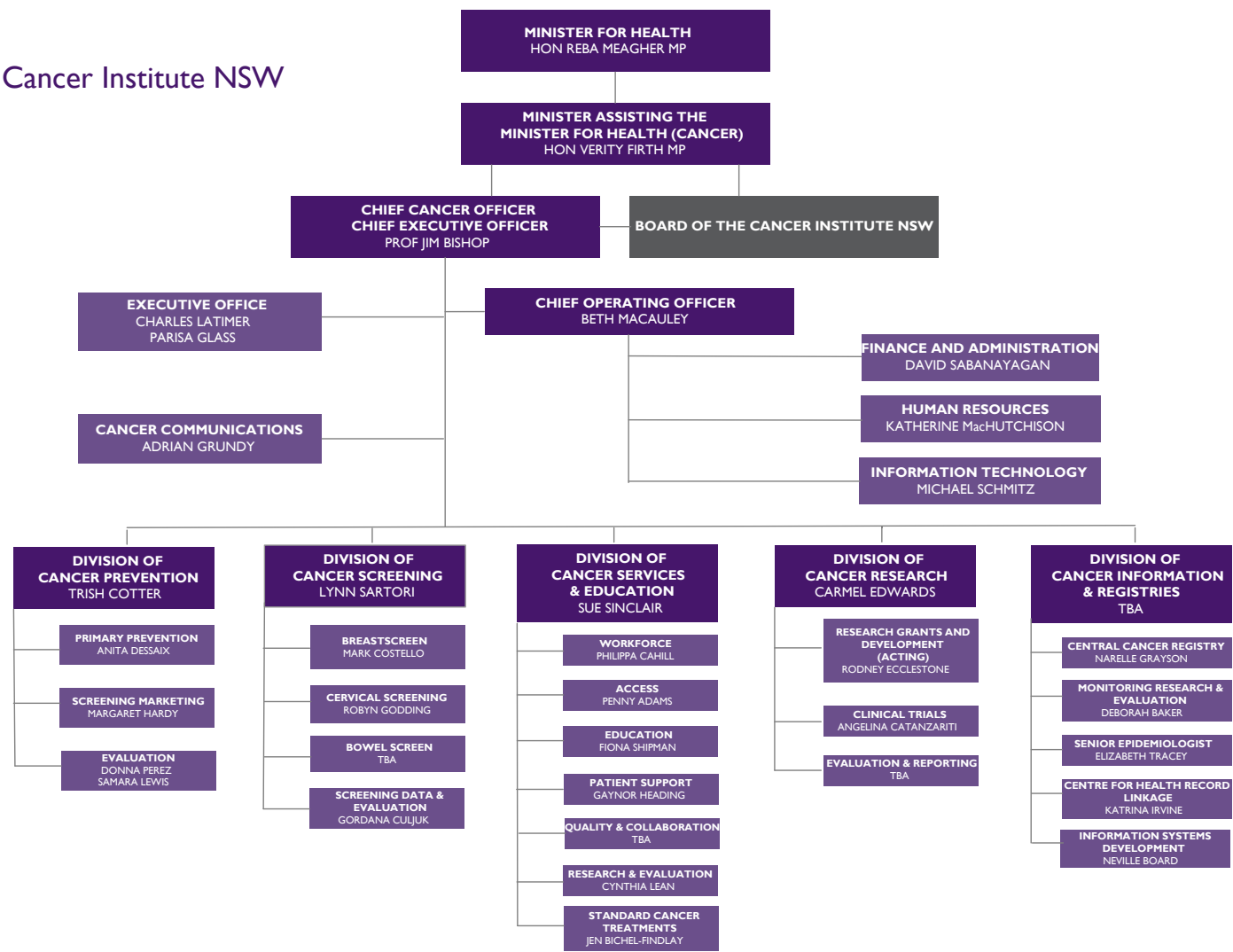
Audit and Risk Management

The Cancer Institute NSW identifies and manages its business and operational risks within an integrated risk management framework including the following elements:

- Periodic risk assessment and analysis performed as part of the Internal Audit Program.
- Periodic updates of the risk register and risk action plan and ongoing monitoring of risk management strategies.
- A risk-based Internal Audit Program.
- Oversight of all elements of the risk management framework by the Audit Committee of the Board (see Appendix).

Our Organisational Structure

Cancer Institute NSW



As at 30 June 2007.

PROF JAMES F BISHOP MD MMed MBBS FRACP FRCPA
Chief Cancer Officer and CEO,
Cancer Institute NSW
Professor of Cancer Medicine,
University of Sydney

MS BETH MACAULEY BA GCHSM RN
Chief Operating Officer

Beth Macauley was appointed Chief Operating Officer, Cancer Institute NSW in September 2003. Ms Macauley has extensive professional experience in strategic health services management, medical relations management and administration in the private hospital sector. The Chief Operating Officer directs the financial management and reporting of the Cancer Institute NSW, as well as direction of human resources and information management. The Chief Operating Officer also leads strategic planning and corporate governance processes.



Pictured (L-R): Ms Trish Cotter, Ms Sue Sinclair, Mr Michael Schmitz, Ms Beth Macauley, Mr David Sabanagayam, Prof James Bishop, Ms Carmel Edwards, Mr Charles Laitmer, Ms Lynn Sartori, Ms Katherine Machutishon, Mr Adrian Grundy

Divisional Directors

MS TRISH COTTER BSc MPH

DIRECTOR OF CANCER PREVENTION DIVISION

Trish Cotter has more than 20 years experience in tobacco control, specialising in communications and social marketing. Ms Cotter started her career at Quit Victoria, responsible for annual quit campaigns centred on TV advertising and incorporating PR and support for smokers. Ms Cotter spent a year at the Massachusetts Tobacco Control Program's advertising agency to develop their media campaigns. She was a key organiser of Australia's National Tobacco Campaign, and in 1999 became the Deputy Marketing Director at The Age newspaper. As Communications and Marketing Director for the Victorian Health Promotion Foundation (VicHealth), she developed Australia's first campaign for mental health promotion in 2000–01. She joined the Cancer Institute NSW in 2004.

MS CARMEL EDWARDS BSc MQUAL PATH

DIRECTOR OF CANCER RESEARCH DIVISION

Carmel Edwards joined the Cancer Institute NSW in March 2004. She holds a science degree majoring in genetics and physiology and a Masters qualifying in pathology. Ms Edwards' immediate postgraduate years were spent as a researcher in the disciplines of genetics and immunology followed by a period of time in the pharmaceutical industry. Her research administration and management experience was gained through senior positions held at St Vincent's Health Care Campus, MBF Australia and NSW Health.

MS LYNN SARTORI MA (CANTAB)

DIRECTOR OF CANCER SCREENING DIVISION

Lynn Sartori joined the Cancer Institute NSW in 2007 after more than 17 years working in the pharmaceutical industry. She holds an MA (Hons) in Medical Sciences, Cambridge University, UK, plus clinical studies (medicine) at Charing Cross and Westminster Hospitals, London, UK. During her career, Ms Sartori has held International Regulatory Affairs and clinical positions in companies such as Bristol-Myers Squibb (London), Zambon UK Ltd (London), Tanabe Pharma (Paris), Biogen International (Paris), MSD Australia (Sydney) and Biogen Idec Australia (Sydney).

MS SUE SINCLAIR RN MHM

DIRECTOR OF CANCER SERVICES AND EDUCATION DIVISION

Sue Sinclair joined the Cancer Institute NSW in 2006, with 25 years experience in health care in NSW at St. George Hospital and St George Private Hospital. During her career, Ms Sinclair has held positions in Clinical Nursing, Clinical Research and Clinical Management. Following her clinical experience she worked in executive management for seven years at St George Private Hospital as Director of Clinical Services. She is a Registered Nurse and holds a Masters of Health Management and a Graduate Diploma in Cardiology.

DR PAUL JELFS BSc (HONS) PHD

DIRECTOR OF CANCER INFORMATION AND REGISTRIES DIVISION (TO MAY 2007)

Paul Jelfs was Director of the Cancer Information and Registries Division until May 2007. He was responsible for management of the Central Cancer Registry, the Clinical Cancer Registry, cancer epidemiology, and the Pap Test Register.

Executive Office and Administration

MR ADRIAN GRUNDY MANAGER, CANCER COMMUNICATIONS

Adrian Grundy joined the Cancer Institute NSW in 2007 and has 12 years experience in journalism, political advisory and marketing. For past seven years he held communications and marketing positions with FedEx Express in Asia and Australia. Mr Grundy is responsible for the publication, marketing and promotion of cancer information.

MR CHARLES LATIMER BA BEc MPubPol GAICD POLICY ADVISER/EXECUTIVE OFFICER TO THE CHIEF CANCER OFFICER AND CEO SECRETARY TO THE BOARD

Charles Latimer has held senior policy adviser positions in a range of public and private organisations for more than 18 years. For the past seven years Mr Latimer has worked in the health sector, mainly in cancer control policy. Together with the Chief Cancer Officer, he is responsible for Government liaison, stakeholder management for health consumers and the NSW cancer charities sector. Mr Latimer is also secretary to the Board of the Cancer Institute NSW.

MS KATHERINE MACHUTCHISON BA GRAD DIP BUSINESS (HUMAN RESOURCE MANAGEMENT AND INDUSTRIAL RELATIONS) MANAGER, HUMAN RESOURCES

Katherine MacHutchison was appointed as the Human Resource Manager in February 2004. She has extensive experience in human resource management, organisational development, change management and employee relations. Ms MacHutchison has worked in the health sector for the past five years and has experience in consulting in both the public and private sector.

MR DAVID SABANAYAGAM MBA PNA MANAGER, FINANCE AND ADMINISTRATION

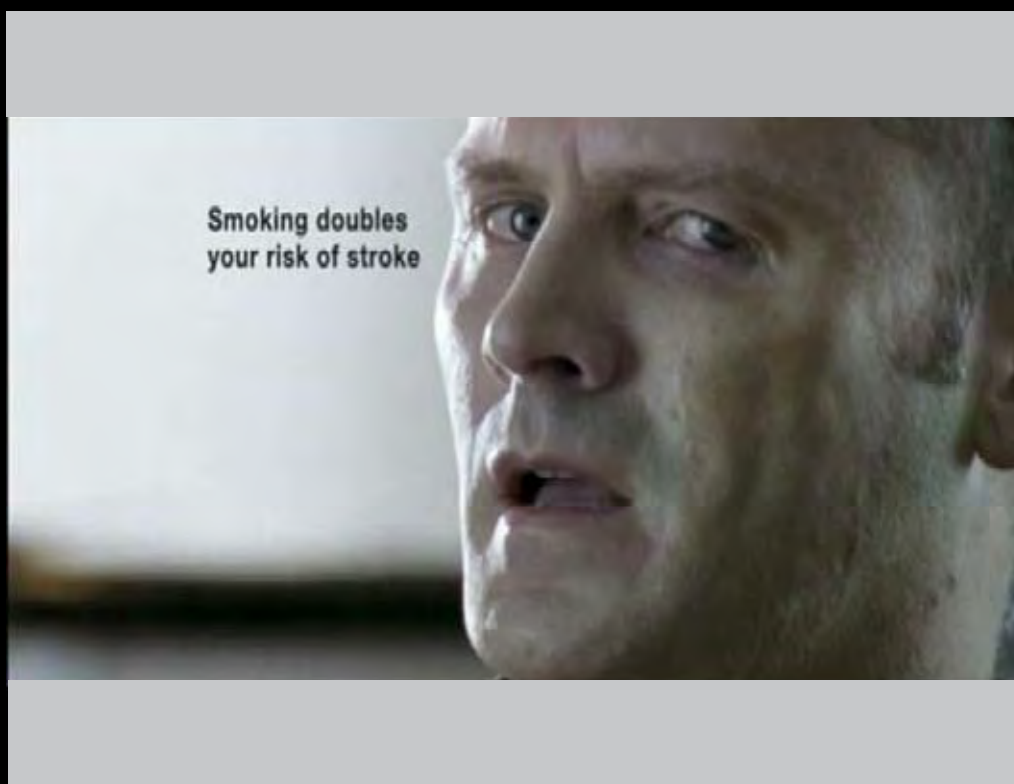
David Sabanayagam was appointed as Finance and Administration Manager in September 2004. He has 17 years experience in finance roles in Communications, Information Technology, Publishing and Advertising industries in the private sector. Mr Sabanayagam has a Masters in Business Administration from Macquarie University and is a member of National Institute of Accountants.

MR MICHAEL SCHMITZ MPD MANAGER, INFORMATION TECHNOLOGY

Michael Schmitz joined the Cancer Institute NSW in July 2004 and has been involved in the information technology and communications industry for more than 25 years. Mr Schmitz has an Advanced Diploma in Project Management, is a Master Project Director and a member of the Australian Institute of Project Management. Prior to joining the public sector, Mr Schmitz held senior positions with several major information technology organisations and niche consultant firms, primarily focused on project management. He has successfully managed a variety of projects including information technology infrastructure and systems implementations, data centre and relocation projects in the legal, banking and finance, pharmaceutical and essential service arena.

control and cure

Lifting the burden through cancer prevention



“it’s been a long road back and I feel as if I’ve lost four years of my life due to my slavish passion for nicotine. What can I say, I was a committed smoker”

David Bostock, stroke survivor and quit smoking advocate

David Bostock was a self described “bullet-proof” 39-year-old labourer from Newcastle when he suffered a massive stroke, caused by smoking. While smoking causes 20% of all cancers in NSW, it also causes other debilitating illnesses, including stroke, heart disease and emphysema.

In April 2007, the Cancer Institute NSW launched The Voice Within – one of the most compelling quit smoking television campaigns ever produced.

It goes inside the mind of a stroke survivor and reveals the impact that smoking-caused illness has on survivors and families.

Based on the life experience of David Bostock, the message of The Voice Within is stark and real: **don’t smoke.**

2.4% ANNUAL DECLINE IN ADULT SMOKING RATES

8/10 SMOKERS RECOGNISED HEALTH WARNINGS CAMPAIGNS

13 CANCER PREVENTION AWARENESS CAMPAIGNS LAUNCHED

510,000 CANCER PREVENTION PLANS DISTRIBUTED TO THE NSW COMMUNITY

Making Gains in Cancer Prevention

We set an aggressive target under the *NSW Cancer Plan 2007–2010* to reduce adult smoking rates from 20% to 16% by 2010. In 2006 the smoking rate dropped to 17.7% – an annual decline of 2.4%. This is the largest ever annual decrease recorded in NSW.

The combination of policy initiatives with high-impact mass media campaigns by the Cancer Institute NSW is working. Recall among smokers is strong and attitudes are changing.

The 2007 Smoking and Health Survey found that 83% of smokers surveyed in NSW agreed that death from smoking-related illness is slow and painful, up from 75% in 2005. The third wave of the survey, conducted in March–April 2007, also found wide support among smokers and non-smokers for smoke-free pubs and clubs. Nine out of ten non-smokers said they were bothered by second-hand smoke in public places.

Still, one in five smokers believe they will not become seriously ill from smoking. In 2007–08, we will continue to produce high-impact mass media campaigns to keep the quit smoking message on every smokers' agenda.

Tanning is another major front in the campaign to reduce preventable cancers. Incidence of melanoma and other skin cancers is projected to increase substantially over the next decade. While a public health campaign, *Tattoo*, was recognised by 72% of people surveyed, six in ten are still prepared to run the risk of cancer in pursuit of a tan.

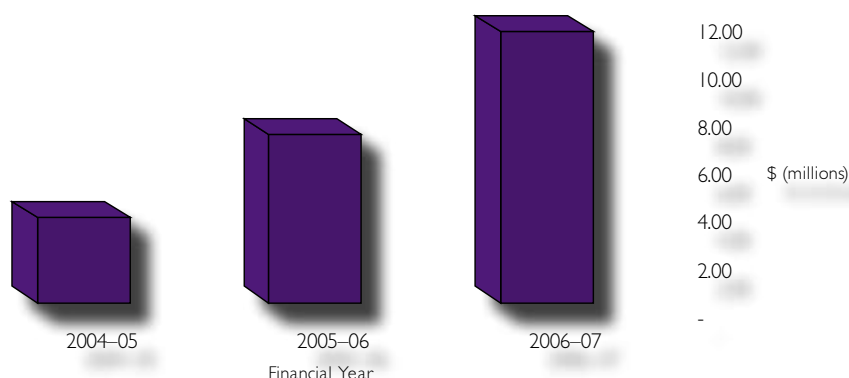
Investing in cancer prevention

Smoking cessation represents the most significant opportunity to reduce preventable cancers in NSW. In 2006–07, the Cancer Institute NSW increased spending on quit smoking campaigns by 61.5% compared to 2005–06, representing around two-thirds of the total Cancer Prevention advertising expenditure.



**high-impact mass
media campaigns
are working ...
recall among
smokers is strong
and attitudes are
changing**

Quit-Smoking Expenditure 2004–2007



Which disease do you want today?

Which Disease? is a 30-second television commercial produced by the Cancer Institute NSW in 2006–07. In the commercial, we highlight the reality that you can't choose which smoking-caused disease you will actually get if you continue to smoke. We encourage smokers to reflect on their own smoking behaviour and challenge their beliefs regarding the likely health consequences of their smoking.

At its peak, Which Disease? achieved 83% recognition among smokers.



A change in the air ... pubs, clubs, nightclubs and the casino go smoke-free

The NSW Government's progressive smoke-free laws took effect in all indoor areas of NSW pubs, clubs, nightclubs and the casino from July 2 2007. While public awareness campaigns began in 2005, the Cancer Institute NSW increased advertising in June 2007 to prepare the public for the change.



A reminder to parents

Every day four young Australians lose a parent because of smoking. In NSW, around 40.5% of smokers are parents or guardians with children in their households. The Parents Quit Smoking campaign highlights the impact smoking has on the health of the smoker and on the smoker's relationship with their loved ones. We aired the commercial from August to September 2006 to follow the highly successful broadcast in 2005.

At its peak, the Parents Quit Smoking campaign achieved 83% recognition among smokers in 2006.



(T–B) Screen shots taken from "Which Disease?", "A Change is in the Air", and "Parents" television commercials.

**the high-impact quit smoking
campaign *Which Disease?*
achieved 83% recognition among
smokers**

Quitting is hard ... not quitting is harder.

During 2006–07, the Cancer Institute NSW produced a third wave of the highly successful Excuses Campaign. The campaign encourages smokers to put quitting on “today’s agenda” by tackling common excuses. The Excuses Campaign III introduced new excuses and health consequences. The key message of the series: Quitting is hard ... but not quitting is harder.

At its peak, the Excuses Campaign III achieved 75% recognition among smokers.

Calling Quitline doubles your chances of quitting.

Research by the Cancer Institute NSW in 2005 found that while awareness of Quitline was high, there was poor understanding of its services. The 2006–07 Quitline campaign of six 15-second TV commercials continued to provide smokers with an insight into the Quitline and the range of services and support available just by picking up the phone and calling 13 7848 (13 QUIT).

At its peak, the Quitline campaign achieved 42% recognition among smokers.



Healthy eating reduces cancer risk

In 2006–07, the Cancer Institute NSW partnered with NSW Health to roll out the Go for 2&5 healthy eating campaign for NSW. A diet rich with a daily variety of fruits and vegetables can help to prevent many cancers and other serious illnesses.

Almost three quarters (74%) of people surveyed had seen at least one of the two advertisements.

The dangers of sun exposure

Young adults were the target of the summer 2006–07 melanoma awareness campaign by the Cancer Institute NSW and our partner the Cancer Council NSW. The Tattoo commercial shows the irreversible effects of tanning and the scars left from cancer removal surgery.

54% of people surveyed found the Tattoo commercial 'very' believable.

Reducing the impact of skin cancer in NSW

Australia has the highest rate of skin cancer in the world. NSW melanoma incidence increased by 18% in males and 21% in females 1995–2004. Survival from melanoma is high, but so is the cost of treatment, with all skin cancers being the most costly cancer to the Australian health system.

In 2006–07, the Cancer Institute NSW, together with NSW Health and the Cancer Council NSW, developed *Reducing the impact of skin cancer in NSW – Strategic Plan 2007–2009*. The plan prioritises efforts to minimise exposure to UV radiation among high risk groups, such as children and adolescents.

**a diet rich with
a daily variety
of fruits and
vegetables can
help to prevent
many cancers
and other serious
illnesses**

Screening marketing: aiming for the hard to reach

Cancer screening for early detection and prevention is a key element in achieving the goals of the NSW Cancer Plan. In 2006–07, the Cancer Institute NSW increased investment in marketing BreastScreen NSW and cervical screen.

As well as advertising to the broader population, media campaigns were produced in other languages and adapted at a community level in order to get key health cancer screening messages to people traditionally identified as 'hard to reach'.

BreastScreen NSW Campaign: Cherry and Pea

The \$1.9 million Cherry and Pea campaign was launched again in September 2006 as part of a comprehensive strategy to increase breast screen participation among women aged 50–69. In addition to press, radio and television, Cherry and Pea utilised outdoor media (billboards and bus sides) and a multilingual campaign to reach a greater number of women. Grants totalling \$280,000 were also provided to community groups in Sydney's western and south western suburbs to promote BreastScreen NSW services to hard to reach women.

At its peak, the Cherry and Pea campaign achieved 62% recognition among women aged 50–69.

Cervical Screen NSW: Don't Just Sit There!

While cervical cancer screening is the most effective of all cancer prevention programs, rates of Pap test participation have declined. In 2007, one in four NSW women had not had a regular Pap test. In 2006–07, the Cancer Institute NSW implemented a mass media campaign, Don't Just Sit There. Adapted from the successful campaign in Victoria, Don't Just Sit There struck a chord with a clear message that cervical cancer is easy to avoid with a simple, regular Pap test.

The Don't Just Sit There campaign achieved 58% recognition among women.

Bowel Cancer: early detection saves lives

Research by the Cancer Institute NSW in 2006 found poor awareness of the incidence of bowel cancer and the benefit of early detection. In April 2007, we launched a mass media campaign which highlighted the increased risk of bowel cancer for men and women aged over 50 and the importance of being aware and acting on the signs and symptoms.

The bowel cancer awareness campaign achieved 60% recognition among men and women.

**research in 2006 found poor
awareness of the incidence of
bowel cancer and the benefit of
early detection**





The cancer prevention plan

This book could save your life



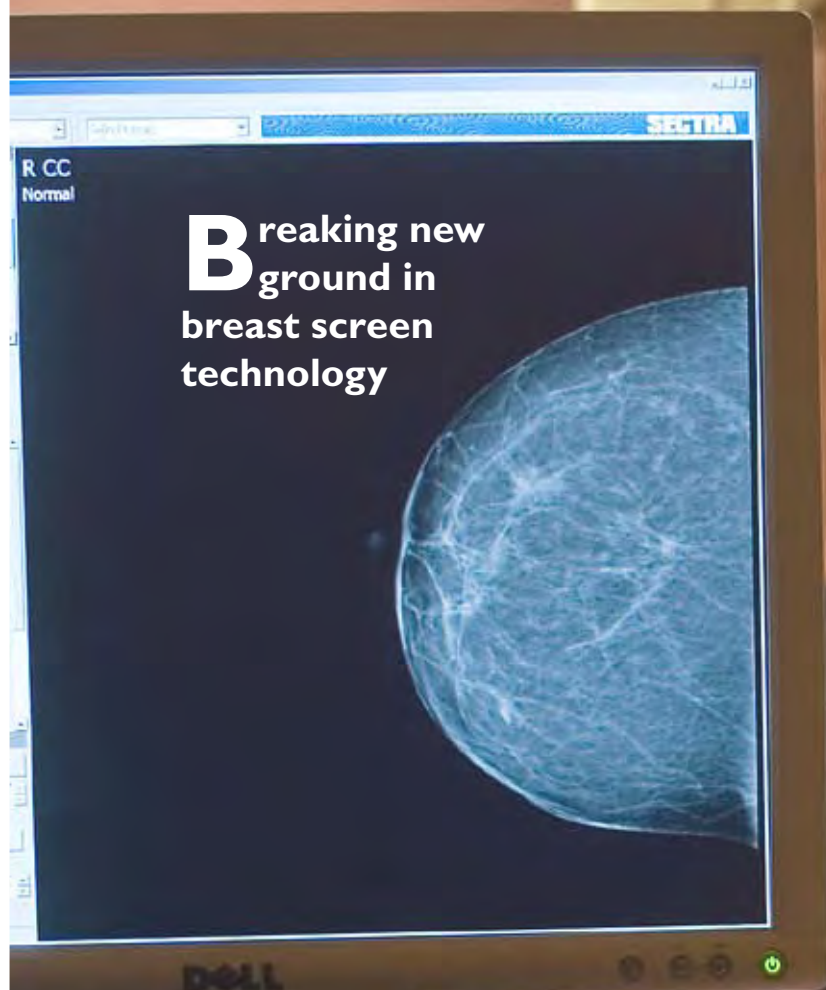
On World Cancer Day 2007, we distributed more than 500,000 copies of *The Cancer Prevention Plan* – a blueprint for the NSW community in reducing the risk of cancer.

The Cancer Prevention Plan includes seven simple guidelines to reduce cancer risk and suggests practical ways to implement them in everyday life.

1. Choose a diet rich in a variety of plant-based foods
2. Eat plenty of vegetables and fruits
3. Maintain a healthy weight and be physically active
4. Drink alcohol only in moderation, if at all
5. Be aware of what you eat
6. Protect your skin in five ways
7. Do not smoke or use tobacco in any form

control and cure

Detecting cancer early through cancer screening



Digitisation of BreastScreen NSW services will equip radiologists with superior diagnostic tools, especially when it comes to the detection of breast cancer in radiologically dense breasts, often seen in younger women.

In 2006–07, the Cancer Institute NSW and NSW Government announced a plan to rollout digital mammography, improved service and information throughout NSW at a cost of \$26 million. It's the largest ever upgrade of cancer screening technology in NSW.

A new database of digital images will also enable radiologists to archive and quickly retrieve old images for comparison with new ones. Digital mammography will have particular benefits for women in rural and regional NSW, with high-quality breast screen images able to be transmitted electronically from mobile screening vans to a well resourced central x-ray reading room for analysis by experienced radiologists.

Picture: digital breast screen technology at the Rose Clinic, David Jones, Sydney

400,000 WOMEN AGED 50–69 YEARS SCREENED BIENNIALY THROUGH BREASTSCREEN NSW

\$26 million DIGITAL BREAST SCREEN TECHNOLOGY, SERVICE AND INFORMATION UPGRADE ANNOUNCED

500,000 PAP TEST REMINDER LETTERS SENT TO WOMEN

\$1.5 million TO INCREASE AWARENESS OF BOWEL SCREENING

Enhancing BreastScreen NSW

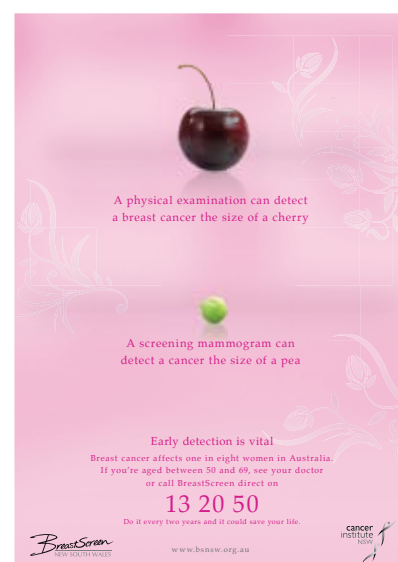
Improving participation, client service and breast screen technology are core elements of the *NSW Cancer Plan 2007–2010*.

The Cancer Institute NSW began management of BreastScreen NSW in July 2005, with a clear objective to increase the rate and number of women aged 50–69 years who have a regular biennial mammogram. The number of women now having a biennial mammogram through BreastScreen NSW is more than 400,000, which is an increase of more than 51,500 women aged 50–69 years screened biennially. In addition, a Cancer Institute NSW survey of women aged 50–69 years suggests around 30% have private mammography every two years.

Breast cancer is the leading cause of cancer in women in NSW and the leading cause of cancer death in women. Early detection through regular screening every two years dramatically improves a patient's chances of survival. If a breast cancer is detected early and has not spread, the chances of survival are 97% at five years. BreastScreen NSW provides free biennial mammograms to women aged 40 years and above, with focus in the target age group of 50–69 years who benefit most from biennial screening.

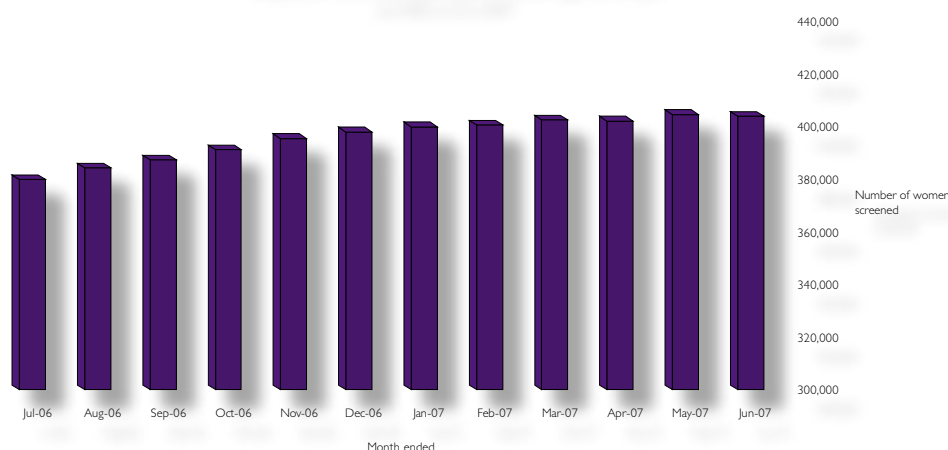
In 2006–07, the Cancer Institute NSW increased funding to BreastScreen NSW by 20% to \$39 million, allowing a continued expansion of screening hours and awareness activities to encourage more women to have a regular mammogram.

In addition to the Cherry and Pea public health campaigns, BreastScreen NSW initiated reminder calls to women ahead of their appointments.



early detection
through regular
screening every
two years
dramatically
improves survival

BreastScreen NSW biennial participation of women aged 50–69 years
July 2006 to June 2007



The result was a significant reduction in the number of clients who failed to attend a scheduled appointment. Progress was also achieved in the alignment of BreastScreen NSW operating boundaries with those of the new Area Health Services.

Plans were also finalised for the Digital Mammography and Breast Screening Database Technology Enhancement Program. The Cancer Institute NSW will manage a rollout of the new technology, beginning with Sydney South West Area Health Service, the New England region and the Sydney West Area Health Service in 2007–08.

From 2008–09 the new technology will be rolled out to the Greater Western and the North Coast Area Health Services, followed by South Eastern Sydney and Illawarra, North Sydney Central Coast and Greater Southern Area Health Services and the Hunter region.

Increasing Participation in Cervical Screen

An audit of the NSW Pap Test Register in 2006 found that almost one in five women on the register had not had a biennial Pap test for four years or more. *The NSW Cancer Plan* aims to improve participation in cervical screening by 3% per annum.

While the biennial participation rate of women aged 20–69 increased from 57.63% at 31 December 2005 to 57.74% as at 31 December 2006, the Cancer Institute NSW believes there is a need to further improve this participation rate, especially in unscreened and underscreened women and those at higher risk. In NSW, there are approximately 1.9 million women in the target age-group for cervical screening.

The detection rate for high-grade abnormalities, which if left untreated could lead to cancer, has been rising. Australian Institute of Health and Welfare figures show 8.3 per 1000 women in NSW screened positive for high-grade abnormalities in 2005 and 2004, compared to 7.2 in 2003.

This increase is concerning. However regular participation in screening and the treatment of any pre-cancerous abnormalities detected on the Pap test will prevent possible development of cervical cancer.

Additionally, the advent of the HPV vaccine, which is being offered free to schoolgirls aged 12–18 years and young women 18–26 years under a federal government program, will have a significant impact on development of cervical abnormalities in the years to come for the next generation of women. However, it will still be necessary for women to continue to have Pap tests every two years, even if they have received the vaccination.

Activities undertaken by the Cancer Institute NSW to improve participation in cervical screening in NSW in 2006–07 included:

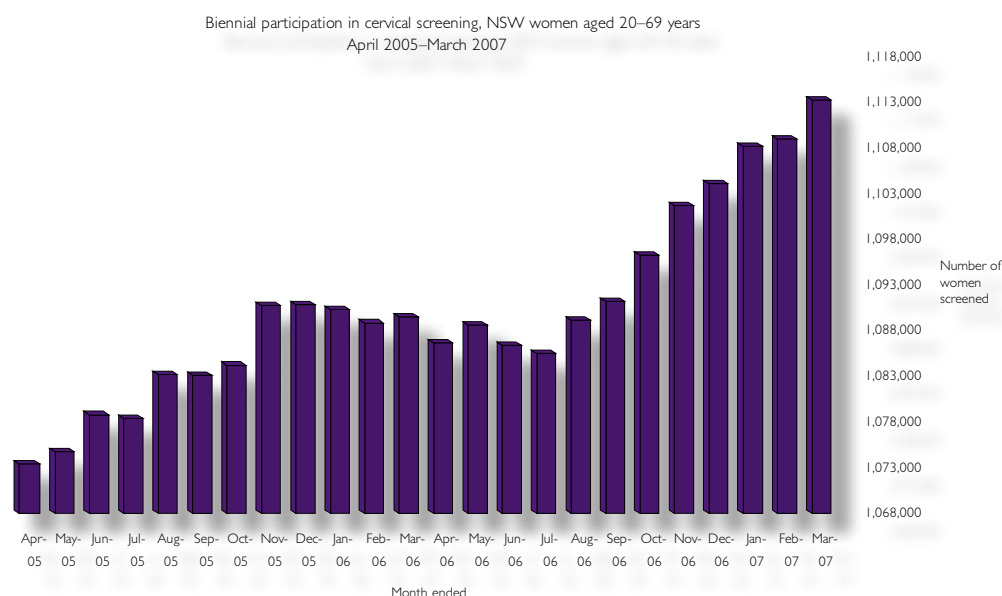
(i) issuing of 500,000 reminder letters to women who had not been screened for 48 months or more. Interim analysis of the \$350,000 program has found that on average, 2.4% of these women arranged to have a Pap test within 90 days of receiving the letter. A full evaluation of the program will be undertaken in 2007–08.

**we believe there is a need to
further improve participation
in cervical cancer screening
amongst those who are
underscreened or at higher risk**

(ii) engagement of Divisions of General Practice under a \$747,000 program to encourage greater cervical screening participation within each GP Division.

(iii) implementation of a multi-media awareness campaign in May–June 2007. This will be evaluated in 2007–08; and,

(iv) an external review of recruitment and workforce components of current program activities. The final report with recommendations for improving participation will be available by early 2007–08.



Detecting Bowel Cancer Earlier

Bowel cancer is the second most common cancer in NSW and the second leading cause of cancer deaths. It claims 30 lives in NSW each week.

In 2006–07, the Cancer Institute NSW provided \$1.5 million to increase information available to the public about risk factors and bowel cancer screening to support the National Bowel Cancer Screening Program with subsequent increase in awareness.

In June 2007, the Cancer Institute NSW commissioned a clinical and economic evaluation of bowel cancer screening, with the objective to identify costs and benefits of population bowel screening of target age groups to better develop the program over the next few years.

Work also commenced with the Divisions of General Practice to provide training and education for general practitioners about bowel screening. The education strategy includes an online training module, promotion of training modules in GP newsletters, fax, email and direct mail campaigns, and awareness via GPTV – a news channel for GPs.

**bowel cancer is the second most
common cancer in NSW and the
second leading cause of cancer
deaths ... it claims 30 lives in
NSW every week**

control and cure

Improving cancer services and professional education



A multi-disciplinary team at Sydney's Mater Misericordiae Private Hospital considers the treatment of a patient.

Multi-disciplinary (MDT) teams allow a number of different cancer specialists to discuss the best treatment for each individual patient.

The Cancer Institute NSW has rapidly expanded existing multi-disciplinary teams and developed new teams across a range of tumour specialisations. In 2006–07, \$3 million enabled the further development of disciplines within MDTs and supported 142 MDT teams.

Today more than 150 MDTs throughout NSW are using a case conference approach to determine the optimal treatment plans for individual patients and introducing new evidence-based treatments.

Treatment of roughly two-thirds of NSW cancer patients is now determined by such multi-disciplinary approaches, using the latest evidence based protocols. Teams include surgeons, radiation and medical oncologists, pathology, nursing, psychiatrists, psychologists, social workers, dieticians, other relevant health professionals and links to general practitioners to consider all aspects of care.

\$43 million COMMITTED FOR CLINICAL ENHANCEMENTS OVER FOUR YEARS

73 ADDITIONAL FRONT-LINE CANCER CARE STAFF SUPPORTED

10–25% IMPROVEMENT IN RADIOTHERAPY CAPACITY

24 HEALTH SERVICE INNOVATION PROJECTS SUPPORTED

Better Coordination of Cancer Care

Development of the clinical infrastructure and collaboration among NSW cancer health professionals, services and institutions provides a strong foundation on which to deliver streamlined higher-quality cancer care. This will also improve the metropolitan rural links and develop networks to ensure access to specialist services throughout NSW.

NSW Oncology Groups

The Cancer Institute NSW injected \$500,000 during 2006–07 to support development and growth of the NSW Oncology Groups (NSWOG), which provide strategic advice on best-practice models of cancer care. NSWOG brings together more than 700 cancer specialist doctors and nurses, consumers, patients and allied health professionals, specialising in 12 tumour-specific groups and eight disciplines, such as cancer genetics, radiotherapy and palliative care.



Cancer Services Infrastructure Support

In 2006–07, the Cancer Institute NSW and Area Health Services (AHS) signed a three year agreement of clinical enhancements through to 2010. The \$43 million commitment continues on \$13 million in 2006–07 and \$33.7 million since 2004. The Clinical Enhancements programs fund salaries for the Director of Cancer Services in each AHS as well as senior cancer specialists, nurses, managers, social workers, psycho-oncologists, cancer geneticists and project officers.

Rural Access

Improving access to high-quality cancer care irrespective of location in NSW is an objective of the *NSW Cancer Plan 2007–2010*. In 2006–07 the Cancer Institute NSW funded \$4.5 million for 73 additional front line cancer care staff in rural NSW and \$2.4 million to support the establishment of the new networked north coast radiation oncology service.

**providing better
coordinated
cancer care is an
objective of the
NSW Cancer Plan**

Hunter Health Imaging Service received \$210,000 allowing two additional scanning days per week under its Position Emission Tomography (PET) program.

The Isolated Patient's Travel and Accommodation Assistance Scheme was improved with \$500,000 per annum to reduce the qualifying distance criteria for cancer patients from 200 kms to 100 kms and increased payments per kilometre.

The Cancer Institute NSW also addressed the need for skilled cancer care professionals in rural NSW with the introduction of two rural nursing education pilot projects. This program will be rolled out to rural areas across NSW to provide rural nurses with more opportunities to access face-to-face training in their local area.

CanNET

Through the Cancer Australia CanNET project, the Cancer Institute NSW received a grant of \$1 million over two years, which it matched, for the development of a managed clinical network in NSW. The Network will be developed by a five member consortium that comprises the Hunter New England Area Health Service, the North Coast Area Health Service and the Northern Sydney Central Coast Area Health Service, with the Cancer Institute NSW and the NSW Department of Health. The Network will be known as the Northern NSW Cancer Network (NNSW-CN).

This Network will create an improved method of providing cancer services in northern NSW that has projected cancers to increase by 17.9% by 2011. This will establish networking, a directory of services, collaboration between services, new models of care and referral and enhanced professional support. The Network will ask patients to be more involved in decisions about service delivery and development. Health professionals and consumers will be able to work together to streamline and coordinate the patient journey.

Specific components of the Network will include: a multi-disciplinary team model; a networked service directory; treatment and follow-up protocols and pathways that will be common across the Network; a new standards and accreditation framework; a single platform for the multi-disciplinary team to navigate patient entry into the system; new and innovative roles for the cancer workforce; the extension of Telehealth communications for better diagnosis and management; and a clinical cancer registry.

**involvement of patients and
carers with cancer experts and
planners is a key component
of the NSW Cancer Network
project**



Smarter Models of Care

Growing demand for cancer services requires an approach to find new ways to provide more modern therapy while providing more services with finite resources. In 2006–07, the Cancer Institute NSW supported projects aimed at increasing the number of patients treated using existing capacity, documenting service provision in key areas of palliative care and genetics and building on successful models of care for dissemination across the State.

Radiotherapy Business Improvement

Opportunities were identified to improve service and patient throughput by 10–25% within existing resources in a major Radiotherapy Business Improvement project carried out by the Cancer Institute NSW in 2006–07 throughout NSW. The aim is that more cancer patients are treated in the public radiation oncology treatment centres through this business improvement model. Eight of the State's 11 treatment centres were assessed in phase one and two of the project, with a third phase planned for 2007–08.

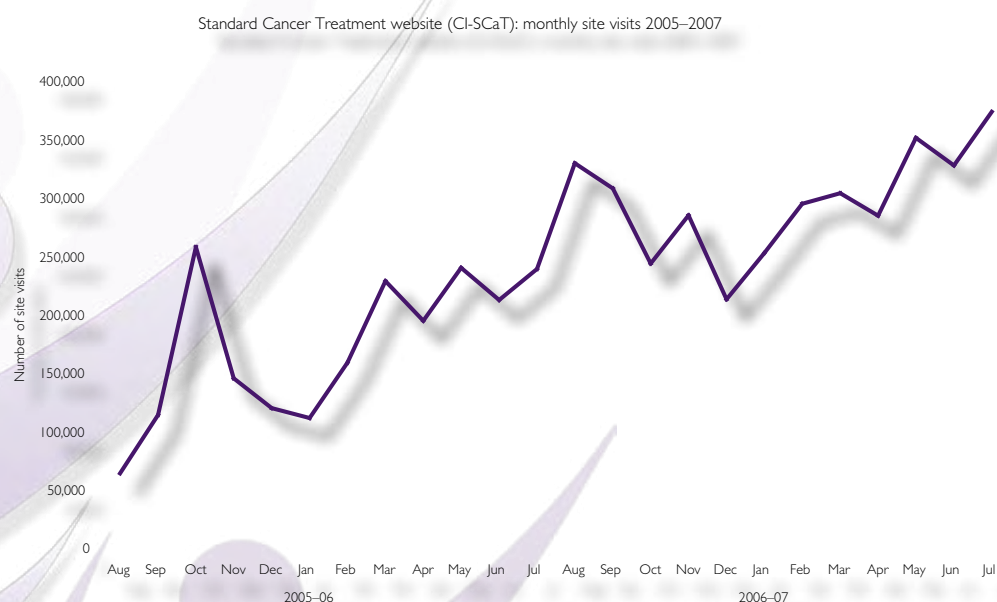


Dynamic laser guides enable pin-point accuracy for radiation therapy cancer treatment. Picture: Sydney Cancer Centre.

Standard Cancer Treatment and Management Pathways

Specialist access to the latest evidence-based cancer treatment protocols is essential. Whether in regional NSW or a major city, the Cancer Institute NSW Standard Cancer Treatment website (CI-SCaT) enables clinicians to draw on and easily find information on evidence-based standards to guide treatment planning and decisions around patient care. In 2006–07, we invested \$1.2 million in the further development of CI-SCaT, with around 350 evidence based treatment protocols and daily updates of information related to medical oncology, haematology, radiation oncology, nursing and independent drug evaluation. The site is proving a major success, with around 370,000 hits per month by the end of 2006–07 and a positive growth trend.

**opportunities
were identified in
radiotherapy to
improve service
and patient
throughput by
10–25%**



Innovative Service Models

A total of \$1.9 million was distributed throughout NSW under the Cancer Institute NSW Health Service Innovation program. The program is designed to harness the innovation that currently exists within health care professionals in cancer services in both the public and private sectors. Through this program, we will build on the many innovative service models to treat patients more effectively, and build sustainable services to meet future patient needs.

Eight rural cancer service re-design projects were among the 24 supported in 2006–07, including GP tele-colposcopists in rural centres and a collaboration of shared oncology services in Cooma and the ACT.

Comprehensive Patient Support

The impact cancer has on the daily life of a patient and their family is significant. The patient's cancer journey is emotional, complex, often across multiple settings, treatments and with many interactions with cancer professionals. In 2006–07, the Cancer Institute NSW established a series of projects designed to assist patients through this difficult time.

Psycho-Oncology Teams Project

Patients often experience distress during their cancer journey and timely access to professional support is important to ensure that a patient's needs are met. In 2006–07, the Cancer Institute NSW initiated the Psycho-Oncology Teams project, which provides health professionals with evidence-based triage tools and clinical management pathways incorporating screening and referral for distress. The project offers patients better support through their cancer journey. A pilot workshop among health professionals was held in Albury and Liverpool in early 2007 and the feedback will be used to build on the project during 2007–08.

Patient Support and Information

During 2006–07, the Cancer Institute NSW and the Cancer Council NSW established a joint Patient Support and Information Advisory Committee to identify new information resources and review existing sources of information which can help a patient through the cancer journey. The committee is chaired by Professor Kate White and is leading the development of a psycho-oncology kit for health professionals and information resources for child cancer survivors to support their return to school.

**patients often experience distress
during their cancer journey ...
timely access to professional
support is important to ensure
a patient's needs are met**



Patient Surveys

Listening directly to patients' views about their care experiences is essential when delivering quality cancer care. In 2006–07, the Cancer Institute NSW and NSW Health commenced a partnership to gather patient views using survey tools centred around eight dimensions of care: access to care; patient preferences; coordination of care; information and education; continuity and transition; physical comfort; emotional support; and family and friends. The cancer section of the survey will capture information about cancer treatment in outpatient settings. The survey will be conducted during 2007–08.

Complementary Therapy

In 2006–07, the Cancer Institute NSW and the Complementary Therapies NSWOG commissioned the University of Sydney to assess benefits and risks of four identified complementary therapy modalities. In 2007–08, the Cancer Institute NSW will develop a concise evidence based guideline on the benefits and risks of massage, meditation, exercise and nutrition for cancer patients. The guidelines will assist health professionals to have more open and meaningful discussions with cancer patients about the use of complementary therapies.

Skilled Cancer Professionals

Enhancing and deepening the clinical skills of cancer health professionals and improving access to additional training opportunities will play a key role in providing cancer patients with optimal treatment and support leading to the best possible cancer outcomes. In 2006–07, the Cancer Institute NSW implemented programs aimed at increasing the opportunities for cancer health professionals trained to work within the NSW health services.

Fellowships

Nine Cancer Institute NSW Clinical Fellowships and five Psycho-Oncology Clinical Fellowships were awarded in 2006–07, at a total cost of \$1.62 million. The Fellowship programs are designed to specifically address the need for a year of in-depth training and research for newly qualified clinicians and to add clinical education, training and research opportunities for psycho-oncology disciplines. The program aims to build and support clinical cancer improvement, research and best practice.

Of the Clinical Fellowship disciplines recruited, four were surgical, and one each of cancer genetics, haematology, pathology and radiation oncology.



**enhancing and
deepening the
clinical skills of
cancer health
professionals will
play a key role in
improving cancer
survival**

The five Psycho-Oncology Clinical Fellowships will provide evidence across a number of psycho-oncology areas including patient distress screening, interventions for patient fatigue, and the effectiveness of mindfulness-based interventions.

Registrars

Six positions were funded to support rural-metropolitan training opportunities and to complement the existing registrar training programs within clinical services.

Academic Chairs Grants

Professor Michael Barton was appointed the Cancer Institute NSW Chair of Radiation Oncology at the University of NSW in 2006–07. Further support was given to Cancer Institute NSW chairs in medical physics and radiotherapy. A Chair in Cancer Nursing was established at the University of Sydney.

In 2006–07, the Cancer Institute NSW partnered with the University of Notre Dame, St Vincent's and Mater Health, Calvary Health Care and the University of NSW to establish an Academic Unit in Palliative Care, based at the Sacred Heart Hospice in Darlinghurst. The Cancer Institute NSW provided \$280,000 to support new Academic Chairs in Palliative Care Medicine and Nursing, with a commitment of further funding over five years.

Scholarships, Travel Grants and International Sabbatical Grants

Seventeen cancer health professionals were awarded scholarships, travel grants and opportunities to travel for further studies in 2006–07, at a cost of \$108,000. Five International Sabbatical Grants were provided to enable cancer specialists and other clinicians in medical, psycho-oncology, radiotherapy, allied health and nursing to travel abroad to gain a greater understanding of clinical practices relevant to their discipline and apply their learning on return to their clinical setting in NSW.

Twelve education scholarships were awarded across a range of disciplines, providing cancer health professionals with the opportunity to undertake post graduate studies up to the value of \$20,000.

**Cancer Institute NSW awarded
grants for health professionals to
undertake postgraduate studies or
travel to scientific meetings**

STANDBY

BEAM ON

READY

X-RAY ON



A linear accelerator in operation. Picture: Sydney Cancer Centre.

Radiation therapy is a key pillar of modern cancer treatment, along-side chemotherapy, surgery and biological agents, hormone therapies and psycho-social support. Since 1991, 36 public linear accelerators (linacs) have been replaced or added in NSW – an investment of more than \$100 million in cancer treatment.

By the end of 2007, NSW will have 43 linacs in operation, or more than six linacs for every million population in NSW. When compared with other Australian states and internationally, NSW ranks fourth, behind only the USA, Sweden and Belgium, for having the most linacs per million population and ahead of Canada, France and the United Kingdom.

Since 2004, the Cancer Institute NSW has committed \$18 million in additional funding to radiotherapy services in NSW. In addition, we have supported the professional development and training of radiotherapists with an investment of \$3 million.

control and cure

Accelerating the control and cure
of cancer through research



A tiny chemical ‘tag’ on
a critical gene passed
from parent to child can
tell scientists who is more
at risk of bowel and other
cancers.

This internationally significant discovery was made by Professor Robyn Ward (pictured), the recipient of the 2007 NSW Premier’s Award for Outstanding Cancer Researcher.

Before her discovery, scientists thought that mutated genes were inherited by children from their parents.

However, Professor Ward and her research team found the chemical marker can also be passed on and greatly increases the offspring’s risk of cancer.

Her breakthrough finding was published in the New England Journal of Medicine (February 2007) and received significant local and international attention. It has major implications for families where the cause of cancer is underdetermined or cannot be explained by current genetic tests.

\$32.7 million NEW FUNDS COMMITTED TO CANCER RESEARCH IN NSW

5% OF NEW CANCER PATIENTS IN CLINICAL TRIALS

35 NEW CANCER RESEARCHER CAREERS SUPPORTED

3 NEW TRANSLATIONAL RESEARCH PROJECTS

Accelerating Cancer Research in 2006–07

Research offers the greatest opportunity for substantial decline in cancer deaths and morbidity. The Cancer Institute NSW Research Division program strategically develops and implements cancer research discoveries by accelerating the translation of those discoveries directly to clinical practice.

Translational Research

In 2006–07, the Cancer Institute NSW committed \$10.45 million over five years for three new translational research projects. These programs use innovative techniques and advanced scientific discoveries to improve the management and treatment of the most common cancers in NSW.

New protein markers of cancer

Researchers from the ANZAC Research Institute, Australian Proteome Analysis Facility, St Vincent's/Garvan Institute of Medical Research, Concord Hospital and Royal Prince Alfred Hospital will study proteomics, or cancer protein markers, to improve the management of colorectal cancer – one of the most common cancers in NSW.

Targeting the power-source of cancer cells

A unique class of synthetic agents has been discovered which target the power-generating apparatus of cells. Using a novel approach with anti-mitochondrial cancer drugs, scientists at the Centre for Vascular Research and School of Biotechnology and Biomolecular Science at the University of NSW are undertaking translational research that could greatly improve the way cancer is treated.

Advanced treatment for common skin cancers

Cancer Institute NSW translational program funding is enabling researchers at the Centre for Vascular Research and School of Biotechnology and Biomolecular Science at the University of NSW to develop novel, gene specific therapies to treat basal cell



Associate Professor Susan Clark (pictured) and a team of cancer researchers at Sydney's Garvan Institute of Medical Research have discovered a new genetic marker for identifying aggressive prostate cancers. The research is part of the Cancer Institute NSW 2005–06 Translational Research Program (see page 51).

\$10.45 million
over five years
for translational
research
to improve
treatment of
common cancers

carcinoma – Australia's most common malignant skin cancer. Molecular targeted therapy targets genes within cancer cells and could prove more effective than conventional treatments and surgery. If successful this research will have implications for other cancer treatment.

Innovation in Cancer Research

Discovery starts with a new idea. Providing opportunities for cancer researchers to pursue new ideas here in NSW is essential to allow these ideas to be developed into major research programs. This will also help make NSW competitive for Australian Government research funding.

During 2006–07, the Cancer Institute NSW provided \$900,700 for 19 Cancer Research Innovation projects (formally known as Research Foundation Grants). The objective is to provide NSW researchers with the resources needed to establish preliminary evidence and justify funding for larger scale research projects in new areas of research.

Health Services Research: improving communication technology

In 2006–07, we committed a \$1.4 million Health Services Research Program Grant to a multi-disciplinary collaboration of researchers at the Surgical Outcomes Research Centre at Royal Prince Alfred Hospital and the CSIRO to understand patient needs in rural and remote NSW. The researchers will consider how communication technology can improve the lives and emotional well being of remote patients in the six months following bowel cancer surgery.

Developing Careers in Cancer Research

New technology and scientific advancement is opening new doors for cancer discoveries. In addition to supporting specific research projects, it is also vital we support the next generation of cancer researchers and clinicians, to build on accumulating evidence of how to cure cancer.

In 2006–07, the Cancer Institute NSW committed more than \$9.6 million to encourage clinicians and scientists to choose a career in cancer research and cancer clinical practice. Five Clinical Research Fellows were appointed, three Interstate and International Collaboration Grants, 14 Research Scholar Awards and 13 Early Career Development Fellowships granted as well as four International and Clinical Research Fellowships.

A complete list of the recipients and a description of their work is available at the Cancer Institute NSW website: www.cancerinstitute.org.au.

**in 2006–07 we committed more
than \$9.6 million to encourage
clinicians and scientists to choose
a career in cancer research and
clinical practice**



Leaders of cancer research

Professor John Thompson has established a team of researchers at the Sydney Melanoma Unit to drive rapid improvement in cancer prevention, treatment and improve survival and quality of life in melanoma patients. He has achieved this through a \$3.25 million Research Leaders Program Grant from the Cancer Institute NSW. As part of the program, Professor Nick Hayward has been appointed the Cancer Research Leader in Molecular Biology in Melanoma.



(L-R): **Dr John Allen** of the Centenary Institute of Cancer Medicine and Cell Biology is examining multi drug resistance in cancer chemotherapy with the assistance of a Cancer Institute NSW Career Development and Support Fellowship; **Dr Vivian Chen** of the Centre for Thrombosis and Hemostasis Research, Beth Israel Deaconess Medical centre, Boston is researching the mechanism of tissue factor activation through a Cancer Institute NSW International Clinical Research Fellowship; and **Dr Catriona McNeil** of the Garvan Institute of Medical Research is researching oestrogen target genes and endocrine resistance in breast cancer with the assistance of a Cancer Institute NSW Research Scholar Award.

Supporting World-class Cancer Research Infrastructure

This year, we provided \$4.9 million in Cancer Research Infrastructure Grants. These grants helped the purchase of vital research equipment at the Cell and Molecular Therapy Laboratories at Royal Prince Alfred Hospital and a state-of-the-art intermediate voltage transmission electron microscope at the Children's Hospital at Westmead. Twelve projects received essential equipment and human resources to carry out work which will improve understanding of cancer.

Accelerating Clinical Trial Participation

Clinical trials allow patients to access the latest breakthrough cancer treatments generated from cancer research. Under the *NSW Cancer Plan 2007–2010*, we have set an aggressive participation target of 10% of new cancer patients in NSW in clinical trials by 2010. In 2004 only 2.6% of new cancer patients in NSW were participating in clinical trials. Today more than 5% of new cancer patients are involved in a clinical trial at clinical trial units supported by the Cancer Institute NSW, with initiatives in place to reach 10% by 2010.

The Cancer Institute NSW Clinical Trials Ethics Committee is now accredited by the NSW Department of Health. The aim of the committee is to achieve a high quality single scientific and ethical review of multi-site NSW cancer clinical trial research, meet international benchmarks for review timelines and to assure a coordinated approach to research governance administration. We will be able to improve access by patients to ethically-approved new cancer therapies because of this research.

**more than 5%
of new cancer
patients are
now involved in
clinical trials ...
up from just 2.6%
in 2004**

Greater participation through better clinical trial management

In 2006–07, the Cancer Institute NSW provided \$2.24 million under the Clinical Cancer Research Support Program to support greater coordination and collaboration of clinical trial activity with Area Health Services (AHS).

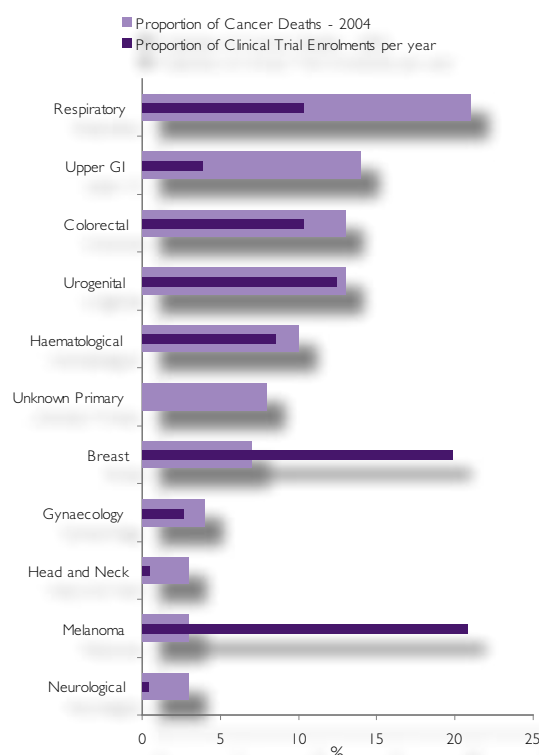
Directors of Clinical Cancer Research have been appointed, along with Clinical Research Regulatory Affairs Officers within each AHS, to develop a strategic plan to improve the quality and quantity of clinical trials across the AHS network. The new Directors sit on the Executive Committee of the NSW Cancer Trials Network, as well as chairing their AHS Network Management Committee. The Clinical Regulatory Affairs Officers are simplifying governance and ethics review processes across each Area Health Service (AHS).

The Cancer Institute NSW manages 60 full-time Cancer Clinical Trials Nurses and Data Managers, who are dedicated to the conduct of cancer clinical trials in an AHS.

Strengthening the clinical trials network

The NSW Cancer Trials Network was established in 2006–07 with the specific aim to increase patient recruitment in more robust and relevant cancer clinical trials. This network has been established under the Chairmanship of Professor Robyn Ward.

A major focus is to increase the number of cancer clinical trials available to cancer patients, especially in under-represented types of cancer. In addition, the network will promote greater quality, participation, more clinical access and efficient recruitment practices.



Note: Trials and enrolments for some Clinical Groupings may be under-represented due to Specialist Clinical Trial Units that were not included in the present analysis.

Source: for Incidence and Mortality data is: "Cancer in New South Wales: Incidence and Mortality Report 2004".

**there's been considerable
progress ... but more attention
is needed for cancers under-
represented in clinical trials**

Accelerating Cancer Research

Garvan researchers break new ground in prostate cancer

Cancer Institute NSW Translational Program funding from 2005–06 has enabled researchers at the Garvan Institute to discover a new genetic marker for identifying aggressive prostate cancers. It is hoped that men at highest risk of metastatic disease can be identified using the marker, meaning treatment can be better tailored to the individual patient's needs.

High-risk clinic and gene expression tracks new hope for melanoma patients

Translational Program funding (2005–06) to the Sydney Melanoma Unit has resulted in more than 200 people enrolled in the high risk clinic – to study people at the highest risk of melanoma and understand optimal surveillance to prevent and detect cancer. In addition, a survey of more than 400 melanoma cases has commenced, using state-of-the-art genomics, to recognise the most dangerous types of melanoma through gene expression.

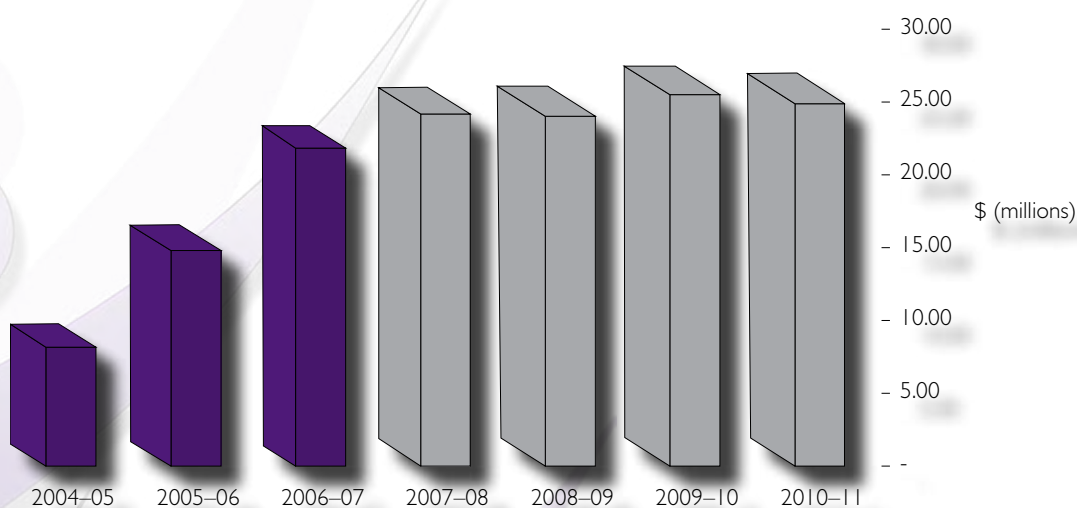
Children's Cancer Institute targets critical cancer genes

Using 2005–06 Translational Program funding, researchers at the Children's Cancer Institute of Australia are defining novel molecular targets in pathways that promote cancer and then finding a way to block it. If successful, the new therapies resulting would provide a more effective and, hopefully, less toxic treatment for cancer.



**around \$97
million will
be invested in
cancer research
over the next
four years**

Cancer Institute NSW Cancer Research Funding



control and cure

Understanding cancer through
information and registries



Cancer in New South Wales

Incidence and Mortality Report 2004

Improving information about cancer in NSW

In 2006–07, the Cancer Institute NSW published the annual epidemiological analysis of trends in cancer incidence and survival. Using data from the NSW Central Cancer Registry, the *Cancer In New South Wales, Incidence and Mortality Report 2004* describes the number of people affected by cancer, the number of deaths from cancer, and the trends in incidence and deaths. It compared NSW cancer outcomes with other Australian and overseas results and provided evidence that cancer outcomes in NSW are as good as or better than anywhere in the world.

Like all publications produced by the Cancer Institute NSW, the report provides policy makers and the community with information about the considerable progress made in controlling cancer in NSW. It also defines the substantial challenge of cancer for the future.

\$100,000 TO ESTABLISH THE CENTRE FOR HEALTH RECORD LINKAGE
11 million HEALTH RECORDS LINKED FOR RESEARCH PURPOSES
5 AREA HEALTH SERVICE CLINICAL CANCER REGISTRIES IMPLEMENTED
2004 REPORT ON CANCER INCIDENCE AND MORTALITY PRODUCED

Understanding Cancer in NSW

NSW Central Cancer Registry

Cancer is a notifiable disease in NSW. Detailed information about every new cancer case diagnosed or treated in NSW is notified to the NSW Central Cancer Registry under strict privacy and security measures. We then use this data to report cancer incidence, mortality and survival to support the work of clinicians, policy makers, planners and researchers, and to provide information about cancer to the public and cancer patients.

In 2006–07, the Cancer Institute NSW invested \$3.52 million to improve data quality and timeliness of the NSW Central Cancer Registry through better operational practices and collaboration with data providers. For the first time, every data entry backlog was cleared and historical paper cancer notifications were scanned, making retrieval electronic and more efficient.

We also developed new data standards and detailed instructions for cancer notifications. The new standards will improve data quality, while a database of all notifying institutions has been established to close any information gaps.

A steering committee was established to oversee the modernisation of the Registry and preliminary work on a re-design of the Registry's information technology has begun.

NSW Clinical Cancer Registry

Clinical cancer registries add the layers of cancer stage and treatment to what is known at population and epidemiological levels about cancer in NSW. This will allow monitoring of stage-adjusted outcomes and compliance with best-practice treatment guidelines at both AHS and hospital levels. For cancer patients, the data will enable clinicians to advise optimal treatment plans according to the best evidence based outcomes.

In 2006–07, the Cancer Institute NSW spent \$2.4 million to further develop clinical cancer registries in the State.



relevant cancer
data will identify
key trends,
successes and
emerging cancer
problems

In addition to the established data collection on admitted patient surgical procedures and public hospital radiotherapy treatments, enhancements were made to add:

- Cancer stage to what is known about each patient's cancer
- Treatment information about the patient rather than by separation or facility
- Description of chemotherapy, which is generally administered as a series of non-admitted 'cycles' over consecutive weekly appointments.

Five Area Health Services have implemented clinical cancer registries which will capture about 73% of all NSW public hospital cancer separations and 74% of cancer incidence. Analysis on cases diagnosed and treated within public hospitals in the first quarter of 2006 shows comprehensive case capture, as well as capture of key demographic information, disease and treatment.

Clinical cancer stage is now recorded in 71% of cases in the clinical registry and will improve further as this project matures. In 2007–08, strategies will be implemented to feed back the data to Areas and multi-disciplinary teams to improve documentation of stage over time, and to incorporate additional private hospital data.

NSW Hereditary Cancer Registry

In 2006–07, the Cancer Institute NSW assumed management of the NSW Hereditary Cancer Registry from The Cancer Council NSW. Through the Registry we aim to assist people from families with a high risk of hereditary cancer to understand and manage their risk. It allows us to build a complete picture within a family of conditions such as bowel cancer; assists doctors to assess risks and plan screening and treatment; develops knowledge about the incidence of hereditary cancer conditions; and contributes to better information, services and support for patients and their families.

We focus primarily on bowel cancer risk with Familial Adenomatous Polyposis, Hereditary Non-Polyposis Colorectal Cancer, Peutz-Jeghers Syndrome, Juvenile Polyposis and other polyposis syndromes.

**through the NSW Clinical
Cancer Registry we aim to
provide information about how
cancer is treated and where we
can improve results**



Information Systems: Providing Greater Access to Cancer Information

Cancer Information Access Program: monitoring, evaluation and research

Under this program, the availability of health information is being enhanced for patients, clinicians, researchers, population health officials and health service planners.

In 2006–07, the Cancer Institute NSW produced an annual report on cancer incidence and mortality under the program. In 2007–08, the number of reports and depth of information will increase substantially. We aim to produce reports about survival from cancer, cervical screening, bowel cancer and estimates of cancer incidence and prevalence, in addition to the annual incidence and mortality report.

In 2006–07, data and epidemiological advice on Cancer Institute NSW databases was supplied to support a range of research projects and health planning activities by researchers and other key stakeholders in Areas, institutes, universities, community groups and other non-government organisations. A database with key cancer indicators has also been developed and is scheduled for release on the Cancer Institute NSW website in 2007–08.

Centre for Health Record Linkage (CHeReL)

The Centre for Health Record Linkage was established in 2006–07 under the *NSW Cancer Plan*, to provide an ethical method to link existing health databases and protect privacy, while also answering key questions aimed at improving cancer outcomes in NSW.

The Cancer Institute NSW provided \$100,000 for the program, in partnership with NSW Health and six member organisations: ACT Health, the NSW Clinical Excellence Commission, The Sax Institute, University of Newcastle, University of Sydney and University of NSW.

Significant work was undertaken in 2006–07 to establish governance and community participation mechanisms, obtain ethical approval for the Centre's overall operation, recruit staff, develop operational policies and procedures, assess information system requirements, develop a new database and promote the CHeReL's record linkage service to the community.



**approx 11 million
records have
been linked to
provide new
insights into
cancer and
identify where
results can be
improved**

The CHeReL's linkage service became operational in December 2006. A database has also been developed. In the period to June 2007 we provided advice on 28 record linkage proposals and serviced three requests for linked data. In addition, approximately 11 million records have been linked to provide a resource for studies of health services and health outcomes.

Cancer Information Systems

In 2006–07, the Cancer Information Systems Unit worked with the NSW Oncology Group (Genetics), the Hereditary Cancer Registry and NSW Health to define the requirements for a NSW genetics information system. Procurement for the system will begin in 2007–08.

Concurrently, the Cancer Institute NSW is funding Health Technology to provide central support for the application and contract management for radiotherapy systems throughout NSW public hospitals.

The Unit also engaged two field officers in 2006–07, working at teaching hospitals across Sydney:

- In partnership with South Eastern Sydney and Illawarra AHS and NSW Oncology Group (Colorectal), the Unit is piloting a colorectal minimum dataset for structured pathology reporting.
- In partnership with Sydney South West AHS and the NSW Oncology Group (Breast), the Unit is piloting the National Breast Cancer Centre dataset extension, as part of that AHS clinical cancer registry.

Working with the NSW Oncology Group, the Unit has developed five cancer site-specific data standards to support a range of clinical indicators and outcomes analyses. The Unit also launched a series of on-line reports for users within the NSW Health system, describing admitted cancer patient activity by type, Area of residence and hospital of treatment. This important information will help clinicians better plan cancer services.

During 2006–07, the Cancer Institute NSW convened the National Round Table on Structured Pathology Reporting for Cancer in partnership with Cancer Australia and the Royal College of Pathologists of Australasia. Consensus on the need for a coordinated approach to the development and uptake of synoptic reporting of cancers will support treatment planning by doctors and multi-disciplinary teams, and allow more powerful analyses of cancers by stage and sub-types.

we launched a series of on-line reports for users within the NSW health system, describing admitted cancer patient activity



Corporate Development

Our Support

Finance and Administration

The Finance and Administration unit at the Cancer Institute NSW provides support and services in relation to developing and monitoring budgets, meeting statutory financial reporting obligations and ensuring compliance with relevant policies and directives.

The key finance and administration activities at the Cancer Institute NSW include: payables; receivables; management and financial reporting; and coordinating the preparation of tax obligations for the organisation.

HIGHLIGHTS FOR 2006–07:

- Unqualified Audit report for 2006–07.
- Commenced reporting to Treasury including producing a Results and Services Plan.
- Administered annual budget for 2006–07; and the Cancer Institute NSW completed the year close to budgeted expenditure.
- Took over payments of all funding to the Area Health Services from NSW Health.

OUR PLANS FOR 2007–08:

- Work with NSW Health to set up a more effective and simplified reporting system for payments made to Area Health Services.
- Develop a Procurement Plan for the Cancer Institute NSW and apply for accreditation for the purchase of good and services.

Information Technology

The Information Technology unit provides the Cancer Institute NSW with information communication and telecommunication (ICT) strategic planning, maintenance and support of information systems. The unit also delivers a high level of client-focused customer service to ensure all organisational areas are provided with the most appropriate technology solutions and services.

HIGHLIGHTS FOR 2006–07:

We made significant improvements to information systems and consolidations of base IT infrastructure including:

- High availability, in excess of 99% uptime, of the Central Cancer Registry, Pap Test Register and other business-critical information systems.
- Migration to a more robust and user friendly e-mail and messaging system.
- Enhancements to the existing network with the implementation of improved security controls and hardware appliances.

- Deployment of an improved Standard Operation Environment (SOE) for all desktop technology.

OUR PLANS FOR 2007–08:

- Develop an Information Security Management System that meets statutory requirements for an effective IT governance framework.
- Implement new web-based technologies.
- Implement infrastructure for a corporate Intranet and Extranet site to better serve our staff and stakeholders.
- Implement Web portals to meet the needs of secure cancer e-notifications, online research grants, ethics and clinical trials and other portals as needed by the organisation.
- Re-develop existing legacy systems to meet the ongoing requirements of the organisation and our stakeholders.

Communications

The Cancer Communications unit ensures that the Cancer Institute NSW is known as the foremost authority about cancer information in NSW. The unit liaises, engages and communicates with the general public, health professionals, patients and their families and the NSW Parliament through public awareness activities, publications, the internet and media.

HIGHLIGHTS FOR 2006–07:

- We implemented a new communications structure, encompassing marketing, public affairs and editorial support for the dissemination of cancer information to the NSW community.
- We increased the amount of information about cancer to the people of NSW through online and printed publications.
- We provided support to the media through the provision of accurate cancer information.

OUR PLANS FOR 2007–08:

- Build a new Cancer Institute NSW website, delivering multi-media tools to enhance our ability to provide information about cancer to the people of NSW.
- Enhance online availability of statistical information provided by the Cancer Institute NSW.
- Publish a monograph collection of new cancer information relevant to NSW.
- Develop a new online cancer services directory for use by patients and carers.

The Cancer Institute NSW is nearly four years young. We have seen the organisation grow from a staff of one to a staff of 117. During this time, we have developed two cancer control plans for NSW and fully implemented one of those plans. As we reflect on the key lessons learnt, one of the mainstays is that our people – with their combined expertise, capability and commitment – entirely underpin our organisational success.

The skills required to develop and implement effective state-wide cancer control and cure programs are complex and not readily available in the Australian market. Because of this, our human resource strategies are strongly focused around attraction, talent management and development. The employment market continues to change and we constantly need to ensure we have the best people in the right jobs. We are developing programs that allow us to offer meaningful work as well as a strong employment proposition so we can attract, develop and retain our key assets.

Number of staff*

YEAR	WOMEN	MEN	TOTAL
2006–07	90.62	26.43	117.05
2005–06	75.95	27.19	103.14
2004–05**	44.3	19	63.3

*See page 180 for more details.
**2004–05 was the first reporting year for the Cancer Institute NSW

During the reporting period

- The average sick leave taken for the period was 4.08 days per employee.
- Three claims were lodged for worker's compensation with minimal time lost.
- In July 2006, staff received a 4% salary increase and several Award changes were implemented.
- As at 30 June 2007 the value of untaken recreation leave was \$1,016,000.
- As at 30 June 2007 the value of untaken long service leave was \$928,000.

- There were no industrial disputes involving the Cancer Institute NSW during the year.
- Staff turnover at the Cancer Institute NSW was 24.8%.

Recruitment and Staffing

Attracting highly competent and capable people has continued to be a key emphasis. We have applied significant effort to identify the key factors that drive 'people success' at the Cancer Institute NSW and those factors have been populated into our position descriptions, competency profiles, selection processes and performance development processes. Our program staff have highly specialised technical and program management/project management staff who are not readily available in the market. To this end, we have had to employ a range of recruitment strategies to identify and attract suitable candidates.

We are proud of our recruitment processes. All of our in-house recruiters are trained in the best-practice behavioural interviewing methodology and apply a range of strategies including interviewing, in-basket and assessment centres to ensure that we appoint the best person to a role. Given significant skills shortages in the market, we have also worked with a number recruitment consultants to assist our recruitment effort and had have conducted national and international searches to ensure that we have the right capability to control and cure cancer in NSW.

In the year ahead, we will implement a number of initiatives to add value to the effectiveness and efficiency of our recruitment. E-recruitment will be reviewed and assessed for suitability, and an employee referral program will be developed and implemented. We will also tender to appoint a panel of recruitment organisations to assist us with recruitment of permanent, temporary and contract staff on a needs basis.

Employee Turnover and Engagement

STAFF TURNOVER

2004–05	2005–06	2006–07
19.7%	19.83%	24.8%

Employee satisfaction with work, organisational culture and leadership is critical to our organisational success. In the past year, we have worked with staff to clearly understand their communication needs and have developed an employee newsletter, which is published every six weeks. The newsletter keeps staff informed about achievements in each of the Divisions and the support areas and also provides information about international cancer advancements and celebrates employee achievements. This augmented by a quarterly all of staff “town hall” meeting.

In the past 12 months employee turnover has become too high. All employees exiting the Cancer Institute NSW are invited to complete an exit interview to assist us to understand the key reasons for their departure.

In the year ahead, we will work with an external provider to implement an organisational culture and satisfaction survey to understand the hopes and aspirations of our employees and to clearly identify areas for improvement. Key improvement strategies will be identified, implemented and evaluated. Employee turnover and satisfaction will be a key metric reviewed by the Cancer Institute NSW Executive Team.

Performance Development and Management

Performance development and management has been identified as a key strategic focus at the Cancer Institute NSW. We have an ambitious Cancer Control Plan that requires people effort to be calibrated innovatively and effectively and we must also build a sustainable organisation that has the capability to meet future needs. At the end of 2005, the Executive Team and a cross-functional team worked with an external consultant to develop a Performance Development Process (PDP) that would deliver our organisational objectives and provide an ongoing framework for

the development of our employees' competency and capability.

During this financial year, our PDP has been fully implemented with all people managers trained in working with staff to confirm objectives, coaching skills and conducting performance appraisals. Equally, all staff have participated in training so they partner in the development of their objectives for the year and the establishment of their individual development plan. Every employee at the Cancer Institute NSW has individual objectives and measures that relate to the delivery of the Cancer Plan and individual development plan that is simultaneously an investment in the organisation's and the employee's future. All employees participated in a review of their performance at the end of the financial year that confirmed our employees are performing very well.

In the year ahead we plan to reinforce and expand the people management training provided to Cancer Institute NSW leaders and managers and evaluate the effectiveness of our PDP to make changes as appropriate.

Equity Achievements 2006–07

- Merit based recruitment processes continue to be the foundation of selection at the Cancer Institute NSW.
- Promotion of working arrangement which respect and accommodate cultural and religious differences.
- Provision of interpreters for job candidates as necessary.
- Provision of reasonable workplace adjustments to successful candidates.
- Incorporation of flexible workplace practices.
- Continued recruitment of a significant percentage of women.
- Implementation of a Performance Development Process in which staff received information and training.
- Development of a Conduct and Performance Management Policy and Grievance Policy and Procedures.

Equity Plans 2007–08

- Implementation of a Learning and Development Policy which provides framework for continuous learning and development.
- Implementation of a Reward and Recognition Strategy that is directly linked with the Performance Development Process.
- Administration of an employee attitude survey with a provision to include EEO information.
- Development of a succession planning methodology.
- Development of a leadership and management program.
- The Cancer Institute NSW is to establish a Spokeswomen's Program in the coming year in accordance with the Government policy and Program guidelines established by the Spokeswoman Program Management Committee and the Premier's Department.

Learning and Development

Our employees are highly skilled when they commence work at the Cancer Institute NSW and we consider it essential that they continue to develop their competency and capability throughout their career. All staff are encouraged to take responsibility for their development and negotiate an individual plan that assists them deliver their objectives and increase their capability. The Cancer Institute NSW has invested \$107,433 in professional development this year.

In the year ahead, a curriculum plan will be designed and developed for each division. This will ensure that each Division has the capabilities and competencies that it requires in the future and that staff can proactively develop the skills to match their career aspirations.

Occupational Health and Safety

Prevention is a major focus in our programs as well as our workplace. Regular ergonomic workplace assessments are carried out to ensure that our workplace practices are safe. The Cancer Institute NSW has had minimal lost time injuries in the year.

Equal Employment Opportunity (EEO) Tables

A: REPRESENTATION OF EEO GROUPS

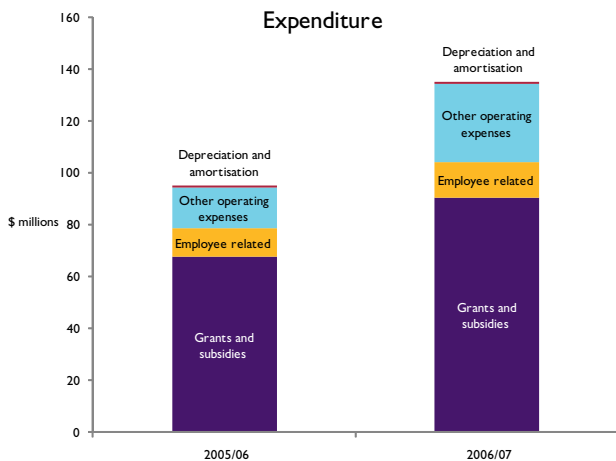
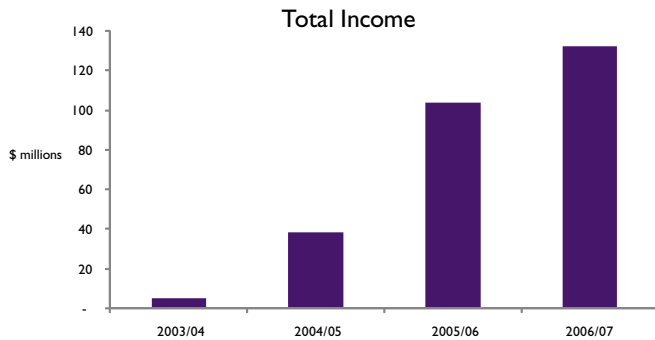
EEO GROUP	BENCHMARK OR GOVERNMENT TARGET	2004–05	2005–06	2006–07
Women	50%	75%	75%	77%
Aboriginal and Torres Strait Islander	2%	-	-	-
People whose language first spoken as a child was not English	20%	3%	21%	11%
People with a disability	12%	-	-	2%
People with a disability requiring work-related adjustment	7%	-	-	0.9%

B: DISTRIBUTION OF EEO GROUPS

EEO GROUP	BENCHMARK	2004–05	2005–06	2006–07
Women	100	n/a	81	85
Aboriginal and Torres Strait Islander	100	-	-	-
People whose language first spoken as a child was not English	100	n/a	112	n/a
People with a disability	100	-	-	n/a
People with a disability requiring work-related adjustment	100	-	-	n/a

Financial Summary

In 2007–08, we managed all programs within the budget allocated for the year, spending 95% of our allocated budget directly on controlling and curing cancer in NSW.



The total expenditure for the year 2006–07 was within the budget allocated to the Cancer Institute NSW.

Our funding

In 2006–07, the NSW Department of Health provided \$134 million (\$103 million in 2005–06). We also received \$60,000 from the Commonwealth Government (\$219,000 in 2005–06) and funds of \$755,000 from other sources. This was supplemented by investment revenue of \$2 million and other revenue of \$766,000.

Our objectives for 2007–08

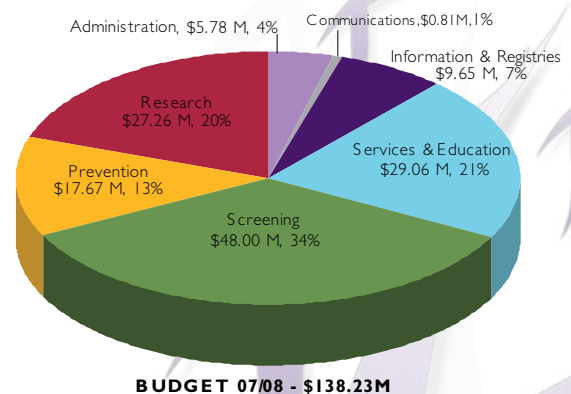
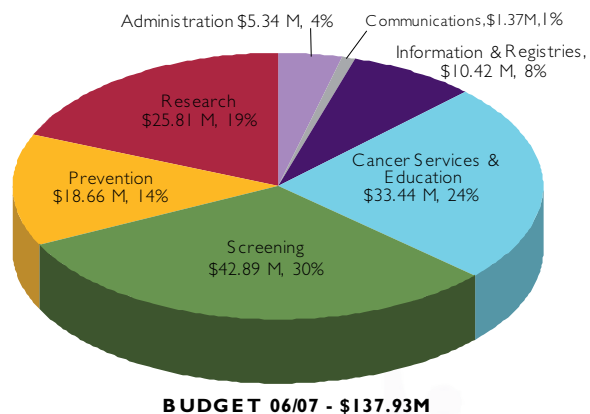
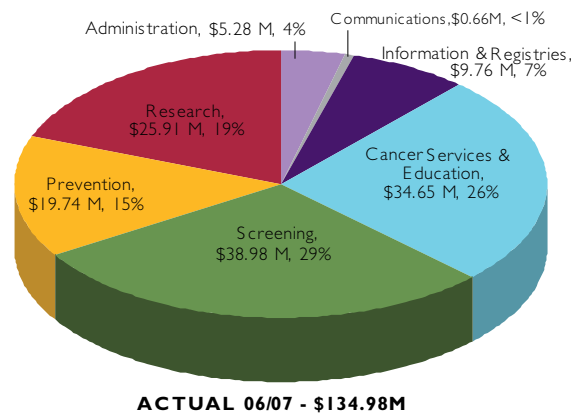
- The budget indicated for 2007–08 includes escalation of \$3 million.
- Approximately \$122 million (88%) of the 2007–08 allocation is for clinical responsibilities.
- The Cancer Institute NSW contributes \$5 million to the BreastScreen NSW Program from its core budget towards improving screening participation rates through enhanced services and awareness campaigns. Included in the allocation for Screening is \$7.7 million for BreastScreen NSW enhancements allocated to this year which is part of a \$26 million program over four years.
- In 2007–08 the amount allocated to radiotherapy recurrent expenditure is expected to be \$5 million.

Our financial position

The cash position of the Cancer Institute NSW remained strong in 2006–07. Cash Reserves have been built up to fund capital replacements.

Performance against budget

The actual spending proportions for the various areas of activity in the Cancer Institute NSW are in line with budgeted proportions. For details of financial performance 2006–07, please refer to audited financial statements in this report.



CANCER INSTITUTE NSW

Financial report

Year Ended 30 June 2007

CANCER INSTITUTE NSW

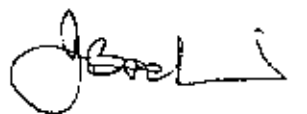
STATEMENT BY THE BOARD, CHIEF CANCER OFFICER & CHIEF EXECUTIVE OFFICER, CANCER INSTITUTE NSW

Pursuant to section 41C of the Public Finance and Audit Act 1983, I state that to the best of my knowledge and belief:

- (a) the Financial Statements exhibit a true and fair view of the financial position of the Cancer Institute NSW as at 30 June 2007, and for the transactions for the year then ended;
- (b) the accompanying financial statements have been prepared in accordance with the provisions of the Public Finance and Audit Act 1983, the Public Finance and Audit Regulation 2000 and the Treasurer's Directions;
- (c) there are no circumstances which would render any particulars included in the financial statements to be misleading or inaccurate.



Professor James F Bishop MD MMed MBBS FRACP FRCPA
Chief Cancer Officer and CEO
Cancer Institute NSW



Ms. Jill E. Boehm OAM
Acting Chairperson,
Cancer Institute NSW Board

18th October 2007



GPO BOX 12
Sydney NSW 2001

INDEPENDENT AUDITOR'S REPORT

Cancer Institute NSW and controlled entities

To Members of the New South Wales Parliament

I have audited the accompanying financial report of the Cancer Institute NSW (the Institute), and the Institute and controlled entities (the consolidated entity), which comprises the balance sheet as at 30 June 2007, and the income statement, statement of changes in equity and cash flow statement for the year then ended, and a summary of significant accounting policies and other explanatory notes. The consolidated entity comprises the Institute and the entities it controlled at the year's end or from time to time during the financial year.

Auditor's Opinion

In my opinion, the financial report:

- presents fairly, in all material respects, the financial position of the Cancer Institute NSW and the consolidated entity as of 30 June 2007, and of their financial performance and their cash flows for the year then ended in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations)
- is in accordance with section 41B of the *Public Finance and Audit Act 1983* (the PF&A Act) and the Public Finance and Audit Regulation 2005.

Chief Cancer Officer's Responsibility for the Financial Report

The Chief Cancer Officer is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the PF&A Act. This responsibility includes establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

My responsibility is to express an opinion on the financial report based on my audit. I conducted my audit in accordance with Australian Auditing Standards. These Auditing Standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Institute's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Chief Cancer Officer, as well as evaluating the overall presentation of the financial report.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

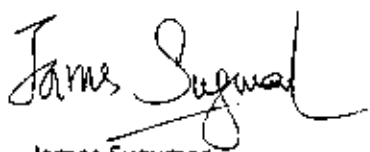
My opinion does not provide assurance:

- about the future viability of the Institute or Consolidated entity,
- that they have carried out their activities effectively, efficiently and economically, or
- about the effectiveness of their internal controls.

Independence

In conducting this audit, the Audit Office has complied with the independence requirements of the Australian Auditing Standards and other relevant ethical requirements. The PF&A Act further promotes independence by:

- providing that only Parliament, and not the executive government, can remove an Auditor-General, and
- mandating the Auditor-General as auditor of public sector agencies but precluding the provision of non-audit services, thus ensuring the Auditor-General and the Audit Office are not compromised in their role by the possibility of losing clients or income.



James Sugumar
Acting Director, Financial Audit Services

22 October 2007
SYDNEY

CANCER INSTITUTE NSW
Income Statement
for the Year Ended 30 June 2007

		Consolidated		Cancer Institute NSW	
		2007	2006	2007	2006
	Notes	\$'000	\$'000	\$'000	\$'000
Revenue					
Investment revenue	2(a)	2,193	484	2,193	484
Grants and contributions	2(b)	134,973	102,796	134,973	102,796
Other	2(c)	766	357	709	357
Total Revenue		137,932	103,637	137,875	103,637
Gain / (loss) on disposal of Non-current assets		-	-	-	-
Expenses					
Employee related expenses	3(a)	13,404	11,166	13,347	11,166
Other operating expenses	3(b)	30,379	15,810	30,379	15,810
Depreciation and amortisation expenses	3(c)	673	439	673	439
Grants and subsidies	3(d)	90,524	67,498	90,524	67,498
Total Expenses		134,980	94,913	134,923	94,913
SURPLUS FOR THE YEAR		2,952	8,724	2,952	8,724

The accompanying notes form part of these statements

CANCER INSTITUTE NSW
Statement of changes in Equity
for the Year Ended 30 June 2007

	Notes	Consolidated		Cancer Institute NSW	
		2007	2006	2007	2006
		\$'000	\$'000	\$'000	\$'000
Increases in equity resulting from administrative restructure		<u>-</u>	<u>6,277</u>	<u>-</u>	<u>6,277</u>
TOTAL INCOME AND EXPENSE RECOGNISED DIRECTLY IN EQUITY		<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>
Surplus / (Deficit) for the year		<u>2,952</u>	<u>8,724</u>	<u>2,952</u>	<u>8,724</u>
TOTAL INCOME AND EXPENSE RECOGNISED FOR THE YEAR	9	<u>2,952</u>	<u>15,001</u>	<u>2,952</u>	<u>15,001</u>
		<u>2,952</u>	<u>15,001</u>	<u>2,952</u>	<u>15,001</u>

The accompanying notes form part of these statements

CANCER INSTITUTE NSW
Balance Sheet
for the Year Ended 30 June 2007

	Notes	Consolidated		Cancer Institute NSW	
		2007	2006	2007	2006
		\$'000	\$'000	\$'000	\$'000
ASSETS					
Current Assets					
Cash and cash equivalents		33,159	29,606	33,159	29,606
Receivables	4	<u>4,788</u>	<u>869</u>	<u>4,467</u>	<u>869</u>
Total Current Assets		<u>37,947</u>	<u>30,475</u>	<u>37,626</u>	<u>30,475</u>
Non-Current Assets					
Plant and Equipment	5	2,182	2,540	2,182	2,540
Intangible assets	6	<u>17</u>	<u>27</u>	<u>17</u>	<u>27</u>
Total Non-Current Assets		<u>2,199</u>	<u>2,567</u>	<u>2,199</u>	<u>2,567</u>
Total Assets		<u>40,146</u>	<u>33,042</u>	<u>39,825</u>	<u>33,042</u>
Current Liabilities					
Payables	7	12,315	8,513	13,979	10,182
Provisions	8	<u>1,946</u>	<u>1,630</u>	<u>-</u>	<u>-</u>
Total Current Liabilities		<u>14,261</u>	<u>10,143</u>	<u>13,979</u>	<u>10,182</u>
Non-Current Liabilities					
Provisions	8	<u>302</u>	<u>268</u>	<u>263</u>	<u>229</u>
Total Non-Current Liabilities		<u>302</u>	<u>268</u>	<u>263</u>	<u>229</u>
Total Liabilities		<u>14,563</u>	<u>10,411</u>	<u>14,242</u>	<u>10,411</u>
Net Assets		<u>25,583</u>	<u>22,631</u>	<u>25,583</u>	<u>22,631</u>
EQUITY					
Accumulated funds	9	<u>25,583</u>	<u>22,631</u>	<u>25,583</u>	<u>22,631</u>
Total Equity		<u>25,583</u>	<u>22,631</u>	<u>25,583</u>	<u>22,631</u>

The accompanying notes form part of these statements

CANCER INSTITUTE NSW
Cash Flow Statement
for the Year Ended 30 June 2007

		Consolidated		Cancer Institute NSW	
		2007	2006	2007	2006
	Notes	\$'000	\$'000	\$'000	\$'000
CASH FLOWS FROM OPERATING ACTIVITIES					
Payments					
Employee related		(13,154)	(10,423)	(13,154)	(10,423)
Grants and subsidies		(109,791)	(77,756)	(109,791)	(77,756)
Other		(24,024)	(17,060)	(24,024)	(17,060)
Total Payments		<u>(146,969)</u>	<u>(105,239)</u>	<u>(146,969)</u>	<u>(105,239)</u>
Receipts					
Grants received		148,816	121,902	148,816	121,902
Interest received		1,814	445	1,814	445
Sundry income		164	17	164	17
Total Receipts		<u>150,794</u>	<u>122,364</u>	<u>150,794</u>	<u>122,364</u>
NET CASH FLOWS FROM OPERATING ACTIVITIES	13	<u>3,825</u>	<u>17,125</u>	<u>3,825</u>	<u>17,125</u>
CASH FLOWS FROM INVESTING ACTIVITIES					
Purchases of Property, Plant and Equipment		<u>(272)</u>	<u>(1,113)</u>	<u>(272)</u>	<u>(1,113)</u>
NET CASH FLOWS FROM INVESTING ACTIVITIES		<u>(272)</u>	<u>(1,113)</u>	<u>(272)</u>	<u>(1,113)</u>
NET INCREASE (DECREASE) IN CASH		3,553	16,012	3,553	16,012
Opening cash and cash equivalents	10	29,606	3,843	29,606	3,843
Cash transferred in / (out) as a result of administrative restructuring		<u>-</u>	<u>9,751</u>	<u>-</u>	<u>9,751</u>
CLOSING CASH AND CASH EQUIVALENTS		<u>33,159</u>	<u>29,606</u>	<u>33,159</u>	<u>29,606</u>

The accompanying notes form part of these statements

I SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

(a) Reporting entity

The Cancer Institute NSW (the Institute), as a reporting entity, comprises all the entities under its control, including the Cancer Institute Division.

In the process of preparing the consolidated financial statements for the economic entity consisting of the controlling and controlled entities, all inter-entity transactions and balances have been eliminated.

The Institute and its controlled entity are not-for-profit entities as profit is not their principal objective. They are consolidated as part of the NSW Total State Sector.

The consolidated financial report for the year ended 30 June 2007 has been authorised for issue by Chief Cancer Officer and Chief Executive Officer, Cancer Institute NSW and Acting Chairperson, Cancer Institute NSW Board on 18 October 2007.

(b) Basis of Preparation

The Institute's financial statements are a general purpose financial report which has been prepared in accordance with:

- applicable Australian Accounting Standards (which include Australian equivalents to International Financial Reporting Standard (AIFRS));
- the requirements of the *Public Finance and Audit Act* and Regulation; and
- the Financial Reporting Directions issued by the Treasurer under section 9 (2) (n) of the Act.

Property, plant and equipment, investment property, assets (or disposal groups) held for sale and financial assets held for trading and available for sale are measured at fair value. Other financial statements items are prepared in accordance with the historical cost convention.

Judgements, key assumptions and estimations that management has made are disclosed in the relevant notes to the financial statements.

All amounts are rounded to the nearest one thousand dollars and are expressed in Australian currency.

(c) Revenue Recognition

Revenue is measured at the fair value of the consideration or contribution received or receivable. Additional comments regarding the accounting policies for the recognition of revenue are discussed below.

(i) Investment revenue

Interest revenue is recognised on an accrual basis using the effective interest method as set out in AASB 139 *Financial Instruments: Recognition and Measurement*.

(ii) Grants Revenue

Grants are generally recognised as income when the agency obtains control over the assets and grants are normally obtained upon the receipt of cash.

(iii) Rendering of services

Revenue is recognised when the service is provided or by reference to the stage of completion.

I SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES CONT'D

(d) *Employee Benefits and other provisions*

(i) Salaries and Wages, Annual Leave, Sick Leave and On-Costs

Liabilities for salaries and wages (including non-monetary benefits), annual leave and paid sick leave that fall due wholly within twelve months of the reporting date are recognised and measured in respect of employees' services up to the reporting date at undiscounted amounts based on the amounts expected to be paid when the liabilities are settled.

Unused non-vesting sick leave does not give rise to a liability as it is not considered probable that sick leave taken in the future will be greater than the benefits accrued in the future.

(ii) Long Service Leave and Superannuation

Long service leave is measured at present value in accordance with AASB 119 *Employee Benefits*. This is based on the application of certain factors using Treasury Circular Paper (NSWTC 07/04), using current rates of pay. These factors were determined based on an actuarial review to approximate present value.

(iii) Other Provisions

Other provisions exist when: the Institute has a present legal or constructive obligation as a result of a past event; it is probable that an outflow of resources will be required to settle the obligation; and a reliable estimate can be made of the amount of the obligation.

(e) *Accounting for the Goods and Services Tax (GST)*

Revenues, expenses and assets are recognised net of the amount of GST, except where:

- the amount of GST incurred by the Institute as a purchaser that is not recoverable from the Australian Taxation Office is recognised as part of the cost of acquisition of an asset or as part of an item of expense.
- receivables and payables are stated with the amount of GST included.

(f) *Acquisitions of Assets*

The cost method of accounting is used for the initial recording of all acquisitions of assets controlled by the Institute. Cost is the amount of cash or cash equivalents paid or the fair value of the other consideration given to acquire the asset at the time of its acquisition or construction or, where applicable, the amount attributed to that asset when initially recognised in accordance with the requirements of other Australian Accounting Standards.

Fair value means the amount for which an asset could be exchanged between knowledgeable, willing parties in an arm's length transaction.

(g) *Capitalisation Thresholds*

Property, plant and equipment and intangible assets costing \$5,000 and above individually (or forming part of a network costing more than \$5,000) are capitalised.

(h) *Depreciation of Property, Plant and Equipment*

Depreciation is provided for on a straight-line basis for all depreciable assets so as to write off the depreciable amount of each asset as it is consumed over its useful life to the Institute.

Depreciation Rates	% Rate
Plant & Equipment	
Office Equipment and Furniture and Fittings	14.28
Computer equipment	25.00

I SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES CONT'D

Leasehold Improvements - Amortised over the period of the lease.

(i) Restoration Cost

The estimated cost of dismantling and removing an asset and restoring the site is included in the cost of an asset, to the extent it is recognised as a liability.

(j) Maintenance

Day-to-day servicing costs or maintenance are charged as expenses as incurred, except where they relate to the replacement of a component of an asset, in which case the costs are capitalised and depreciated.

(k) Intangible Assets

The Institute recognises intangible assets only if it is probable that future economic benefits will flow to the agency and the cost of the asset can be measured reliably. Intangible assets are measured initially at cost. Where an asset is acquired at no or nominal cost, the cost is its fair value as at the date of acquisition. Intangible assets are subsequently measured at fair value only if there is an active market. As there is no active market for the agency's intangible assets, the assets are carried at cost less any accumulated amortisation.

The Institute's intangible software assets are amortised using the straight line method over a period of 4 years.

(l) Receivables

Short-term receivables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

(m) Investments

Investments are initially recognised at fair value plus, in the case of investments not at fair value through profit and loss, transaction costs. The agency determines the classification of its financial assets after initial recognition and, when allowed and appropriate, re-evaluates this at each financial year end.

(n) Equity Transfers

The transfer of net assets between agencies as a result of an administrative restructure, transfers of programs / functions and parts thereof between NSW public sector agencies are designated as a contribution by owners by NSWTC 01/11 and are recognised as an adjustment to "Accumulated Funds". This treatment is consistent with Australian Accounting Interpretation 1038 "Contributions by Owners Made to Wholly Owned Public Sector Entities".

Transfers arising from an administrative restructure between government agencies are recognised at fair value.

(o) Payables

These amounts represent liabilities for goods and services provided to the Institute and other amounts. Payables are recognised initially at fair value, usually based on the transaction cost or face value. Subsequent measurement is at amortised cost using the effective interest method. Short-term payables with no stated interest rate are measured at the original invoice amount where the effect of discounting is immaterial.

(p) Property, Plant and Equipment

Property, plant and equipment is measured at fair value. Other financial statements items are prepared in accordance with the historical cost convention.

(q) New Australian Accounting Standards issues.

The Institute did not early adopt any new accounting standards that are not yet effective. Certain new accounting standards and interpretations have been published that are not mandatory for 30 June 2007 reporting periods. The following new Accounting Standards and Interpretations have not yet been adopted and are not yet effective:

- AASB 7 Financial Instruments: Disclosures (1 January 2007)
- AASB Interpretation 10 Interim Financial Reporting and Impairment (1 November 2006)
- AASB 101 Presentation of Financial Statements (1 January 2007)
- AASB 2007-04 Amendments to Australian Accounting Standards arising from ED 151 and other Amendments (1 July 2007)

2 REVENUES

	Consolidated		Cancer Institute NSW	
	2007	2006	2007	2006
	\$'000	\$'000	\$'000	\$'000
(a) Investment revenue				
Interest	1,271	404	1,271	404
TCorp Hour-Glass Investment facilities	922	80	922	80
	2,193	484	2,193	484
(b) Grants and contributions				
NSW Dept of Health	134,158	102,577	134,158	102,577
Commonwealth Government	60	219	60	219
Universities and Research Institutions	700	-	700	-
Other	55	-	55	-
	134,973	102,796	134,973	102,796
(c) Other revenue				
Cost Recoveries	709	357	709	357
Superannuation	57	-	-	-
	766	357	709	357

3 EXPENSES

(a) Employee related expenses				
Salaries and wages (including recreation leave)	12,109	9,842	-	6,035
Superannuation - defined benefit plans	-	86	-	35
Superannuation - defined contribution plans	645	493	-	339
Long service leave	37	134	-	72
Payroll tax and fringe benefit tax	613	611	-	328
Personnel Services	-	-	13,347	4,357
	13,404	11,166	13,347	11,166

3 EXPENSES EXCLUDING LOSSES CONT'D

	Consolidated		Cancer Institute NSW	
	2007	2006	2007	2006
	\$'000	\$'000	\$'000	\$'000
(b) Other operating expenses				
Other	2,309	1,860	2,309	1,860
Auditor's remuneration - audit or review of the financial reports	33	22	33	22
Corporate services fees to CCSU	286	197	286	197
EDP expenses	820	487	820	487
Consultancy costs	214	117	214	117
General contractors	1,354	808	1,354	808
Cancer audits and reviews	1,805	771	1,805	771
Cancer Information Systems Development	355	714	355	714
Cancer Plans and Strategic Planning	356	621	356	621
Production of Cancer Prevention Campaigns	759	193	759	193
Operating lease rental expense - minimum lease payments	935	764	935	764
Postage	428	114	428	114
Printing	487	178	487	178
Stores and stationery	466	184	466	184
Travel	439	420	439	420
Cancer Prevention campaign advertising	18,092	7,441	18,092	7,441
Board and committee expenses	46	76	46	76
NSW Clinical Information Access Program journals	903	416	903	416
Sponsorships	224	253	224	253
Repairs and routine maintenance	68	174	68	174
	30,379	15,810	30,379	15,810
(c) Depreciation and amortisation expenses				
Depreciation				
Plant and Equipment	154	87	154	87
Amortisation				
Leasehold improvements	509	343	509	343
Intangible	10	9	10	9
	673	439	673	439
(d) Grants and subsidies				
Recurrent grants to Area Health Services	63,351	45,148	63,351	45,148
Hospitals and Research Institutions	24,861	13,682	24,861	13,682
Capital grants to Other Government Agencies	2,312	8,668	2,312	8,668
	90,524	67,498	90,524	67,498

4 CURRENT ASSETS - RECEIVABLES

	Consolidated 2007 \$'000	2006 \$'000	Cancer Institute NSW 2007 \$'000	2006 \$'000
Goods and Services Tax recoverable from ATO	2,994	-	2,994	-
Sundry debtors	1,067	583	814	583
Accrued Interest	659	280	659	280
Prepayments	-	6	-	6
Prepaid Superannuation Contributions	68	-	-	-
	<u>4,788</u>	<u>869</u>	<u>4,467</u>	<u>869</u>

5 NON-CURRENT ASSETS - PROPERTY, PLANT AND EQUIPMENT

	Plant and Equipment \$'000
Consolidated and Cancer Institute NSW At 1 July 2006	
At Gross Value	3,748
Accumulated depreciation and impairment	<u>(1,208)</u>
Carrying amount at fair value	<u>2,540</u>
At 30 June 2007	
At Gross Value	4,002
Accumulated depreciation and impairment	<u>(1,820)</u>
Carrying amount at fair value	<u>2,182</u>

Reconciliation

A reconciliation of the carrying amount of plant and equipment at the beginning and end of the current reporting period is set out below.

	Plant and Equipment \$'000
Year ended 30 June 2007	
Net carrying amount at start of year	2,540
Additions	272
Disposals	(51)
Recognition of restoration costs	33
Depreciation expense	(663)
Writeback depreciation	<u>51</u>
Net carrying amount at end of year	<u>2,182</u>
At 1 July 2005	
At Gross Value	2,029
Accumulated depreciation and impairment	<u>(473)</u>
Carrying amount at fair value	<u>1,556</u>
At 30 June 2006	
At Gross Value	3,748
Accumulated depreciation and impairment	<u>(1,208)</u>
Carrying amount at fair value	<u>2,540</u>
Year ended 30 June 2006	
Net carrying amount at start of year	1,556
Additions	1,104
Acquisitions through administrative restructures	81
Recognition of restoration costs	229
Depreciation expense	(440)
Writeback depreciation	<u>10</u>
Net carrying amount at end of year	<u>2,540</u>

6 INTANGIBLE ASSETS

	Software \$'000
Consolidated and Cancer Institute NSW	
At 1 July 2006	
At Gross Value	38
Accumulated amortisation and impairment	<u>(11)</u>
Carrying amount at fair value	<u>27</u>
At 30 June 2007	
At Gross Value	38
Accumulated amortisation and impairment	<u>(21)</u>
Carrying amount at fair value	<u>17</u>
Year ended 30 June 2007	
Net carrying amount at start of year	27
Amortisation (recognised in depreciation and amortisation)	<u>(10)</u>
Net carrying amount at end of year	<u>17</u>
At 1 July 2005	
At Gross Value	30
Accumulated amortisation and impairment	<u>(2)</u>
Carrying amount at fair value	<u>28</u>
At 30 June 2006	
At Gross Value	38
Accumulated amortisation and impairment	<u>(11)</u>
Carrying amount at fair value	<u>27</u>
Year ended 30 June 2006	
Net carrying amount at start of year	28
Additions [from internal development or acquired separately]	8
Amortisation (recognised in depreciation and amortisation)	<u>(9)</u>
Net carrying amount at end of year	<u>27</u>

7 CURRENT LIABILITIES - PAYABLES

	Consolidated		Cancer Institute NSW	
	2007	2006	2007	2006
	\$'000	\$'000	\$'000	\$'000
Creditors	3,098	3,502	3,098	3,502
Accrued salary oncosts	70	194	-	-
Accruals	9,147	4,125	9,145	4,125
Personnel Services	-	-	1,736	1,863
Goods and Services Tax payable to ATO	-	692	-	692
	12,315	8,513	13,979	10,182

8 CURRENT / NON-CURRENT LIABILITIES - PROVISIONS

Current

Recreation leave	1,016	842	-	-
Long service leave	928	734	-	-
Fringe benefits tax	2	9	-	-
Superannuation (see Superannuation funds below)	-	45	-	-
	1,946	1,630	-	-

Non-current

Long service leave	39	39	-	-
Restoration costs	263	229	263	229
	302	268	263	229

Superannuation funds at 30 June 2007**Accounting policy**

Actuarial gains and losses are recognised immediately in profit and loss in the year in which they occur.

Fund information

The Pooled Fund holds in trust the investments of the closed NSW public sector superannuation schemes:

- State Authorities Superannuation Scheme (SASS)
- State Superannuation Scheme (SSS)
- Police Superannuation Scheme (PSS)
- State Authorities Non-contributory Superannuation Scheme (SANCS).

These schemes are all defined benefit schemes – at least a component of the final benefit is derived from a multiple of member salary and years of membership.

All the Schemes are closed to new members.

Reconciliation of the present value of the defined benefit obligation

	SASS	SANCS	SSS
	Financial	Financial	Financial
	Year to 30	Year to 30	Year to 30
	June 2007	June 2007	June 2007
	A\$	A\$	A\$
<i>Present value of partly funded defined benefit obligations at beginning of the year</i>	872,922	197,777	799,442
Current service cost	50,167	11,781	22,258
Interest cost	50,841	11,386	47,695
Contributions by fund participants	26,749	0	13,219
Actuarial (gains)/losses	(60,120)	1,721	(154,566)
Benefits paid	(169,572)	(59,939)	122,809
Past service cost	0	0	0
Curtailments	0	0	0
Settlements	0	0	0
Business Combinations	0	0	0
Exchange rate changes	0	0	0
<i>Present value of partly funded defined benefit obligations at end of the year</i>	770,987	162,726	850,857

Reconciliation of the fair value of fund assets

	SASS Financial Year to 30 June 2007	SANCS Financial Year to 30 June 2007	SSS Financial Year to 30 June 2007
	A\$	A\$	A\$
<i>Fair value of Fund assets at beginning of the year</i>	922,670	222,243	680,364
Expected return on fund assets	69,220	16,514	52,374
Actuarial gains/(losses)	(19,212)	9,818	(97,806)
Employer contributions	46,550	7,270	8,867
Contributions by Fund participants	26,749	0	13,219
Benefits paid	(169,572)	(59,939)	122,809
Settlements	0	0	0
Business combinations	0	0	0
Exchange rate changes	0	0	0
<i>Fair value of Fund assets at end of the year</i>	876,405	195,907	779,827

Reconciliation of the assets and liabilities recognised in the balance sheet

	SASS Financial Year to 30 June 2007	SANCS Financial Year to 30 June 2007	SSS Financial Year to 30 June 2007
	A\$	A\$	A\$
Present value of partly funded defined benefit obligations at end of year	770,987	162,726	850,857
Fair value of fund assets at end of year	(876,405)	(195,907)	(779,827)
<i>Subtotal</i>	(105,418)	(33,181)	71,030
Unrecognised past service cost	0	0	0
Unrecognised gain/(loss)	0	0	0
Adjustment for limitation on net asset	0	0	0
<i>Net Liability/(Asset) recognised in balance sheet at end of year</i>	(105,418)	(33,181)	71,030

Expense recognised in income statement

	SASS	SANCS	SSS
	Financial	Financial	Financial
	Year to 30	Year to 30	Year to 30
	June 2007	June 2007	June 2007
Components Recognised in Income Statement	A\$	A\$	A\$
Current service cost	50,167	11,781	22,258
Interest cost	50,841	11,386	47,695
Expected return on Fund assets (net of expenses)	(69,220)	(16,514)	(52,374)
Actuarial losses/(gains) recognised in year	(40,908)	(8,097)	(56,760)
Past service cost	0	0	0
Movement in adjustment for limitation on net asset	0	0	0
Curtailment or settlement (gain)/loss	0	0	0
<i>Expense/(income) recognised</i>	(9,120)	(1,444)	(39,181)

Amounts recognised in the statement of recognised income and expense

	SASS	SANCS	SSS
	Financial	Financial	Financial
	Year to 30	Year to 30	Year to 30
	June 2007	June 2007	June 2007
	A\$	A\$	A\$
Actuarial (gains)/losses	0	0	0
Adjustment for limit on net asset	0	0	0

Cumulative amount recognised in the statement of recognised income and expense

	SASS	SANCS	SSS
	Financial	Financial	Financial
	Year to 30	Year to 30	Year to 30
	June 2007	June 2007	June 2007
	A\$	A\$	A\$
Cumulative amount of actuarial (gains)/losses	0	0	0
Cumulative adjustment for limitation on net asset	0	0	0

Fund assets

The percentage invested in each asset class at the balance sheet date:

	30-Jun-07
Australian equities	33.6%
Overseas equities	26.5%
Australian fixed interest securities	6.8%
Overseas fixed interest securities	6.4%
Property	10.1%
Cash	9.8%
Other	6.8%

Fair value of Fund assets

All Fund assets are invested by STC at arm's length through independent fund managers.

Expected rate of return on assets

The expected return on assets assumption is determined by weighting the expected long-term return for each asset class by the target allocation of assets to each class. The returns used for each class are net of investment tax and investment fees.

Actual Return on Fund Assets

	SASS	SANCS	SSS
	Financial	Financial	Financial
	Year to 30	Year to 30	Year to 30
	June 2007	June 2007	June 2007
	A\$	A\$	A\$
Actual return on Fund assets	132,527	26,332	115,444

Valuation method and principal actuarial assumptions at the balance sheet date*(a) Valuation Method*

The Projected Unit Credit (PUC) valuation method was used to determine the present value of the defined benefit obligations and the related current service costs. This method sees each period of service as giving rise to an additional unit of benefit entitlement and measures each unit separately to build up the final obligation.

(b) Economic Assumptions

	30-Jun-07
Salary increase rate (excluding promotional increases)	4.0% pa to June 2008; 3.5% pa thereafter
Rate of CPI Increase	2.5% pa
Expected rate of return on assets backing current pension liabilities	7.6%
Expected rate of return on assets backing other liabilities	7.6%
Discount rate	6.4% pa

(c) Demographic Assumptions

The demographic assumptions at 30 June 2007 are those used in the 2006 triennial actuarial valuation. A selection of the most financially significant assumptions is shown below:

- (i) SASS Contributors - the number of SASS contributors expected in any one year to leave the fund as a result of death, disability, resignation, retirement and redundancy. Promotional salary increase rates are also considered.
- (ii) SSS Contributors - the number of SSS contributors expected in any one year to leave the fund as a result of death, disability, resignation, retirement and preservation. Promotional salary increase rates are also considered.
- (iii) SSS Commutation - the proportion of SSS members assumed to commute their pension to a lump sum in any one year.
- (iv) SSS Pensioner Mortality - assumed mortality rates (in 2006/2007) for SSS pensioners (separately for normal retirement/spouses and invalidity)
- (v) SSS Pensioner Mortality Improvements - per annum assumed rates of mortality improvement for SSS pensioners.

Historical information

	SASS	SANCS	SSS
	Financial Year to 30 June 2007	Financial Year to 30 June 2007	Financial Year to 30 June 2007
	A\$	A\$	A\$
Present value of defined benefit obligation	770,987	162,726	850,857
Fair value of Fund assets	(876,405)	(195,907)	(779,827)
(Surplus)/Deficit in Fund	(105,418)	(33,181)	71,030
Experience adjustments – Fund liabilities	(60,120)	1,721	(154,566)
Experience adjustments – Fund assets	19,212	(9,818)	97,806

Expected contributions

	SASS	SANCS	SSS
	A\$	A\$	A\$
Expected employer contributions	0	0	0

Funding arrangements for employer contributions

(a) Surplus/deficit

The following is a summary of the 30 June 2007 financial position of the Fund calculated in accordance with AAS 25 "Financial Reporting by Superannuation Plans":

	SASS	SANCS	SSS
	30-Jun-07	30-Jun-07	30-Jun-07
	A\$	A\$	A\$
Accrued benefits	764,789	160,767	774,474
Net market value of Fund assets	(876,405)	(195,907)	(779,827)
Net (surplus)/deficit	(111,616)	(35,140)	(5,352)

(b) Contribution recommendations

Recommended contribution rates for the entity are:

	SASS	SANCS	SSS
	multiple of member contributions	% member salary	multiple of member contributions
	0.00	0.00	0.00

(c) Funding method

The method used to determine the employer contribution recommendations at the last actuarial review was the *Aggregate Funding* method. The method adopted affects the timing of the cost to the employer.

Under the *Aggregate Funding* method, the employer contribution rate is determined so that sufficient assets will be available to meet benefit payments to existing members, taking into account the current value of assets and future contributions.

(d) Economic assumptions

The economic assumptions adopted for the last actuarial review of the Fund were:

Weighted-Average Assumptions	
Expected rate of return on Fund assets backing current pension liabilities	7.7% pa
Expected rate of return on Fund assets backing other liabilities	7.0% pa
Expected salary increase rate	4.0% pa
Expected rate of CPI increase	2.5% pa

Nature of asset/liability

If a surplus exists in the employer's interest in the Fund, the employer may be able to take advantage of it in the form of a reduction in the required contribution rate, depending on the advice of the Fund's actuary.

Where a deficiency exists, the employer is responsible for any difference between the employer's share of fund assets and the defined benefit obligation.

Superannuation funds at 30 June 2006

Accounting policy for recognising actuarial gains/losses

Actuarial gains and losses are recognised in profit or loss in the year they occur.

General description of the type of plan

The Pooled Fund holds in trust the investments of the closed NSW public sector superannuation schemes:

- State Authorities Superannuation Scheme (SASS)
- State Superannuation Scheme (SSS)
- State Authorities Non-contributory Superannuation Scheme (SANCS).

These schemes are all defined benefit schemes – at least a component of the final benefit is derived from a multiple of member salary and years of membership.

All the Schemes are closed to new members.

Reconciliation of the assets and liabilities recognised in the balance sheet

	SASS Financial Year to 30 June 2006 A\$	SANCS Financial Year to 30 June 2006 A\$	SSS Financial Year to 30 June 2006 A\$
Present value of defined benefit obligations	872,922	197,777	799,442
Fair value of plan assets	(922,670)	(222,243)	(680,364)
	(49,748)	(24,466)	119,078
Surplus in excess of recovery available from schemes	0	0	0
Unrecognised past service cost	0	0	0
Net (asset)/liability to be disclosed in balance sheet	(49,748)	(24,466)	119,078

Assets invested in entity or in property occupied by the entity

All Fund assets are invested by STC at arm's length through independent fund managers.

Total expense recognised in income statement

	SASS Financial Year to 30 June 2006 A\$	SANCS Financial Year to 30 June 2006 A\$	SSS Financial Year to 30 June 2006 A\$
Current service cost	22,152	4,526	9,590
Interest on obligation	20,423	3,798	19,368
Expected return on plan assets	(22,794)	(4,008)	(17,666)
Net actuarial losses (gains) recognised in year	(49,380)	(38,145)	20,841
Change in surplus in excess of recovery available from scheme	0	0	0
Past service cost	0	0	0
Losses (gains) on curtailments and settlements	0	0	0
<i>Total included in "employee benefits expense"</i>	(29,598)	(33,828)	32,133

Actual return on plan assets

	SASS Financial Year to 30 June 2006 A\$	SANCS Financial Year to 30 June 2006 A\$	SSS Financial Year to 30 June 2006 A\$
Actual return on plan assets	76,377	22,961	67,239

Valuation method and principal actuarial assumptions at the reporting date*a) Valuation Method*

The Projected Unit Credit (PUC) valuation method was used to determine the present value of the defined benefit obligations and the related current service costs. This method sees each period of service as giving rise to an additional unit of benefit entitlement and measures each unit separately to build up the final obligation.

b) Economic Assumptions

	30-Jun-06
Discount rate at 30 June	5.9% pa
Expected return on plan assets at 30 June	7.6%
Expected salary increases	4.0% pa to 2008; 3.5% pa thereafter
Expected rate of CPI increase	2.5% pa

Arrangements for employer contributions for funding

The following is a summary of the 30 June 2006 financial position of the Fund calculated in accordance with AAS 25 - *Financial Reporting by Superannuation Plans*.

	SASS 30-Jun-06 A\$	SANCS 30-Jun-06 A\$	SSS 30-Jun-06 A\$
Accrued benefits	844,501	187,416	654,412
Net market value of Fund assets	(922,670)	(222,243)	(680,364)
<i>Net (surplus)/deficit</i>	(78,169)	(34,827)	(25,952)

Recommended contribution rates for the entity are:

	SASS	SANCS	SSS
	multiple of member contributions	% member salary	multiple of member contributions
	1.90	2.50	0.93

The method used to determine the employer contribution recommendations at the last actuarial review was the *Aggregate Funding* method. The method adopted affects the timing of the cost to the employer.

Under the *Aggregate Funding* method, the employer contribution rate is determined so that sufficient assets will be available to meet benefit payments to existing members, taking into account the current value of assets and future contributions.

The economic assumptions adopted for the current actuarial review of the Fund are:

Weighted-Average Assumptions	
Expected rate of return on Fund assets	7.3% pa
Expected salary increase rate	4.0% pa
Expected rate of CPI increase	2.5% pa

Nature of asset / liability

If a surplus exists in the employer's interest in the Fund, the employer may be able to take advantage of it in the form of a reduction in the required contribution rate, depending on the advice of the Fund's actuary.

Where a deficiency exists, the employer is responsible for any difference between the employer's share of fund assets and the defined benefit obligation.

9 CHANGES IN EQUITY

	Accumulated Funds		Total Equity	
	2007	2006	2007	2006
	\$'000	\$'000	\$'000	\$'000
Consolidated and Cancer Institute NSW				
Balance at the beginning of the year	22,631	7,630	22,631	7,630
Increase / (decrease) in net assets from equity transfers	-	6,277	-	6,277
Surplus / (deficit) for the year	2,952	8,724	2,952	8,724
Balance at the end of the financial year	25,583	22,631	25,583	22,631

10 INCREASE / DECREASE IN NET ASSETS FROM EQUITY TRANSFERS

	Consolidated		Cancer Institute NSW	
	2007	2006	2007	2006
	\$'000	\$'000	\$'000	\$'000
Assets transferred from Sydney West Area Health Service				
Cash and Cash Equivalents	-	9,751	-	9,751
Receivables	-	162	-	162
Plant and Equipment	-	81	-	81
	-	9,994	-	9,994
Liabilities transferred from Sydney West Area Health Service				
Payables	-	(2,991)	-	(2,991)
Employee entitlements	-	(726)	-	(726)
	-	(3,717)	-	(3,717)
Total	-	6,277	-	6,277

11 COMMITMENTS FOR EXPENDITURE**(a) Other Expenditure Commitments**

Not later than one year	14,990	24,024	14,990	24,024
Later than one year and not later than five years	24,396	22,464	24,396	22,464
Total (including GST)	39,386	46,488	39,386	46,488

(b) Operating Lease Commitments

Future non-cancellable operating lease rentals not provided for and payable

Not later than one year	1,349	1,577	1,349	1,577
Later than one year and not later than five years	2,894	3,723	2,894	3,723
Later than five years	-	-	-	-
Total (including GST)	4,243	5,300	4,243	5,300

Commitments above include input tax credits of \$3,966,227 that are expected to be recovered from the Australian Taxation Office (\$4,707,972 in 2006).

12 CONTINGENT LIABILITIES AND CONTINGENT ASSETS

There are no known contingent assets and contingent liabilities as at 30 June 2007 (Nil at 30 June 2006).

13 NOTE TO THE STATEMENT OF CASH FLOWS

(a) Reconciliation of cash

	Consolidated		Cancer Institute NSW	
	2007	2006	2007	2006
	\$'000	\$'000	\$'000	\$'000
Cash at bank and on hand	9,403	26,224	9,403	26,224
Treasury Corporation deposits	23,756	3,382	23,756	3,382
	33,159	29,606	33,159	29,606

(b) Reconciliation of Net Cash Flows provided by Operating Activities to Operating Surplus

Operating Surplus	2,952	8,724	2,952	8,724
Movements in non cash items through equity transfer	-	(3,556)	-	(3,556)
Depreciation & amortisation	673	439	673	439
Increase / (decrease) in Employee Entitlements and other provisions	350	1,297	34	(372)
Increase / (decrease) in creditors	3,802	4,857	3,797	6,526
(Increase) / decrease in receivables	(3,919)	5,364	(3,598)	5,364
(Increase) / decrease in restoration cost provision	(33)	-	(33)	-
Net Cash Flows from Operating Activities	3,825	17,125	3,825	17,125

14 FINANCIAL INSTRUMENTS

The Institute's principal financial instruments are outlined below. These financial instruments arise directly from the Institute's operations or are required to finance the Institute's operations. The Institute does not enter into or trade financial instruments for speculative purposes. The Institute does not use financial derivatives.

Cash

Cash comprises cash on hand and bank balances within the Treasury Banking System. Interest is earned on daily bank balances at the monthly average NSW Treasury Corporation (TCorp) 11am unofficial cash rate adjusted for a management fee to Treasury. The TCorp (Hour-Glass) cash facility is discussed below.

Receivables

All trade debtors are recognised as amounts receivable at balance date. Collectability of trade debtors is reviewed on an ongoing basis. Debts which are known to be uncollectable are written off. An allowance for impairment is raised when there is objective evidence that the entity will not be able to collect all amounts due. The credit risk is the carrying amount (net of any allowance for impairment). No interest is earned on trade debtors. The carrying amount approximates net fair value. Sales are made on 30 day terms.

Hour-Glass Investment Facility

The Institute has investments in TCorp's (Hour-Glass) Investment facility. The Institute's investments are represented by a number of units in managed investments within the facility. Each facility has different investment horizons and comprises a mix of asset classes appropriate to that investment horizon. TCorp appoints and monitors fund managers and establishes and monitors the application of appropriate investment guidelines.

The Cancer Institute's investments are:

	Consolidated		Cancer Institute NSW	
	2007	2006	2007	2006
	\$'000	\$'000	\$'000	\$'000
Cash Facility	23,756	3,382	23,756	3,382
	23,756	3,382	23,756	3,382

These investments are generally able to be redeemed with up to five business days notice (dependent upon the facility). The value of the investments held can decrease as well as increase depending upon market conditions. The value that best represents the maximum credit risk exposure is the fair value. The value of the above investments represents the Institute's share of the value of the underlying assets of the facility and is stated at fair value, based on the market value.

Trade Creditors and Accruals

The liabilities are recognised for amounts due to be paid in the future for goods or services received, whether or not invoiced. Amounts owing to suppliers (which are unsecured) are settled in accordance with the policy set out in Treasurer's Direction 219.01. If trade terms are not specified, payment is made no later than the end of the month following the month in which an invoice or a statement is received. Treasurer's Direction 219.01 allows the Minister to award interest for late payment. No interest was paid during the period (2006 - Nil).

Fair Value

Financial instruments are carried at (amortised) cost, with the exception of the TCorp (Hour-Glass) facility, which is carried at fair value.

However, the fair value of the other classes of financial instruments approximates their carrying value.

End of audited financial statements.

CANCER INSTITUTE DIVISION

Financial report

Year Ended 30 June 2007

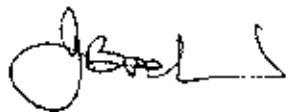
CANCER INSTITUTE DIVISION**STATEMENT BY THE BOARD, CHIEF CANCER OFFICER & CHIEF EXECUTIVE OFFICER,
CANCER INSTITUTE NSW**

Pursuant to section 41C of the Public Finance and Audit Act 1983, I state that to the best of my knowledge and belief:

- (a) the Financial Statements exhibit a true and fair view of the financial position of the Cancer Institute Division as at 30 June 2007, and for the transactions for the year then ended;
- (b) the accompanying financial statements have been prepared in accordance with the provisions of the Public Finance and Audit Act 1983, the Public Finance and Audit Regulation 2000 and the Treasurer's Directions;
- (c) there are no circumstances which would render any particulars included in the financial statements to be misleading or inaccurate.



Professor James F Bishop MD MMed MBBS FRACP FRCPA
Chief Cancer Officer and CEO
Cancer Institute NSW



Ms. Jill E. Boehm OAM
Acting Chairperson,
Cancer Institute NSW Board

18th October 2007



GPO BOX 12
Sydney NSW 2001

INDEPENDENT AUDITOR'S REPORT

Cancer Institute Division

To Members of the New South Wales Parliament

I have audited the accompanying financial report of the Cancer Institute Division, which comprises the balance sheet as at 30 June 2007, and the income statement, statement of recognised income and expense and cash flow statement for the year then ended, a summary of significant accounting policies and other explanatory notes.

Auditor's Opinion

In my opinion, the financial report:

- presents fairly, in all material respects, the financial position of Cancer Institute Division as of 30 June 2007, and of its financial performance and its cash flows for the year then ended in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations)
- is in accordance with section 41B of the *Public Finance and Audit Act 1983* (the PF&A Act) and the Public Finance and Audit Regulation 2005.

Chief Cancer Officer's Responsibility for the Financial Report

The Chief Cancer Officer is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the PF&A Act. This responsibility includes establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

My responsibility is to express an opinion on the financial report based on my audit. I conducted my audit in accordance with Australian Auditing Standards. These Auditing Standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Chief Cancer Officer, as well as evaluating the overall presentation of the financial report.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

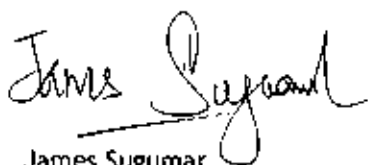
My opinion does *not* provide assurance:

- about the future viability of the Division,
- that they have carried out their activities effectively, efficiently and economically, or
- about the effectiveness of their internal controls.

Independence

In conducting this audit, the Audit Office has complied with the independence requirements of the Australian Auditing Standards and other relevant ethical requirements. The PF&A Act further promotes independence by:

- providing that only Parliament, and not the executive government, can remove an Auditor-General, and
- mandating the Auditor-General as auditor of public sector agencies but precluding the provision of non-audit services, thus ensuring the Auditor-General and the Audit Office are not compromised in their role by the possibility of losing clients or income.



James Sugumar
Acting Director, Financial Audit Services

22 October 2007
SYDNEY

CANCER INSTITUTE DIVISION
Income Statement
for the Year Ended 30 June 2007

	Notes	2007 \$'000	17 March to 30 June 2006 \$'000
Revenue			
Personnel Services	2	<u>13,404</u>	<u>4,357</u>
Total Revenue		<u>13,404</u>	<u>4,357</u>
Gain / (loss) on disposal of Non-current assets		-	-
Expenses			
Employee related expenses	3(a)	<u>13,404</u>	<u>4,357</u>
Total Expenses		<u>13,404</u>	<u>4,357</u>
OPERATING SURPLUS FOR THE YEAR		<u>-</u>	<u>-</u>

The accompanying notes form part of these statements

CANCER INSTITUTE DIVISION
Statement Recognised Income and
Expense
for the Year Ended 30 June 2007

	Notes	2007 \$'000	17 March to 30 June 2006 \$'000
TOTAL INCOME AND EXPENSE RECOGNISED DIRECTLY IN EQUITY		-	-
Surplus / (Deficit) for the year		-	-
TOTAL INCOME AND EXPENSE RECOGNISED FOR THE YEAR		-	-

The accompanying notes form part of these statements

CANCER INSTITUTE DIVISION
Balance Sheet
as at 30 June 2007

	Notes	2007 \$'000	2006 \$'000
ASSETS			
Current Assets			
Receivables	4	<u>2,055</u>	1,863
Total Current Assets		<u>2,055</u>	1,863
Total Assets		<u>2,055</u>	1,863
Current Liabilities			
Payables	5	70	194
Provisions	6	<u>1,946</u>	1,630
Total Current Liabilities		<u>2,016</u>	1,824
Non-Current Liabilities			
Provisions	6	<u>39</u>	39
Total Non-Current Liabilities		<u>39</u>	39
Total Liabilities		<u>2,055</u>	1,863
Net Assets		<u>-</u>	-
EQUITY			
Accumulated funds		<u>-</u>	-
Total Equity		<u>-</u>	-

The accompanying notes form part of these statements

CANCER INSTITUTE DIVISION
Cash Flow Statement
as at 30 June 2007

	Notes	2007 \$'000	2006 \$'000
CASH FLOWS FROM OPERATING ACTIVITIES			
Payments			
Employee related		-	-
Total Payments		-	-
Receipts			
Personnel Services from Cancer Institute NSW			
Total Receipts		-	-
NET CASH FLOWS FROM OPERATING ACTIVITIES		-	-
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchases of Property, Plant and Equipment		-	-
NET CASH FLOWS FROM INVESTING ACTIVITIES		-	-
NET INCREASE (DECREASE) IN CASH		-	-
Opening cash and cash equivalents		-	-
Cash transferred in / (out) as a result of administrative restructuring		-	-
CLOSING CASH AND CASH EQUIVALENTS		-	-

The accompanying notes form part of these statements

I SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

(a) *Reporting entity*

The Cancer Institute Division is a Division of the Government Service, established pursuant to Part 2 of Schedule 1 to the Public Sector Employment and Management Act 2002. It is a not-for-profit entity as profit is not its principal objective. It is consolidated as part of the NSW Total State Sector Accounts. It is domiciled in Australia and its principal office is at Level 1, Biomedical Building, Australian Technology Park, Sydney.

The Cancer Institute Division's objective is to provide personnel services to Cancer Institute NSW.

The Cancer Institute Division commenced operations on 17 March 2006 when it assumed responsibility for the employees and employee-related liabilities of the Cancer Institute NSW. The assumed liabilities were recognised on 17 March 2006 together with an offsetting receivable representing the relating funding due from the former employer.

The financial report for the period ended 30 June 2007 has been authorised for issue by Chief Cancer Officer and Chief Executive Officer, Cancer Institute NSW and Acting Chairperson, Cancer Institute NSW Board on 18 October 2007.

(b) *Basis of Preparation*

The Division's financial statements are a general purpose financial report which has been prepared in accordance with:

- applicable Australian Accounting Standards (which include Australian equivalents to International Financial Reporting Standard (AIFRS)) and Australian Accounting Interpretations;
- the requirements of the *Public Finance and Audit Act* and Regulation; and
- specific directions issued by the Treasurer.

Generally, the historical cost basis of accounting has been adopted and the financial report does not take into account changing money values or current valuations. However, certain provisions are measured at fair value.

The accrual basis of accounting has been adopted in the preparation of the financial report, except for cash flow information.

Judgements, key assumptions and estimations that management has made are disclosed in the relevant notes to the financial statements.

All amounts are rounded to the nearest one thousand dollars and are expressed in Australian currency.

(c) *Revenue Recognition*

Revenue is measured at the fair value of the consideration or contribution received or receivable. Revenue from the rendering of personnel services is recognised when the service is provided and only to the extent that the associated recoverable expenses are recognised.

(d) *Employee Benefits and other provisions*

(i) Salaries and Wages, Annual Leave, Sick Leave and On-Costs

Liabilities for salaries and wages (including non-monetary benefits), annual leave and paid sick leave that fall due wholly within twelve months of the reporting date are recognised and measured in respect of employees' services up to the reporting date at undiscounted amounts based on the amounts expected to be paid when the liabilities are settled.

Unused non-vesting sick leave does not give rise to a liability as it is not considered probable that sick leave taken in the future will be greater than the benefits accrued in the future.

The outstanding amounts of payroll tax, workers' compensation insurance premiums and fringe benefits tax, which are consequential to employment, are recognised as liabilities and expenses where the employee benefits to which they relate have been recognised.

(ii) Long Service Leave and Superannuation

Long service leave is measured at present value in accordance with AASB 119 *Employee Benefits*. This is based on the application of certain factors (specified in NSWTC 07/04) to employees with 5 or more years of service, using current rates of pay. These factors were determined based on an actuarial review to approximate present value.

(iii) Other Provisions

Other provisions exist when: the Division has a present legal or constructive obligation as a result of a past event; it is probable that an outflow of resources will be required to settle the obligation; and a reliable estimate can be made of the amount of the obligation.

(e) Receivables

A receivable is recognised when it is probable that the future cash inflows associated with it will be realised and it has a value that can be measured reliably. It is derecognised when the contractual or other rights to future cash flows from it expire or are transferred.

A receivable is measured initially at fair value and subsequently at amortised cost using the effective interest rate method, less any allowance for doubtful debts. A short-term receivable with no stated interest rate is measured at the original invoice amount where the effect of discounting is immaterial. An invoiced receivable is due for settlement within thirty days of invoicing.

If there is objective evidence at year end that a receivable is not collectable, its carrying amount is reduced by means of an allowance for doubtful debts and the resulting loss is recognised in the income statement. Receivables are monitored during the year and bad debts are written off against the allowance when they are determined to be irrecoverable. Any other loss or gain arising when a receivable is derecognised is also recognised in the income statement.

(f) Payables

Payables include accrued wages, salaries and related on-costs (such as payroll tax, fringe benefits tax and workers' compensation insurance) where there is no certainty as to the amount and timing of settlement.

A payable is recognised when a present obligation arises under a contract or otherwise. It is derecognised when the obligation expires or is discharged, cancelled or substituted.

A short-term payable with no stated interest rate is measured at historical cost if the effect of discounting is immaterial.

(g) Comparative Information

Comparative information shown in 2006 covers the period 17 March to 30 June 2006 only. Actuals for 2007 are for the full financial year.

(h) New Australian Accounting Standards issues

The Division did not early adopt any new accounting standards that are not yet effective.

Certain new accounting standards and interpretations have been published that are not mandatory for 30 June 2007 reporting periods. The following new Accounting Standards and Interpretations have not yet been adopted and are not yet effective:

- AASB 7 Financial Instruments: Disclosures (1 January 2007)
- AASB Interpretation 10 Interim Financial Reporting and Impairment (1 November 2006)
- AASB 101 Presentation of Financial Statements (1 January 2007)
- AASB 2007-04 Amendments to Australian Accounting Standards arising from ED 151 and other Amendments (1 July 2007).

2 REVENUES

2007 17 March to
\$'000 30 June 2006
\$'000

Personnel Services	13,347	4,357
Superannuation	57	-
	13,404	4,357

3 EXPENSES EXCLUDING LOSSES

(a) Employee related expenses

Salaries and wages (including recreation leave)	12,109	3,806
Superannuation - defined benefit plans	-	51
Superannuation - defined contribution plans	645	155
Long service leave	37	61
Payroll tax and fringe benefit tax	613	284
	13,404	4,357

4 RECEIVABLES

Current

Sundry debtors	252	-
Personnel Services	1,735	1,863
Prepaid Superannuation Contributions (see note 6 below)	68	-
	2,055	1,863

5 PAYABLES

Payables

Accrued salary oncosts	70	194
	70	194

6 PROVISIONS

Current

Employee benefits and related on-costs

Recreation leave	1,016	842
Long service leave	928	734
Fringe benefits tax	2	9
Superannuation (see Superannuation funds below)	-	45
	1,946	1,630

Non-current

Employee benefits and related on-costs

Long service leave	39	39
	39	39

Superannuation funds at 30 June 2007**Accounting policy**

Actuarial gains and losses are recognised immediately in profit and loss in the year in which they occur.

Fund information

The Pooled Fund holds in trust the investments of the closed NSW public sector superannuation schemes:

- State Authorities Superannuation Scheme (SASS)
- State Superannuation Scheme (SSS)
- Police Superannuation Scheme (PSS)
- State Authorities Non-contributory Superannuation Scheme (SANCS).

These schemes are all defined benefit schemes – at least a component of the final benefit is derived from a multiple of member salary and years of membership.

All the Schemes are closed to new members.

Reconciliation of the present value of the defined benefit obligation

	SASS Financial Year to 30 June 2007	SANCS Financial Year to 30 June 2007	SSS Financial Year to 30 June 2007
	A\$	A\$	A\$
<i>Present value of partly funded defined benefit obligations at beginning of the year</i>	872,922	197,777	799,442
Current service cost	50,167	11,781	22,258
Interest cost	50,841	11,386	47,695
Contributions by fund participants	26,749	0	13,219
Actuarial (gains)/losses	(60,120)	1,721	(154,566)
Benefits paid	(169,572)	(59,939)	122,809
Past service cost	0	0	0
Curtailments	0	0	0
Settlements	0	0	0
Business Combinations	0	0	0
Exchange rate changes	0	0	0
<i>Present value of partly funded defined benefit obligations at end of the year</i>	770,987	162,726	850,857

Reconciliation of the fair value of fund assets

	SASS Financial Year to 30 June 2007	SANCS Financial Year to 30 June 2007	SSS Financial Year to 30 June 2007
	A\$	A\$	A\$
<i>Fair value of Fund assets at beginning of the year</i>	922,670	222,243	680,364
Expected return on fund assets	69,220	16,514	52,374
Actuarial gains/(losses)	(19,212)	9,818	(97,806)
Employer contributions	46,550	7,270	8,867
Contributions by Fund participants	26,749	0	13,219
Benefits paid	(169,572)	(59,939)	122,809
Settlements	0	0	0
Business combinations	0	0	0
Exchange rate changes	0	0	0
<i>Fair value of Fund assets at end of the year</i>	876,405	195,907	779,827

Reconciliation of the assets and liabilities recognised in the balance sheet

	SASS Financial Year to 30 June 2007	SANCS Financial Year to 30 June 2007	SSS Financial Year to 30 June 2007
	A\$	A\$	A\$
Present value of partly funded defined benefit obligations at end of year	770,987	162,726	850,857
Fair value of fund assets at end of year	(876,405)	(195,907)	(779,827)
<i>Subtotal</i>	(105,418)	(33,181)	71,030
Unrecognised past service cost	0	0	0
Unrecognised gain/(loss)	0	0	0
Adjustment for limitation on net asset	0	0	0
<i>Net Liability/(Asset) recognised in balance sheet at end of year</i>	(105,418)	(33,181)	71,030

Expense recognised in income statement

	SASS	SANCS	SSS
	Financial	Financial	Financial
	Year to 30	Year to 30	Year to 30
	June 2007	June 2007	June 2007
Components Recognised in Income Statement	A\$	A\$	A\$
Current service cost	50,167	11,781	22,258
Interest cost	50,841	11,386	47,695
Expected return on Fund assets (net of expenses)	(69,220)	(16,514)	(52,374)
Actuarial losses/(gains) recognised in year	(40,908)	(8,097)	(56,760)
Past service cost	0	0	0
Movement in adjustment for limitation on net asset	0	0	0
Curtailment or settlement (gain)/loss	0	0	0
<i>Expense/(income) recognised</i>	(9,120)	(1,444)	(39,181)

Amounts recognised in the statement of recognised income and expense

	SASS	SANCS	SSS
	Financial	Financial	Financial
	Year to 30	Year to 30	Year to 30
	June 2007	June 2007	June 2007
	A\$	A\$	A\$
Actuarial (gains)/losses	0	0	0
Adjustment for limit on net asset	0	0	0

Cumulative amount recognised in the statement of recognised income and expense

	SASS	SANCS	SSS
	Financial	Financial	Financial
	Year to 30	Year to 30	Year to 30
	June 2007	June 2007	June 2007
	A\$	A\$	A\$
Cumulative amount of actuarial (gains)/losses	0	0	0
Cumulative adjustment for limitation on net asset	0	0	0

Fund assets

The percentage invested in each asset class at the balance sheet date:

	30-Jun-07
Australian equities	33.6%
Overseas equities	26.5%
Australian fixed interest securities	6.8%
Overseas fixed interest securities	6.4%
Property	10.1%
Cash	9.8%
Other	6.8%

Fair value of Fund assets

All Fund assets are invested by STC at arm's length through independent fund managers.

Expected rate of return on assets

The expected return on assets assumption is determined by weighting the expected long-term return for each asset class by the target allocation of assets to each class. The returns used for each class are net of investment tax and investment fees.

Actual Return on Fund Assets

	SASS Financial Year to 30 June 2007	SANCS Financial Year to 30 June 2007	SSS Financial Year to 30 June 2007
	A\$	A\$	A\$
Actual return on Fund assets	132,527	26,332	115,444

Valuation method and principal actuarial assumptions at the balance sheet date*(a) Valuation Method*

The Projected Unit Credit (PUC) valuation method was used to determine the present value of the defined benefit obligations and the related current service costs. This method sees each period of service as giving rise to an additional unit of benefit entitlement and measures each unit separately to build up the final obligation.

(b) Economic Assumptions

	30-Jun-07
Salary increase rate (excluding promotional increases)	4.0% pa to June 2008; 3.5% pa thereafter
Rate of CPI Increase	2.5% pa
Expected rate of return on assets backing current pension liabilities	7.6%
Expected rate of return on assets backing other liabilities	7.6%
Discount rate	6.4% pa

(c) Demographic Assumptions

The demographic assumptions at 30 June 2007 are those used in the 2006 triennial actuarial valuation. A selection of the most financially significant assumptions is shown below:

- (i) SASS Contributors - the number of SASS contributors expected in any one year to leave the fund as a result of death, disability, resignation, retirement and redundancy. Promotional salary increase rates are also considered.
- (ii) SSS Contributors - the number of SSS contributors expected in any one year to leave the fund as a result of death, disability, resignation, retirement and preservation. Promotional salary increase rates are also considered.
- (iii) SSS Commutation - the proportion of SSS members assumed to commute their pension to a lump sum in any one year.
- (iv) SSS Pensioner Mortality - assumed mortality rates (in 2006/2007) for SSS pensioners (separately for normal retirement/spouses and invalidity)
- (v) SSS Pensioner Mortality Improvements - per annum assumed rates of mortality improvement for SSS pensioners

Historical information

	SASS	SANCS	SSS
	Financial	Financial	Financial
	Year to 30	Year to 30	Year to 30
	June 2007	June 2007	June 2007
	A\$	A\$	A\$
Present value of defined benefit obligation	770,987	162,726	850,857
Fair value of Fund assets	(876,405)	(195,907)	(779,827)
(Surplus)/Deficit in Fund	(105,418)	(33,181)	71,030
Experience adjustments – Fund liabilities	(60,120)	1,721	(154,566)
Experience adjustments – Fund assets	19,212	(9,818)	97,806

Expected contributions

	SASS	SANCS	SSS
	A\$	A\$	A\$
Expected employer contributions	0	0	0

Funding arrangements for employer contributions

(a) Surplus/deficit

The following is a summary of the 30 June 2007 financial position of the Fund calculated in accordance with AAS 25 "Financial Reporting by Superannuation Plans":

	SASS	SANCS	SSS
	30-Jun-07	30-Jun-07	30-Jun-07
	A\$	A\$	A\$
Accrued benefits	764,789	160,767	774,474
Net market value of Fund assets	(876,405)	(195,907)	(779,827)
Net (surplus)/deficit	(111,616)	(35,140)	(5,352)

(b) Contribution recommendations

Recommended contribution rates for the entity are:

SASS	SANCS	SSS
multiple of member contributions	% member salary	multiple of member contributions
0.00	0.00	0.00

(c) Funding method

The method used to determine the employer contribution recommendations at the last actuarial review was the *Aggregate Funding* method. The method adopted affects the timing of the cost to the employer.

Under the *Aggregate Funding* method, the employer contribution rate is determined so that sufficient assets will be available to meet benefit payments to existing members, taking into account the current value of assets and future contributions.

(d) Economic assumptions

The economic assumptions adopted for the last actuarial review of the Fund were:

Weighted-Average Assumptions	
Expected rate of return on Fund assets backing current pension liabilities	7.7% pa
Expected rate of return on Fund assets backing other liabilities	7.0% pa
Expected salary increase rate	4.0% pa
Expected rate of CPI increase	2.5% pa

Nature of asset/liability

If a surplus exists in the employer's interest in the Fund, the employer may be able to take advantage of it in the form of a reduction in the required contribution rate, depending on the advice of the Fund's actuary.

Where a deficiency exists, the employer is responsible for any difference between the employer's share of fund assets and the defined benefit obligation.

Superannuation funds at 30 June 2006

Accounting policy for recognising actuarial gains/losses

Actuarial gains and losses are recognised in profit or loss in the year they occur.

General description of the type of plan

The Pooled Fund holds in trust the investments of the closed NSW public sector superannuation schemes:

- State Authorities Superannuation Scheme (SASS)
- State Superannuation Scheme (SSS)
- State Authorities Non-contributory Superannuation Scheme (SANCS).

These schemes are all defined benefit schemes – at least a component of the final benefit is derived from a multiple of member salary and years of membership.

All the Schemes are closed to new members.

Reconciliation of the assets and liabilities recognised in the balance sheet

	SASS Financial Year to 30 June 2006 A\$	SANCS Financial Year to 30 June 2006 A\$	SSS Financial Year to 30 June 2006 A\$
Present value of defined benefit obligations	872,922	197,777	799,442
Fair value of plan assets	(922,670)	(222,243)	(680,364)
	(49,748)	(24,466)	119,078
Surplus in excess of recovery available from schemes	0	0	0
Unrecognised past service cost	0	0	0
Net (asset)/liability to be disclosed in balance sheet	(49,748)	(24,466)	119,078

Assets invested in entity or in property occupied by the entity

All Fund assets are invested by STC at arm's length through independent fund managers.

Total expense recognised in income statement

	SASS Financial Year to 30 June 2006 A\$	SANCS Financial Year to 30 June 2006 A\$	SSS Financial Year to 30 June 2006 A\$
Current service cost	22,152	4,526	9,590
Interest on obligation	20,423	3,798	19,368
Expected return on plan assets	(22,794)	(4,008)	(17,666)
Net actuarial losses (gains) recognised in year	(49,380)	(38,145)	20,841
Change in surplus in excess of recovery available from scheme	0	0	0
Past service cost	0	0	0
Losses (gains) on curtailments and settlements	0	0	0
<i>Total included in "employee benefits expense"</i>	<i>(29,598)</i>	<i>(33,828)</i>	<i>32,133</i>

Actual return on plan assets

	SASS Financial Year to 30 June 2006 A\$	SANCS Financial Year to 30 June 2006 A\$	SSS Financial Year to 30 June 2006 A\$
Actual return on plan assets	76,377	22,961	67,239

Valuation method and principal actuarial assumptions at the reporting date*a) Valuation Method*

The Projected Unit Credit (PUC) valuation method was used to determine the present value of the defined benefit obligations and the related current service costs. This method sees each period of service as giving rise to an additional unit of benefit entitlement and measures each unit separately to build up the final obligation.

b) Economic Assumptions

	30-Jun-06
Discount rate at 30 June	5.9% pa
Expected return on plan assets at 30 June	7.6%
Expected salary increases	4.0% pa to 2008; 3.5% pa thereafter
Expected rate of CPI increase	2.5% pa

Arrangements for employer contributions for funding

The following is a summary of the 30 June 2006 financial position of the Fund calculated in accordance with AAS 25 - *Financial Reporting by Superannuation Plans*.

	SASS 30-Jun-06 A\$	SANCS 30-Jun-06 A\$	SSS 30-Jun-06 A\$
Accrued benefits	844,501	187,416	654,412
Net market value of Fund assets	(922,670)	(222,243)	(680,364)
Net (surplus)/deficit	(78,169)	(34,827)	(25,952)

Recommended contribution rates for the entity are:

	SASS	SANCS	SSS
	multiple of member contributions	% member salary	multiple of member contributions
	1.90	2.50	0.93

The method used to determine the employer contribution recommendations at the last actuarial review was the *Aggregate Funding* method. The method adopted affects the timing of the cost to the employer.

Under the *Aggregate Funding* method, the employer contribution rate is determined so that sufficient assets will be available to meet benefit payments to existing members, taking into account the current value of assets and future contributions.

The economic assumptions adopted for the current actuarial review of the Fund are:

Weighted-Average Assumptions	
Expected rate of return on Fund assets	7.3% pa
Expected salary increase rate	4.0% pa
Expected rate of CPI increase	2.5% pa

Nature of asset / liability

If a surplus exists in the employer's interest in the Fund, the employer may be able to take advantage of it in the form of a reduction in the required contribution rate, depending on the advice of the Fund's actuary.

Where a deficiency exists, the employer is responsible for any difference between the employer's share of fund assets and the defined benefit obligation.

7 AFTER BALANCE DATE EVENTS

There are no events subsequent to balance date that will affect the financial report.

End of audited financial statements.

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Accounts Payable Performance Report

Aged analysis at the end of each quarter

Quarter	Current (i.e. within due date) \$	Less than 30 days overdue \$	Between 30 days and 60 days overdue \$	Between 60 days and 90 days overdue \$	More than 90 days overdue \$
September Quarter	253,283	0	0	0	0
December Quarter	577,349	0	0	0	0
March Quarter	296,946	0	0	0	0
June Quarter	3,098,373	0	0	0	0

Accounts paid on time within each quarter

Quarter	Total accounts paid on time			Total Amount Paid (\$)
	Target	Actual	\$	
September Quarter	88%	92%	15,750,102	16,336,444
December Quarter	88%	95%	23,099,216	23,729,321
March Quarter	88%	93%	24,314,446	25,915,030
June Quarter	88%	95%	40,673,149	43,265,432

During 2006–07 there were no instances where penalty interest was paid in accordance with Section 18 of the *Public Finance and Audit (General) Regulation 1995*.

There were no significant events that affected payment performance during the reporting period.

Consultants

During the reporting year the Cancer Institute NSW engaged 28 consultants to provide expert advice on cancer research and clinical programs. The total cost of the consultations was \$ 213,983.82. This included the following consultancy equal to or more than \$30,000.

Company	Consultant	Service Provided	Cost
Eismaihen Pty Ltd	Dr John Funder	Chair of the Research Grants Review Committee	\$71,285.22

Agreements and Joint Programs

Agreements and Memorandums of Understanding

- Memorandum of Understanding between the Cancer Institute NSW and Cancer Voices NSW (CVN) to include at least one CVN consumer representative to sit on relevant Cancer Institute NSW committees and working parties to ensure the interests of people affected by cancer in NSW are represented.
- Memorandum of Understanding between Cancer Institute NSW, NSW Health and The Cancer Council NSW for the review of the NSW Skin Cancer Prevention Strategic Plan 2001–2005 and the development of the NSW Skin Cancer Prevention Strategic Plan 2006–2010.
- Memorandum of Understanding for the Implementation and Management of BreastScreen NSW between the New South Wales Department of Health and the Cancer Institute NSW.
- Under the Public Health Outcomes Funding Agreement (PHOFA), the NSW Government and the Australian Government jointly fund the Breast Screening service in NSW.
- The BreastScreen NSW program is delivered through Performance and Funding Agreements between Cancer Institute NSW and Area Health Services. A contract with ACT Health provides services to women in the South East region of NSW.
- Memorandum of Understanding between Cancer Institute NSW and Sydney West Area Health Service for the operation of the BreastScreen NSW Central Screen Reading Facility (CRF).
- Memorandum of Understanding between the Cancer Institute NSW and The Sax Institute to develop a Costing and Economic Evaluation Unit (CEEU).
- Five-year partnership agreement between The Cancer Council NSW and the Cancer Institute NSW.
- Memorandum of Understanding between NSW Health, the Cancer Institute NSW and other partners for the establishment of a Centre for Health Record Linkage.
- Memorandum of understanding with NSW Health for the operations of the Cervical Screening Program, Pap Test Register and the NSW Central Cancer Registry.
- A deed of agreement with Family Planning NSW to fund practice nurse training in cervical screening and GP up-skilling courses.
- Deeds of agreement with Area Health Services to fund cost of cytology.
- The Cancer Institute NSW also has a series of contracts with NSW General Practice Divisions to fund initiatives to increase participation in cervical screening.
- Memorandum of understanding with ACT Health for the management of ACT cancer registrations.
- A two-year Memorandum of Understanding with NSW Health to reduce tobacco-related morbidity and mortality among Aboriginal people in NSW.
- A Memorandum of Understanding with the Cancer Council NSW for the Melanoma Awareness Campaign.
- A Memorandum of Understanding with the Health Administration Corporation for the implementation of the 'Go 2 & 5' health education campaign.

Joint Programs

- The Cancer Institute NSW has entered into an agreement with the Sydney Melanoma Unit to identify all new melanoma notifications relating to NSW residents over a one year index period. Information will be gathered and analysed about the nature, utilisation and access to, diagnostic and pathology services, the quality of pathology services, the adherence to guidelines or best practice recommendations for treatment and psychosocial services, family history and referral patterns.
- A partnership with the Cancer Epidemiology Research Unit at The Cancer Council NSW has been established to analyse data collected for patterns of care studies on the management and treatment of colorectal, lung and prostate cancers.

Sponsorships and Community Grants

Purpose	Organisation	Amount
Develop and distribute campaign materials in the Family Health History Campaign	Northern Sydney Central Coast AHS	\$8,636.37
Travel grant: Garvan Student Presentation Award	St Vincent's Garvan Symposium	\$1,818.18
Sponsoring the PACRIM Breast and Prostate Cancer Meeting	PacRim Breast and Prostate Cancer Group	\$15,000.00
Sponsorship of Collaborative Centre for Aboriginal Health Promotion series of forums	Aboriginal Health and Medical Research Council NSW	\$10,000.00
Care Coordination Workshop	Clinical Oncology Society of Australia	\$10,000.00
Special Childrens' Christmas Party	Harmony Media Pty Ltd	\$4,090.91
Cancer Radiation Oncology Group meeting	Radiation Oncology Network	\$2,727.27
AYA (Adolescent and Young Adult) Cancer Meeting	Clinical Oncology Society of Australia	\$5,000.00
Sponsorship GPCE Stand 2007	Palliative Care Association of NSW	\$6,363.64
Production of <i>One Thing in Common</i> book	Northern Sydney Central Coast AHS	\$10,909.00
2007 Annual Meeting	Trans-Tasman Radiation Oncology Group Inc	\$5,000.00
Workshop to foster development of new anti-cancer drugs through a trans-Tasman collaboration	Trans-Tasman collaborative workshop	\$7,658.00
AYA (Adolescent and Young Adult) Cancer Meeting	Clinical Oncology Society of Australia	\$3,741.82
Sponsorship of the NSW Radiotherapy Club meetings	The Royal Australian and New Zealand College of Radiologists	\$6,000.00
Success in Clinical Trials Meeting, May 2007	Trans Tasman Radiation Oncology Group Inc	\$15,000.00
Sponsoring a visiting Research Assistant from Canada - train local researchers in the use of IMRI	The University of Sydney / Sydney Cancer Centre	\$12,580.00
Sponsorship of biannual master classes: A Best Practice Workshop on Urological Oncology	Urology Oncology Program NSW	\$18,181.80
Keynote Sponsor	Australian Palliative Care Conference 2007	\$5,000.00
Grief & Loss Workshop - professional development of oncology social workers	Sue O'Sullivan	\$1,272.73
Rock Eisteddfod Challenge	Rock Eisteddfod Challenge Foundation	\$75,000.00
TOTAL		\$223,979.72

Staff Member	Conference	Place	Date
Prof James Bishop	St Marks Hospital, St Thomas Hospital and Cancer Research UK	London, UK	6 – 13 April 2007
Prof James Bishop	American Association for Cancer Research Annual Meeting	Los Angeles, USA	13 – 18 April 2007
Prof James Bishop	ASCO Annual Conference 2007	Chicago, USA	31 May – 7 June 2007
Prof James Bishop	BIO 2007 conference in Boston	Boston, USA	6 – 10 May 2007
Dr Paul Jelfs	To attend meeting re Oxford Study and to visit local cancer registries in UK/France	Oxford, UK	11 – 22 January 2007
Ms Trish Cotter	13th World Congress on Tobacco/Health and UICC World Congress on tobacco.	Washington, USA	7 – 17 July 2006
Ms Denise Thomas	UICC World Cancer Congress	Washington, USA	7 – 12 July 2006

Non-Staff Member	Conference	Place	Date
Prof Kala Visvanathan	Guest Speaker for the Premier's Awards for Outstanding Cancer Research 2007	Los Angeles, USA to Sydney and return	17 – 27 May 2007

Credit Card Certification 2006–07

It is affirmed that for the 2006–07 financial year credit card use within the Cancer Institute NSW was in accordance with Premier's memoranda and Treasurer's Directions.

Credit card use

Credit card use within the Cancer Institute NSW is largely limited to:

- The reimbursement of travel and subsistence expense.
- The purchase of books and publications.
- Seminar and conference deposits.
- Travel bookings deposits.
- Official business use whilst engaged in overseas travel.

Documenting credit card use

The following measures are used to monitor the use of credit cards within the Cancer Institute NSW:

- The organisation's credit card policy is documented.
- Reports and statements on the appropriateness of credit card usage are periodically lodged for management consideration.
- Six-monthly reports / compliance surveys are submitted to Treasury, certifying that the Institute's credit card use is within the guidelines issued.

Freedom of Information

The Cancer Institute NSW is not currently prescribed under the Freedom of Information Act 1989 and does not have a Principal Officer under Schedule 1 of the Act. All requests for information under the Freedom of Information Act are managed by NSW Health. There were no requests relating to the Cancer Institute NSW during the 2006–07 financial year.

Guarantee of Service

The Cancer Institute NSW has established standards and guidelines for responding to requests from health consumers for information and non-medical advice concerning cancer; whether received by phone, fax, email or written correspondence.

These standards ensure that informative, timely responses are provided to inquiries.

Privacy Management Plan

The Cancer Institute NSW Privacy Management Plan identifies how the Cancer Institute NSW and all agencies and health services funded by the Institute will comply with privacy legislation.

The Plan provides detail of how the organisation intends to protect the privacy of its clients, staff and the public when it processes personal information, to assist

people who may wish to exercise their rights under the *Privacy and Personal Information Protection (PPIP) Act 1998* or the *Health Records and Information Privacy (HRIP) Act 2002* and make a complaint or request for an internal review.

For the reporting period there have been no complaints received by the Cancer Institute NSW regarding its dealings with personal information under the *PPIP Act* and personal health information under the *HRIP Act* that have resulted in the requirement for a Request for Internal Review.

Greening the Office

In 2006–07, the Cancer Institute NSW established a 'Green Team', which is comprised of staff members from our various divisions who volunteer their time.

The primary aim of the Green Team is to create an environmentally-friendly office and ultimately reduce our ecological footprint on the earth.

The objectives of the Green Team for the period 2006–07 were to:

- reduce paper, cardboard, toner and electricity usage within the organisation.
- encourage recycling of paper and cardboard.
- educate staff about how to become more sustainable in the office.
- research sustainable workplace options, such as kitchen-waste recycling.
- coordinate a car-pooling service among staff.

These objectives were achieved through pro-actively educating staff about sustainable practices in the workplace.

The Green Team will continue to implement feasible projects and monitor the use of water and electricity etc. throughout 2007–08. We will then feedback our progress to staff to ensure we work towards a more sustainable organisation for the future.

Waste Reduction

The Cancer Institute NSW continued to observe and practice the principles contained within the Government's Waste Reduction and Purchasing Policy by implementing an action plan promoting the minimisation and recycling of generated waste and the use/purchase of recycled materials, when and where appropriate.

Reducing waste generation

The Cancer Institute NSW reduces its generation of waste paper by using electronic communication methods, including email and making published reports, papers and brochures available on the Cancer Institute NSW's website.

Our new records management system will ultimately accommodate full electronic document management and greatly reduce the volume of paper-based records.

The generation of waste paper is further reduced by double-sided printing and copying, which is actively encouraged across all areas of the Cancer Institute NSW.

Increasing resource recovery

The Cancer Institute NSW returns all used toner cartridges (printers and copies) for recycling and paper waste is collected within strategically placed bins for collection and recycling by a contracted service provider.

Increasing usage of recycled material

The Cancer Institute NSW purchases recycled content product when feasible and cost effective. This report is printed on recycled paper.

Electronic Service Delivery

As part of our commitment to electronic service delivery, the Cancer Institute NSW implemented a range of initiatives in 2006–07:

- Enhancing a searchable web-based module on cancer incidence and mortality.
- Developing over 300 web-based standard cancer treatment programs (CI-SCaT).
- Providing a suite of cancer journals and textbooks for clinicians throughout the NSW Health system.
- Piloting electronic cancer notification from laboratories to the NSW Central Cancer Registry.
- Developing online hospital cancer activity reports for Area Health Services and Cancer Institute NSW advisory committees.
- Hosting and maintaining additional websites, including: BreastScreen NSW (www.bsnsn.org.au) and Quitline (www.13quit.org.au).

Consumer Participation

The Cancer Institute NSW actively engages and supports the participation of people affected by cancer in our programs. Consumer interests are represented through the membership and participation of people affected by cancer on all committees. Consumers are also represented on the Board of the Cancer Institute NSW by Mr John Stubbs (see page 21).

Committees, Working Parties and Community Consultation

All committees of the Cancer Institute NSW are multidisciplinary and have a high level of consumer involvement. Minutes of all committees are available for Cancer Institute NSW Board meetings. All Committees have a Code of Conduct and Conflict of Interest Policy.

Audit committee

Member	Position	Institution / Location
Dr Patrick Cregan (Chair)	Clinical Director, Surgery	Wentworth Area Health
Dr Paul Moy	Managing Director	UBS Global Asset Management
Mr John Stubbs	Executive Officer	Cancer Voices Australia
Prof Jim Bishop	Chief Cancer Officer and CEO	Cancer Institute NSW
Ms Beth Macauley	Chief Operating Officer	Cancer Institute NSW
Mr Phil O'Toole	Director, Risk Management Services	Internal Audit Bureau (IAB)
Mr David Jones	Director, Financial Audit Service	Audit Office of NSW
Mr Kumar Ganendran	Audit Leader	Audit Office of NSW
Mr David Sabanayagam	Manager, Finance and Administration	Cancer Institute NSW

Accreditation Development Stakeholder Workshop One: 10 May 2007

Member	Position	Institution / Location
Dr Chris Arthur	Director, Area Cancer Services	NSCCAHs
Ms Chris Packer	Cancer Services Development Manager	Greater Southern Area Health Service
Prof Bernard Stewart	Professor and Head	South East Sydney Public Health Unit
Ms Catherine Murphy	Assistant Director of Medical Services	Sydney Adventist Hospital
Dr Katrina Moore	Breast Surgeon	Royal North Shore
Ms Kathy Meleady	Director, Statewide Services Development Branch	NSW Health
Ms Leonie Scott	Manager, Cancer Quality and Performance Management	Department of Human Services Victoria
Dr Amanda Walker	Staff Specialist in Palliative Medicine	Camden Palliative Care Unit
Ms Deb Ross	Senior Analyst Clinical Risk Management	Quality and Safety Branch, NSW Health
Ms Jill Lack	Cancer services Development Manager	Hunter New England Area Health Service
Dr Colum Smith	Director, Area Cancer Services	Hunter New England Area Health Services
Dr Catherine Adams	Senior Clinical Psychologist	Psycho-Oncology Service, Newcastle Mater Misericordiae Hospital
Ms Brianna Fulcher	Cancer Services Development Manager	Sydney South West Area Health Service
Ms Lakshmi Ekambareshwar	Cancer Services Development Manager	Northern Sydney & Central Coast Area Health Service
Prof Richard Chye	Palliative Care Director	Sacred Heart Hospice

Accreditation Development Stakeholder Workshop Two: 29 June 2007

Member	Position	Institution / Location
Dr Eva Segelov	Medical Oncologist	St Vincent's Hospital
Dr Cynthia Lean	Manager, Collaboration and Information	Cancer Institute NSW
Ms Heidi Wilcoxon	Senior Project Officer	National Breast Cancer Center
Ms Jane Jones	Responsible for multi-disciplinary care	DHS Victoria
Ms Karen Luxford	Deputy Director	National Breast Cancer Center
Ms Robyn Thomas	Project Officer	Cancer Institute NSW
Ms Sally Crossing	Consumer	Cancer Voices
Prof Paul Harnett	Director, Area Cancer Services	SWAHS
Ms Penny Adams	Manager, Access	Cancer Institute NSW
Ms Alison Szwajcer	CNC, Breast	St George (public and private)
Ms Elizabeth Kochman	Consumer Representative	Cancer Voices
Ms Gemma Connolly		CIPHER, Sydney University
Ms Karen Eaton	CNC	Prince of Wales Hospital
Ms Megan Plaster		Western Australia
Ms Sue Sinclair	Director Cancer Services and Education	Cancer Institute NSW
Dr Catherine Murphy	Assistant Director of Medical Services	Sydney Adventist Hospital
Dr Heather Wellington		Peter MacCallum Cancer Centre
A/Prof Michael Frommer	Director	University of Sydney
Ms Cathie Pigott	Nursing Research Assistant	Peter MacCallum Cancer Centre
Ms Christina Brock	Consumer	
Ms Gaynor Heading	Program Manager, Patient Support	Cancer Institute NSW
Dr Cath Adams	Senior Clinical Psychologist	Newcastle Mater Misericordiae Hospital
Ms Jackie Ross		CIPHER, Sydney University
Prof Afaf Girgis	Director CHeRP	Newcastle University
Mr Mark Tweeddale	Consumer Representative	
Dr Kerry Tiller	Psychologist	Prince of Wales Hospital
Ms Beverley Noble	Consumer Representative	Cancer Voices
Ms Fiona Shipman	Manager, Cancer Education and Training	Cancer Institute NSW
Mr Tim Shaw		CIPHER, Sydney University
Mr Stewart Barnet		CIPHER, Sydney University
Ms Jane Phillips		Cancer Australia
Ms Sally Hodgkinson	Consumer Representative	Cancer Voices
Mr Chris Sargeant	Nurse Educator	St George Hospital

Basic Sciences in Oncology Advisory Committee

Member	Position	Institution / Location
Dr Joseph Bucci	Radiation Oncologist	St George Public Hospital
Prof Stewart Dunn	Professor of Medical Psychology	Royal North Shore Hospital
Dr Val GebSKI	Biostatisticians Director	University of Sydney
Dr Winston Liauw	Medical Oncologist	St George Hospital/ St Vincent's Hospital
A/Prof Natalka Suchowerska	Head Research and Education	Royal Prince Alfred Hospital
Dr Stephen Thompson	Staff Specialist	Prince of Wales Hospital
Dr Kirsty Wiltshire	Radiation Oncologist	Royal North Shore
A/Prof Paul Glare	Director of Palliative Care	Royal Prince Alfred Hospital

Bowel Cancer Screening Implementation Advisory Group

Name	Position	Institution / Location
Dr Michael Bourke	Director of Gastrointestinal Endoscopy	Westmead Hospital
Dr John Crimmins	GP Representative	
Ms Mary Crum	Senior Analyst	NSW Health
Dr Anne Duggan		Greater Metropolitan Clinical Taskforce and Hunter New England AHS
Ms Maeve Eikli	Network Manager	Greater Metropolitan Clinical Taskforce
Dr Katie Ellard		Gastroenterological Society of Australia
Dr Tony Eyers		Royal College of Surgeons (Chair)
Prof Kerry Goulston	Chairperson	Greater Metropolitan Clinical Taskforce
A/Prof Brian Jones	Head Gastroenterology	Concord Repatriation General Hospital Sydney South West AHS
Dr Andrew Keegan	Gastroenterologist	
A/Prof James Kench	Senior Staff Specialist	Institute of Clinical Pathology and Medical Research
A/Prof Judy Kirk		Familial Cancer Services
A/Prof Anne Krickler	Epidemiologist	University of Sydney
Dr Donald Maclellan	Health Service Performance Improvement	NSW Health
Mr John Newsom	Consumer Representative	
Dr Ian Norton	Gastroenterologist	
Mr Chris Packer	Development Manager, Cancer Services	Greater Southern AHS
Dr John Percy	Surgeon	Northern Sydney Central Coast AHS
Dr Les Rae	Consumer Representative	Rotary
Ms Lynn Rapley		Gastroenterological Nurses College of Australia
Dr Denise Robinson	Chief Health Officer / Deputy Director General	NSW Health
A/Prof Glenn Salkeld	Health Economist	University of Sydney
A/Prof Michael Solomon	Surgeon	Royal Prince Alfred Hospital
A/Prof James St John	Senior Clinical Consultant	National Cancer Control Initiative
Prof Bernard W Stewart	Professor and Head of Cancer Control Program	South Eastern and Illawarra AHS
Prof Jim Bishop	Chief Cancer Officer and Chief Executive Officer	Cancer Institute NSW
Ms Denise Thomas	Director, Cancer Screening to January 2007	Cancer Institute NSW
Ms Trish Cotter	Director, Cancer Prevention	Cancer Institute NSW
Ms Michelle Hughes	Program Manager, Bowel Screen NSW to December 2006	Cancer Institute NSW
Ms Tara Bowman	Project Officer, Bowel Screen NSW	Cancer Institute NSW
Ms Margaret Hardy	Acting Program Manager – Bowel Screen NSW from December 2007 to April 2007	Cancer Institute NSW
Ms Lynn Sartori	Director, Cancer Screening from June 2007	Cancer Institute NSW

BreastScreen NSW Capital Advisory Committee

Name	Position	Institution / Location
Mr Mark Costello (Chair)	Operations Manager, BreastScreen NSW	Cancer Institute NSW
Ms Denise Thomas	Director, Cancer Screening to January 2007	Cancer Institute NSW
Ms Lynn Sartori	Director, Cancer Screening from June 2007	Cancer Institute NSW
Mr David Sabanayagam	Finance and Administration Manager	Cancer Institute NSW
Mr Nevine Iskander	Business Manager, Cancer Screen NSW	Cancer Institute NSW
Ms Mary Crum	Senior Analyst	NSW Health
Mr John Bedford	Assistant Director Asset Management Branch, Southern	NSW Health
Ms Jacqui Grossmith	Manager Infrastructure and Business Services	South Eastern Sydney Illawarra Area Health Service
Mr Bill Rock	Probity Advisor	Internal Audit Bureau
Mr Lee Collins	Medical Physicist	BreastScreen NSW
Mr Ravinder Grewal	Medical Physicist	BreastScreen NSW

BreastScreen NSW Designated Radiologist Group Meeting

Name	Position	Institution / Location
Dr Nita Durham	Radiologist	BreastScreen NSW Central and Eastern Sydney
Dr Stephen Cahill	Radiologist	BreastScreen NSW Greater Western Sydney
Dr Jim Lai	Radiologist	BreastScreen NSW Hunter Region and Wyong
Dr Jo Sommerfeld	Radiologist	BreastScreen NSW North Coast
Dr Merran McKessar	Radiologist	BreastScreen NSW Northern Sydney and Lower Central Coast
Dr Marjorie Kossoff	Radiologist	BreastScreen NSW Northern Sydney and Lower Central Coast
Dr Warwick Lee	Radiologist	BreastScreen NSW Central Screen Reading Facility.
Dr Amanda Palmer	Radiologist	BreastScreen NSW Southern Sydney and Illawarra
Dr Andrew Scott	Radiologist	BreastScreen NSW South West
Dr Georges Hazan	Radiologist	BreastScreen ACT / South East NSW
Mr Mark Costello	Operations Manager, BreastScreen NSW	Cancer Institute NSW (Chair)
Ms Denise Thomas	Director, Cancer Screening to January 2007	Cancer Institute NSW
Ms Lynn Sartori	Director, Cancer Screening from June 2007	Cancer Institute NSW

BreastScreen NSW Service Management Advisory Committee

Name	Position	Institution / Location
Mr Maurice Ahern	Acting Director to March 2007	BreastScreen NSW South West
Ms Debbie Lattimore	Director from March 2007	BreastScreen NSW South West
Ms Judy Bursle	Acting Director to April 2007	BreastScreen NSW Greater Western Sydney
Mr Rene Saavedra	Acting Operations Manager from April 2007	BreastScreen NSW Greater Western Sydney
Mr Mark Costello (Chair)	Operations Manager, BreastScreen NSW Coordination Unit	Cancer Institute NSW
Dr Robyn Godding	Director to March 2007	BreastScreen NSW Northern Sydney and Lower Central Coast
Mr James Guinan	Acting Director from March 2007	BreastScreen NSW Northern Sydney and Lower Central Coast
Ms Fran Hartman	Senior Project Officer, BreastScreen NSW Coordination Unit until March 2007	Cancer Institute NSW
Ms Tasia Malinowski	Project Officer, BreastScreen NSW Coordination Unit from March 2007	Cancer Institute NSW
Ms Connie Ho	Senior Data Manager, BreastScreen NSW Coordination Unit until November 2006	Cancer Institute NSW
Mr Raymond Chin	Acting State Data and Evaluation Manager, BreastScreen NSW Coordination Unit, September 2006 – January 2007	Cancer Institute NSW
Mr John McCleery	Director until February 2007	BreastScreen NSW Central and Western
Mr Scott Maunder	Director from February 2007	BreastScreen NSW Central and Western
Ms Maureen McGovern	Area Manager Director	Cancer and Palliative Care BreastScreen NSW North Coast
Ms Tara Bowman	Accreditation Manager, BreastScreen NSW Coordination Unit from January 2007	Cancer Institute NSW
Mr Warwick May	Accreditation Coordinator, BreastScreen NSW Coordination Unit	Cancer Institute NSW
Ms Jill Miller	State Radiographer, BreastScreen NSW Coordination Unit	Cancer Institute NSW
Ms Jodie Partridge	Director	BreastScreen NSW Central and Eastern Sydney
Ms Helen Sutherland	Director	BreastScreen ACT / South East NSW
Mr Michael Symonds	Director	BreastScreen NSW Hunter New England
Ms Denise Thomas	Director, Cancer Screening to January 2007	Cancer Institute NSW
Ms Lynn Sartori	Director, Cancer Screening from June 2007	Cancer Institute NSW
Dr Jane Vallentine	Director	BreastScreen NSW Southern Sydney and Illawarra

BreastScreen NSW State Accreditation and Quality Improvement Committee

Name	Position	Institution / Location
Dr Denis Smith	Quality Consultant, Former Executive Director	Australian Council on Healthcare Standards
A/Prof Michael Bilous	Pathologist (until Dec 2006)	Institute of Clinical Pathology and Medical Research
Dr Jane Vallentine	Director	BreastScreen NSW Southern Sydney and Illawarra
Mr Warwick May	Accreditation Coordinator, BreastScreen NSW Coordination Unit	Cancer Institute NSW
Dr Andrew Scott	Radiologist	
Ms Betty Johnson	Consumer Representative	
Dr Ann Poulos	Senior Lecturer	School of Medical Radiation Sciences Faculty of Health Sciences, Cumberland Campus
Dr Dominic Moon	Surgical Oncologist	NSW Breast Cancer Institute – Westmead Hospital
Ms Di Priestly	Nurse Counsellor	BreastScreen Central and Western NSW
Ms Tara Bowman	Accreditation Manager, BreastScreen NSW	Cancer Institute NSW

Cancer Information and Registries Advisory Committee

Name	Position	Institution / Location
Prof Bruce Armstrong	Chair	Sydney Cancer Centre
Prof Stephen Ackland	Deputy Chair (Clinician)	Director of Medical Oncology, Newcastle Mater Hospital
Mr Michael Coley	Community representative	
A/Prof Geoff Delaney	Chair Clinical Cancer Registry Steering Committee	Director of Radiation Oncology, Western Zone, Sydney South West Area Health Service
Mr John Haswell	NSW Health CIO Forum	CIO, Sydney West Area Health Service
Ms Christine Packer	Regional Cancer Services	Cancer Services Development Manager Greater Southern Area Health Service
Prof David Roder	Consultant Epidemiologist	Cancer Australia & South Australia Cancer Council
Dr Richard Chye	NSWOG Representative	Chair Palliative Care NSWOG , South Eastern Sydney Area Health Service
Representative	TBA	Director of Cancer Services
Representative	TBA	National Breast Cancer Centre
Prof Michael Solomon	TBA	Surgical Outcomes Research Centre
NSW Health, Population Health representative	TBA	NSW Department of Health

Cancer Information and Registries Advisory Committee (cont'd)

Name	Position	Institution / Location
NSW Health, Strategic Development representative	TBA	NSW Department of Health
Representative	TBA	Cancer Council NSW
Prof Andrew Grulich	TBA	National Centre in HIV research
Ms Jennifer Duncombe	Secretariat	Cancer Institute NSW
Ex-officio		Cancer Institute NSW

Cancer Institute NSW Consumer/Community Representative Workshop: 21 November 2006

Name	Position	Institution / Location
Mr Peter Brown	Cancer Voices Representative	NSWOG Haematology
Mr James Butler	Community Representative	NSWOG Haematology
Ms Glenice Bland	Community Representative	NSWOG Colorectal
Miss Linda Christenson	Cancer Voices Representative	NSWOG Lung
Ms Julie Claessens	Community Representative	NSWOG Complementary Therapies
Ms Sally Crossing	Cancer Voices Representative	NSWOG Breast
Mr Barry Forwell	Cancer Voices Representative	NSWOG Head and Neck
Ms Janet Green	Cancer Voices Representative	NSWOG Cancer Genetics
Ms Judith Hannan	Community Representative	NSWOG Breast
Ms Dorothy Hays	Community Representative	NSWOG Palliative Care
Mr Richard Horne	Community Representative	NSWOG Head and Neck
Ms Roberta Higginson	Cancer Voices Representative	NSWOG Breast
Ms Sally Hodgkinson	Cancer Voices Representative	NSWOG General Practice
Mr Peter Medlock	Parent's Representative	NSWOG Child and Adolescent
Mr John Newsom	Cancer Voices Representative	NSWOG Colorectal
Ms Beverly Noble	Cancer Voices Representative	NSWOG Palliative Care
Ms Jenny Petterson	Community Representative	NSWOG Breast
Mr John Ramsay	Consumer Representative	Prostate Cancer Foundation of Australia (PCFA)
Ms Leonie Snowdon	Support Services Coordinator	Leukaemia Foundation
Mr Barry Splitstead		CancerVoices NSW
Melanie Trethowan	Cancer Voices Representative	NSWOG Rural Oncology
Ms Mercia Bush	Community Representative	Cancer Research Advisory Committee
Mr Michael Coley	Consumer Representative	Cancer Information and Registries Advisory Committee
Ms Cheryl Grant	Cancer Voices Representative	Cancer Research Advisory Committee
Ms Betty Johnson	Consumer Representative	BreastScreen NSW State Accreditation and Quality Improvement Committee
Ms Elisabeth Kochman	CancerVoices Representative	Education and Workforce Advisory Committee

Cancer Research Advisory Committee

Name	Position	Institution / Location
Prof Stephen Ackland	Medical Oncologist	Newcastle Mater Misericordiae Hospital
Prof Michael Barton	Professor of Radiation Oncology	Liverpool Health Service
Prof Jim Bishop	Chief Cancer Officer and CEO	Cancer Institute NSW
Ms Mercia Bush	Community Representative	
A/Prof Christine Clarke	Research Group Leader	Westmead Institute for Cancer Research
Prof Enrico Coiera	Director	The Heart Research Institute
A/Prof Roger Daly	Head, Signal Transduction Group	Garvan Institute of Medical Research
Ms Cheryl Grant	Consumer Representative	CancerVoices NSW
Prof Peter Gunning (Chair)	Head - Oncology Research Unit	The Children's Hospital at Westmead
Dr Anne Hamilton	Staff Specialist	Royal Prince Alfred Hospital
Prof Philip Hogg	Senior Principal Research Fellow	University of New South Wales
Prof Douglas Joshua	Director, The Institute of Haematology	Royal Prince Alfred Hospital
Dr Deborah Marsh	Head, Functional Genomics Laboratory	Kolling Institute of Medical Research
Prof Murray David Norris	Executive Director	Children's Cancer Institute Australia
Prof John Rasko	Haematologist	Royal Prince Alfred Hospital
Prof Rodney Scott	Director of the Division of Genetics	John Hunter Hospital
Prof Robyn Ward	Medical Oncologist	St Vincent's Hospital
Mr Garry Way	Grants Coordinator (Acting)	Cancer Institute NSW
Ms Carmel Edwards	Director, Division of Cancer Research	Cancer Institute NSW
Mr Rodney Ecclestone	Manager (Acting), Research Grants and Development	Cancer Institute NSW

Cancer Screen Advisory Committee

Name	Position	Institution / Location
A/Prof Michael Bilous	Director	Department of Tissue Pathology, Institute of Clinical Pathology and Medical Research
Prof John Boyages	Director	NSW Breast Cancer Institute
Dr Kerry Chant	Director, Health Protection and Deputy Chief Health Officer	NSW Health
Ms Mary Crum	Project Officer, Population Health	NSW Health
Prof David Gillett	Breast Surgeon	The Strathfield Breast Centre
Ms Roberta Higginson	Consumer	Breast Cancer Action Group NSW
Dr Elizabeth Hindmarsh	General Practitioner	Alliance of NSW Divisions (Metropolitan)
Ms Julianne Quaine	Director, Screening Section	Department of Health & Ageing
Dr Anne Kricker		School of Public Health, Edward Ford Building
Ms Jennifer Muller	Director, Women's Cancer Screening Services	Queensland Health
Mr John Newsom	Consumer Representative	
Mr Jonathon Osborne	State Radiologist	BreastScreen Queensland
Dr Carole Pinnock	Urology Unit	Repatriation General Hospital
Dr Ann Poulos	Senior Lecturer	School of Medical Radiation Sciences Faculty of Health Sciences, Cumberland Campus
Prof David Roder	Head of Centre for Cancer Control Research	The Cancer Centre South Australia

Cancer Screen Advisory Committee (cont'd)

Name	Position	Institution / Location
Dr Marion Saville		Victorian Cytology Service
Prof Jim St John	Senior Clinical Consultant	National Cancer Control Initiative
Ms Onella Stagoll	CEO	BreastScreen Victoria
Dr Gerry Wain	Director, Gynae-Oncology	Westmead Hospital
Dr Todd Walker	School of Biomedical Sciences	Charles Sturt University
Dr Helen Zorbas	Director	National Breast Cancer Centre
Ms Denise Thomas	Director, Cancer Screening to January 2007	Cancer Institute NSW
Ms Lynn Sartori	Director, Cancer Screening from June 2007	Cancer Institute NSW
Mr Scott Maunder	Director	BreastScreen NSW Greater Western

Central Cancer Registry Re-design Steering Committee

Name	Position	Institution / Location
Prof Jim Bishop	Chief Cancer Officer and CEO	Cancer Institute NSW
Ms Beth Macauley	Chief Operating Officer	Cancer Institute NSW
Mr Michael Schmitz	IT Manager	Cancer Institute NSW
Mr Neville Board	Cancer Information Systems Manager	Cancer Institute NSW
Ms Narelle Grayson	Operations Manager, Central Cancer Registry	Cancer Institute NSW
Mr John Gesouras (secretariat)	Project Manager, Cancer Registry Re-design	Cancer Institute NSW

Centre for Health Record Linkage (CHeReL) Community Advisory Committee

Name	Position	Institution / Location
Prof Tony Adams	Community Representative	
Dr Terry Beed	Community Representative	
Ms Helen Briggs	Community Representative	
Ms Margo Gill	Community Representative	
Ms Elizabeth Hay	Community Representative	
Mr Tom Kelly	Community Representative	
Ms Judy Swann	Community Representative	
Ms Katie Irvine	Manager, Centre for Health Record Linkage	Cancer Institute NSW
Dr Lee Taylor	Manager, Surveillance Methods, Centre for Epidemiology and Research	NSW Department of Health

Centre for Health Record Linkage (CHeReL) Management Committee

Name	Position	Institution / Location
Dr Paul Jelfs	Director, Cancer Information and Registries Division	Cancer Institute NSW
Ms Beth Macauley	Chief Operating Officer	Cancer Institute NSW
Ms Sarah Thackway	Acting Director, Centre for Epidemiology and Research	NSW Department of Health
Dr Lee Taylor	Manager, Surveillance Methods, Centre for Epidemiology and Research	NSW Department of Health
Prof Paul Dugdale	Chief Health Officer, ACT Health	ACT Health
Mr André Jenkins	Director, Information Management	Clinical Excellence Commission
Prof Louisa Jorm	Director, Research	The Sax Institute
A/Prof Rosemary Knight	Head of School, School of Public Health and Community Medicine	University of New South Wales
Prof David Henry	Head of Clinical Pharmacology, School of Medicine and Public Health	University of Newcastle
Prof Bruce Armstrong	Professor of Public Health and Medical Foundation Fellow, Sydney Cancer Centre	University of Sydney
Prof Tony Adams	Community Representative	
Ms Katie Irvine	Manager, Centre for Health Record Linkage	Cancer Institute NSW

Cervical Screening Program - Program Review Workshop

Name	Position	Institution / Location
Ms Pauline Foote	Manager, Area Women's Health Unit	South Eastern Sydney & Illawarra Area Health Service
Ms Jodie Partridge	Director of Screening and Assessment Services	Sydney South West Area Health Service
Ms Annie Flint	Womens Health Coordinator	Greater Southern Area Health Service
Ms Jane Beach	Nurse Manager Womens Health Program	Greater Western Area Health Service
Ms Mary Crum	Policy Analyst, Clinical Policy Branch	NSW Health
Ms Diana Traves	Policy Analyst	NSW Health
Ms Bronwyn Carrigg	Policy Analyst	NSW Health
Mr Darren Carr	Chief Executive Officer	Hawkesbury Hills Division of General Practice
Ms Kerry Zadro	Practice Support Coordinator	Hawkesbury Hills Division of General Practice
Mr Michael Edwards	Chief Executive Officer	Nepean Division of General Practice
Ms Elisa Manley	Project Development Officer	Nepean Division of General Practice
Dr Karen Douglas	General Practitioner	Coastal Family Medicine
Mr Chris Daniel	Project Officer	Central Sydney Division of General Practice
Ms Chris Bulters	Integrated Care Manager	Macarthur Division of General Practice
Ms Nancy Piercy	Chief Executive Officer	Riverina Division of General Practice
Dr Jane Goddard	General Practitioner	Riverina Division of General Practice
Ms Lorena Nieves	Senior Project Officer	Wentwest General Practice Limited
Ms Rosemarie Gould	Project Officer	Wentwest General Practice Limited
Ms Georgina Zyka-Purcell	Chief Executive Officer	Canterbury Division of General Practice

Cervical Screening Program - Program Review Workshop (cont'd)

Name	Position	Institution / Location
Mr Vijay Ramanathan	Project Manager	Canterbury Division of General Practice
Dr Michael Sorani	General Practitioner	Sydney South West GP Network Ltd
Ms Shane Jasiak	Manager, Nursing Program	Family Planning Association
Ms Leane Christie	Director, Women's Cancer Screening Services	Queensland Cervical Screening Program
Prof David Roder	Head of Centre	The Cancer Centre South Australia
Dr Gerard Wain	Gynaecological Oncologist	NSW Cervical Screening Program
Ms Julie Porritt	Principal Policy Adviser for Nursing in General Practice	Australian General Practice Network
Dr Christine Loo	Pathologist	Royal College of Pathologists of Australasia
Dr Clare Biro	Cytopathologist	Royal College of Pathologists of Australasia
Ms Jan Newland	Senior Manager	Alliance of NSW Divisions
Ms Sharda Jioga	A/Director Women's Health	Sydney Southwest Area Health Service
Ms Lorna Scott	Nurse Practitioner Women's Health	Hunter/New England Area Health Service
Ms Mignon Aistrophe	Womens Health Nurse	NSW Nurse's Association
Ms Beth Macauley	Chief Operating Officer	Cancer Institute NSW
Dr Robyn Godding	Program Manager, NSW Cervical Screening	Cancer Institute NSW
Ms Brooke Strazdinis	Project Officer, NSW Cervical Screening	Cancer Institute NSW
Ms Elvessa Marshall	Project Officer, NSW Cervical Screening	Cancer Institute NSW
Ms Jennifer Rangjawha	Admin Officer, NSW Cervical Screening	Cancer Institute NSW

Chemotherapy Accreditation: 14 February 2007

Name	Position	Institution / Location
Ms Kirsten Adnum	Cancer Nurse Educator	Sydney Children's Hospital
Ms Fiona Blades	Nurse Educator, Cancer Oncology	The Sydney Adventist Hospital
Prof Mary Chiarella	Professor of Clinical Practice Development & Policy Research	Centre of Health Sciences, University of Technology Sydney
Ms Tracy Clarke	Clinical Nurse Consultant	Prince of Wales Hospital
Ms Dianne Cotterell	Clinical Nurse Consultant - Paediatric Oncology	John Hunter Children's Hospital
Mr Keith Cox	Nurse Practitioner Chemotherapy	Sydney Cancer Centre
Ms Annette Dahler	Clinical Nurse Consultant Oncology	Children's Hospital Westmead
Ms Anne Dwyer	Clinical Nurse Consultant	Children's Hospital Westmead
Ms Jane Francis	Program Manager	NBCC
Ms Vivienne Freeman	Clinical Nurse Consultant	Royal North Shore Hospital
Ms Alison Gavill	Pharmacist	Sydney Cancer Centre
Ms Verity Gotch	Nurse Educator - Oncology	Wollongong Hospital
Ms Gillian Harrington	Nursing Unit Manager	Cancer Care Unit
Ms Julija Sipavicius	CNC	St George Hospital, Sydney
Mr Kristopher Liebke	Nurse Practitioner	Lismore Base Hospital, Lismore
Mr Luke Coyle	Staff Specialist	Royal North Shore Hospital, Sydney
Ms Linda Hawgood	Nursing Unit Manager Day Oncology	St George Hospital
Ms Lenore Knapman	Cancer Nurse Educator - Oncology	Liverpool Hospital

Chemotherapy Accreditation: 14 February 2007 (cont'd)

Name	Position	Institution / Location
Ms Wendy Londall	Clinical Nurse Specialist - Bone Marrow Transplant	Sydney Children's Hospital
Ms Heather McKay	Nursing Unit Manager	Westmead Hospital
Ms Morag McPherson	Nursing Unit Manager	Cancer Care Centre Central Coast
Ms Louise Mugridge	Oncology Clinical Nurse Consultant	Young Oncology Service
Ms Catherine Murray	Nurse Manager Cancer Services	Sydney Cancer Centre Royal Prince Alfred Hospital
Ms Joanne Newberry	Nurse Educator	Children's Hospital Westmead
Ms Jenny O'Baugh	Clinical Nurse Consultant Cancer Services	Nepean Hospital
Ms Sushma Prasad	Nursing Unit Manager	Blacktown Oncology Unit
Ms Kelly Randall	Manager, Chemotherapy Cytotoxic Unit	Mater Misericordia Hospital
Ms Melissa Robinson-Reilly	Clinical Nurse Consultant Oncology	Manning Rural Referral Hospital
Ms Margaret Ross	Nursing Unit Manager - Allan Coates Centre	Dubbo Base Hospital
Ms Michelle Rule	Clinical Nurse Consultant	St Vincent's Hospital
Mr Chris Sargeant	Nurse Educator	St George Hospital
Ms Helen Snodgrass	Clinical Nurse Consultant - Oncology	Bloomfield Hospital
Ms Usha St George	Member, Cytotoxic Drugs Working Party	Workcover NSW
Mr Ted Szafraniec	Member, Cytotoxic Drugs Working Party	Workcover NSW
Ms Patrice Thomas	Nurse Manager - Cancer Services	St George Hospital

CI-SCaT Haematology Reference Group

Name	Position	Institution / Location
Ms Angela Booth	Project Coordinator, CI-SCaT	Cancer Institute NSW
Dr Anne-Marie Watson	Staff Specialist	Liverpool Hospital, Sydney
Dr Arno Enno	Staff Specialist	Newcastle Mater Misericordiae Hospital
Dr Cecily Forsyth (Chair)	Staff Specialist	Wyong Hospital
Mr David Collins	CNC	Westmead Hospital, Sydney
Dr David Heaton	Staff Specialist	Liverpool Hospital, Sydney
A/Prof Graham Young	Staff Specialist	Royal Prince Alfred Hospital, Sydney
A/Prof Ian Kerridge	Staff Specialist	Westmead Hospital/University of Sydney
Ms Jiin Fung	Pharmacist	Westmead Hospital, Sydney
Dr Johan Svernilsen	Staff Specialist	Westmead Hospital, Sydney
Dr John Hounsell	Staff Specialist	Warrnambool Hospital, Victoria
Dr John Taper	Staff Specialist	Nepean Hospital, Sydney
Dr Judith Trotman	Staff Specialist	Concord Repatriation General Hospital, Sydney
Ms Julija Sipavicius	CNC	St George Hospital, Sydney
Mr Kristopher Liebke	Nurse Practitioner	Lismore Base Hospital, Lismore

CI-SCaT Haematology Reference Group (cont'd)

Name	Position	Institution / Location
Dr Luke Coyle	Staff Specialist	Royal North Shore Hospital, Sydney
Dr Max Wolf	Staff Specialist	Peter MacCallum Cancer Centre, Melbourne
Dr Michael Harvey	Staff Specialist	St George Hospital, Sydney
Mr Michael Poh Kim The	Pharmacist	St George Hospital, Sydney
Ms Michelle Rule	CNC	St Vincents Hospital, Sydney
Dr Peter Bardy	Head Department, Haematology	Queen Elizabeth Hospital, Adelaide
Dr Peter Presgrave	Staff Specialist	Wollongong Hospital, Sydney
Dr Peter Rankin	Staff Specialist	Lismore Base Hospital, Lismore
Dr Richard Stark	Staff Specialist	Port Macquarie Hospital, Port Macquarie
A/Prof Rob Lindeman	Staff Specialist	Prince of Wales Hospital, Sydney
Dr Tim Brighton	Staff Specialist	St George Hospital, Sydney
Dr Yiulam Kwan	Staff Specialist	Concord Repatriation General Hospital, Sydney
Ms Yvonne Gonet	CNC	Royal North Shore Hospital, Sydney

CI-SCaT Medical Oncology Reference Group

Name	Position	Institution / Location
Dr Amanda Goldrick	Staff Specialist	Liverpool Hospital, Sydney
Ms Annette Dahler	CNC Oncology	Greater Southern Area Health Service, Queanbeyan
Dr Craig Lewis	Staff Specialist	Prince of Wales Hospital, Sydney
Dr Danny Rischen	Staff Specialist	Peter MacCallum Cancer Centre, Melbourne
Dr David Dalley	Staff Specialist	St Vincent's Hospital, Sydney
Dr Eva Segelov	Staff Specialist	St Vincent's Hospital, Sydney
Dr Gavin Marx	Staff Specialist	Sydney Haematology & Oncology Clinic
Dr Helen Wheeler	Staff Specialist	Royal North Shore Hospital, Sydney
A/Prof Howard Gurney	Staff Specialist	Westmead Hospital, Sydney
Prof Ian Olver	Staff Specialist	Royal Adelaide Hospital, Adelaide
Dr Jane Beith	Staff Specialist	Royal Prince Alfred Hospital, Sydney
Ms Jayne Maidens	CNC	Royal North Shore Hospital, Sydney
Dr Jenny Shannon	Staff Specialist	Westmead Hospital, Sydney
Dr Jodi Lynch	Staff Specialist	St Vincent's Hospital, Sydney
Dr John Hogandoran	Registrar	St Vincent's Hospital, Sydney
Ms Julija Sipavicius	CNC	St George Hospital, Sydney
Dr Karen Briscoe	Staff Specialist	Coffs Harbour Hospital, Coffs Harbour
Ms Karen Eaton	CNC	Prince of Wales Hospital, Sydney
Dr Kelly Mok	Staff Specialist	St George Hospital, Sydney
Ms Kerry Murphy	CNC	Prince of Wales Hospital, Sydney
Dr Linda Mileshekin	Staff Specialist	Peter MacCallum Cancer Centre, Melbourne
Ms Lynne Power	CNC	The Canberra Hospital, Canberra
Dr Matthew Links	Staff Specialist	St George Hospital, Sydney
Mr Michael Poh Kim The	Pharmacist	St George Hospital, Sydney
Dr Nicole Gilroy	Staff Specialist	Westmead Hospital, Sydney
Dr Patricia Bastick	Registrar	St George Hospital, Sydney
Dr Paul de Souza	Staff Specialist	St George Hospital, Sydney
Mr Peter Grimson	Pharmacist	National Health and Medical Research Council
Dr Philip Beale	Staff Specialist	Royal Prince Alfred Hospital, Sydney
Dr Richard Eek	Staff Specialist	Liverpool Hospital, Sydney

CI-SCaT Medical Oncology Reference Group (cont'd)

Name	Position	Institution / Location
Prof Robin Stuart-Harris	Director Capital Region Cancer Services	The Canberra Hospital, Canberra
Prof Robyn Ward	Prof of Medicine (Chair)	Prince of Wales Hospital, Sydney
Dr Sally Baron-Hay	Staff Specialist	Royal North Shore Hospital, Sydney
Ms Shelley Rushton	Project Coordinator, CI-SCaT	Cancer Institute NSW
Dr Stephen Della-Fiorentina	Staff Specialist	Macarthur Cancer Therapy Centre
Ms Susanne Brooks	CNC	The Tweed Hospital, Tweed Heads
Dr Tony Bonaventura	Staff Specialist	Newcastle Mater Misericordiae Hospital
Ms Vivienne Freeman	CNC	Royal North Shore Hospital, Sydney
Mr William Jansens	CNC	Shoalhaven Hospital, Shoalhaven
Dr Winston Liauw	Staff Specialist	St George Hospital, Sydney
Ms Yvonne Gonet	CNC	Royal North Shore Hospital, Sydney

CI-SCaT Nurses Reference Group

Name	Position	Institution / Location
Ms Adrienne McPherson	CNS	Maroondah Hospital, Melbourne
Ms Alison Love	Care Co-ordinator Medical Oncology	Royal Brisbane & Women's Hospital, Brisbane
Mr Allan Hayward	Clinical Operations Manager Haematology	Royal Adelaide Hospital, Adelaide
Ms Alyssa Coe	CNS	St John of God Healthcare, Geelong
Ms Angela Booth	Project Coordinator, CI-SCaT	Cancer Institute NSW
Ms Ann Maree Johnston	Transplant Co-ordinator	Royal Prince Alfred Hospital, Sydney
Ms Ann Schiller	CNM Oncology	The Sutherland Hospital, Sydney
Ms Ann Wilks	CNC	North West Regional Hospital, Mersey Campus
Ms Annette Dahler	CNC Oncology	Greater Southern Area Health Service, Queanbeyan
Ms Annette Reid	Care Co-ordinator Head/Neck	St Vincent's Public Hospital, Sydney
Ms Avis Glenn	A/CN Haem/Oncology	Flinders Medical Centre, Adelaide
Ms Carmel O'Kane	NUM Day Treatment Centre	Rosebud Hospital, Peninsula Health
Ms Catherine Johnston	Oncology Nurse Consultant	St Vincents Hospital, Melbourne
Mr Chris Sargeant	Nurse Educator	St George Hospital, Sydney
Ms Christine Henneker	Cancer Nurse Co-ordinator	Goldfields, Western Australia Country Health Service
Ms Cynthia Bond	CNC Chemotherapy	The Wesley Hospital, Auchenflower
Ms Dilys Baker	Nurse Educator	Princess Alexandra Hospital, Brisbane
Ms Elizabeth Ivimey	Cancer Nurse Co-ordinator	Prince of Wales Hospital, Sydney
Ms Elizabeth Newman	CNC	Concord Repatriation General Hospital, Sydney
Ms Eujenija Johnson	Clinical Support and Development Nurse	The Alfred Hospital, Melbourne
Ms Fionnuala Hammond	Cancer Care Co-ordinator	St Vincent's Public Hospital, Sydney
Ms Fran Owen	Transplant Co-ordinator	Wollongong Hospital, Wollongong
Ms Gemma White	CN	Hollywood Private Hospital, Nedlands
Ms Genevieve Waugh	CNUM	Shoalhaven District Memorial Hospital, Shoalhaven
Ms Gillian Myles	NUM	Princess Alexandra Hospital, Brisbane

CI-SCaT Nurses Reference Group (cont'd)

Name	Position	Institution / Location
Ms Heather Buttigieg	Oncology Educator	Box Hill Hospital, Melbourne
Ms Heather Martindale	CNC	St John of God, Subiaco
Ms Helen Snodgrass	Area CNC Oncology	Greater Western Area Health Service, Orange
Ms Janet Manning	NPC	Haematology Oncology Clinics Mater Medical Centre, Brisbane
Ms Jennifer O'Baugh	CNC Cancer Care	Sydney West Area Health Service, Sydney
Ms Jeralyn Jaquet	CNC	Concord Repatriation General Hospital, Sydney
Ms Jo-Anne Martin	NS Haem/Onc Project Manager GRICS	The Alfred, Gippsland, Melbourne
Ms Juanita Chaffey	CN Education	Haematology Oncology Clinics Wesley Medical Centre, Brisbane
Ms Julia Aston	Clinical Nurse	Royal Hobart Hospital, Hobart
Ms Karen Hall	RN	Flinders Medical Centre, Adelaide
Ms Keith Cox	Nurse Practitioner	Royal Prince Alfred, Sydney
Ms Kerrie Murphy	CNC	Prince of Wales Hospital, Sydney
Ms Kim Turley	Cancer Nurse Co-ord Rural	Greater Western Area Health Service, Dubbo
Mr Kristopher Liebke	Nurse Practitioner	Lismore Base Hospital, Lismore
Ms Lesley Turner	NUM	Box Hill Hospital, Melbourne
Ms Lisa Mitchell	CNC/Educator	The Wesley Hospital, Auchenflower
Ms Lyn Clarke	Clinical Services Manager Day Oncology	Greenslopes Private Hospital, Brisbane
Ms Lynne Anderson	Area Manager	St John of God, Bunbury
Ms Lynne Power	CNC	The Canberra Hospital, Canberra
Ms Maree Bransdon	NUM	Royal Brisbane & Women's Hospital
Ms Margaret Ross	NUM	Dubbo Base Hospital, Dubbo
Ms Marie Condon	CN	St John of God Healthcare, Murdoch
Ms Maureen Urch	CNS	Cabrini Hospital, Malvern, Melbourne
Ms Melissa Robinson-Reilly	CNC	Manning Rural Referral Hospital, Taree
Ms Meredith Cummins	Director of Nursing	Riverina Cancer Care Centre, Wagga Wagga
Mr Michael Fitzgerald	CNC	Flinders Medical Centre, Adelaide
Ms Nicole King	PG Course Co-ordinator	Peter MacCallum Cancer Centre University of Melbourne
Ms Nicole Robert	CNC	Royal Darwin Hospital, Darwin
Mr Peter Lean	CNS Oncology	Moruya Hospital, Moruya
Mr Ronald Middleton	CNC	Royal Brisbane & Women's Hospital, Brisbane
Ms Rosita Van Kuilenberg	Nurse Practitioner	Princess Alexandra Hospital, Brisbane
Ms Shelley Rushton	Project Coordinator, CI-SCaT	Cancer Institute NSW
Ms Stephanie Jovanov	Registered Nurse	Haematology/BMT, Westmead Hospital, Sydney
Ms Sue Perrot	NUM	The Townsville Cancer Centre, Townsville
Ms Susanne Brooks	CNC	The Tweed Hospital, Tweed Heads
Ms Tracy McCelland	Nurse Manager	The Wesley Hospital, Auchenflower
Ms Verity Gotch	Nurse Educator	The Wollongong Hospital, Wollongong
Ms Vicki McLeod	NUM	Monash Medical Centre, Melbourne, VIC
Ms Vivienne Freeman	CNC	Royal North Shore Hospital, Sydney
Mr William Jansens	CNC	Shoalhaven District Memorial Hospital, Shoalhaven
Ms Yvette West	CN	Haematology Oncology Clinics Wesley Medical Centre, Brisbane

CI-SCaT Radiation Oncology Reference Group

Name	Position	Institution / Location
Dr Alex Rose	Chief Physicist	Prince of Wales Hospital, Sydney
Ms Allana Mackertich	Deputy Director Radiation Oncology	Westmead Hospital, Sydney
Dr Andrew Kneebone	Radiation Oncologist	Liverpool Hospital, Sydney
Dr Andrew Miller	Radiation Oncologist	Wollongong Hospital, Sydney
Ms Carole Grumley	Nurse	Mid North Coast Radiology Unit
Ms Carolyn Hook	NUM	Prince of Wales Hospital, Sydney
Dr Chris Wratten	Radiation Oncologist	Newcastle Mater Misericordiae Hospital
Dr Colin Bull	Director of Radiation Oncology	Westmead Hospital, Sydney
Mr David Chrystal	Senior Radiation Therapist	Illawarra Hospital
Dr Gerald Foggarty	Radiation Oncologist	St Vincents Hospital, Sydney
A/Prof Graeme Morgan	Radiation Oncologist	Royal North Shore Hospital, Sydney
Dr Jo Toohey	Radiation Oncologist	Liverpool Hospital, Sydney
Prof John Kearsley	Director Area Cancer Services Radiation Oncologist	South Eastern Sydney & Illawarra Area Health Service
Ms Kelly Crawford	Clinical Trials Nurse	Newcastle Mater Misericordiae Hospital
Ms Kim Faulkner	Project Officer, Cancer Services and Education	Cancer Institute NSW
Ms Kim Small	Chief Radiation Therapist	St George Hospital, Sydney
Dr Kirsty Wiltshire	Radiation Oncologist	Royal North Shore Hospital, Sydney
Ms Linda Berry	Radiation Nurse	Newcastle Mater Misericordiae Hospital
Ms Marianne Roff	Deputy Chief Radiation Therapist	Newcastle Mater Misericordiae Hospital
Dr Mary Dwyer	Radiation Oncologist	Peter MacCallum Cancer Centre, Melbourne
Mr Matthew Mikus-Wellings	A/Manager, Cancer Services & Education	Cancer Institute NSW
Ms Meg Schneider	Senior Radiation Scientist	Prince of Wales Hospital, Sydney
Dr Michael Back	Director Radiation Oncologist	Royal North Shore Hospital, Sydney
Ms Nicole Cusack	Assistant Director of Radiation Therapy	Macarthur Cancer Therapy Centre
Dr Nigel Freeman	Chief Medical Physicist	St Vincent's Hospital, Sydney
Ms Pauline Rose	CNC	Princess Alexandra Hospital, Brisbane
Ms Pauline Thomson	CNC	St George Hospital, Sydney
Dr Peter Graham	Radiation Oncologist	St George Hospital, Sydney
Mr Peter Treacy	Chief Radiation Therapist	Royal Prince Alfred Hospital, Sydney
Dr Raj Jagavkar	Director of Radiation Oncology	St Vincent's Hospital, Sydney
Dr Rashmi Gupta	Deputy Chief Medical Physicist	St George Hospital, Sydney
Dr Shalini Vinod	Radiation Oncologist	Liverpool Hospital, Sydney
Ms Shelley Rushton	Project Coordinator, CI-SCaT	Cancer Institute NSW
Dr Stephen Thompson	Radiation Oncologist	Prince of Wales Hospital, Sydney
Mr Stuart Greenham	Manager, Radiation Therapy	North Cost Cancer Institute
Ms Susan Ball	Radiation Therapist	St Vincent's Hospital, Sydney
Dr Thomas Eade	Radiation Oncologist	Royal North Shore Hospital, Sydney
A/Prof Thomas Shakespeare	Director, Area Cancer Services Radiation Oncologist (Chair)	North Coast Cancer Institute

Clinical Cancer Registry Steering Committee

Name	Position	Institution / Location
A/Prof Geoff Delaney (Chair)	Director of Radiation Oncology, Western Zone	SSWAHS
Dr Campbell Tiley	Haematologist	NSCCAHS
Mr Rob Siu	Business Manager, Cancer Network	SWAHS
Dr Tony Sara	Director Clinical Information Systems	SESAHS
Mr Neil Heron	Project Manager, Clinical Cancer Registry	NSCCAHS
Dr Val Poxon	Project Manager, Clinical Cancer Registry	SSWAHS
Ms Anne Sheldon	A/Project Manager, Clinical Cancer Registry	
Ms Nicole Stuart	Senior Cancer Information Manager, Clinical Cancer Registry	
Mr Wayne Lloyd	A/Project Manager, Clinical Cancer Registry	

Clinical Grants Review Committee

Name	Position	Institution / Location
Prof David Ball	Deputy Director, Radiation Oncology	Peter McCallum Cancer Centre, VIC
Prof David Currow (Chair)	CEO and Palliative Care Physician	Cancer Australia, ACT
Prof Guy Maddern	RP Jepson Professor of Surgery	The Queen Elizabeth Hospital, SA
Prof Bruce Mann	Chair, Surgical Oncology Group of the College of Surgeons; Professor/Director Breast Services	Royal Melbourne and Royal Women's Hospital, VIC
A/Prof Grant McArthur	Head Molecular Oncology and Translational Research Laboratories, Haematology/Medical Oncology	Peter McCallum Cancer Centre, VIC
Prof Christobel Saunders	Professor of Surgical Oncology	Sir Charles Gardiner Hospital, WA
A/Prof Euan Walpole	Medical Director, Cancer Services	Princess Alexandra Hospital, QLD
Prof Patsy Yates	Head of Faculty of Nursing	University of Technology, QLD
Selected members of the Medical and Scientific Panel, if required.	Members will be selected based on his/her core discipline relevant to the grant type if adequate representation is not available from the above membership.	

Clinical Pathway for the Screening and Referral of Cancer Patients for Psychosocial Support: held in Albury and Liverpool 2007

Name	Position	Institution / Location
	Registered nurse/clinical nurse consultants	Eight Urban and Six Rural
	Social workers	Five Urban and six Rural
	Clinical psychologists/psychologists	Four Urban
	Doctors (including psychiatrist, palliative care)	Four Urban
	Allied health workers (includes speech pathologist, Occupational Therapist, Radiation Therapist, Palliative care coordinator)	Five Urban and One Rural

Clinical Services Advisory Committee

Name	Position	Institution / Location
Dr Christopher Arthur	Director Area Cancer Services	Northern Sydney & Central Coast Area Health Service
A/Prof Michael Boyer	Acting Director Area Health Service	Sydney South West Area Health Service
Ms Kerry Cooke	Community Representative	TOWER Australia Limited
Ms Sally Crossing	Chair	Cancer Voices NSW and BCAG NSW
A/Prof Paul Harnett	Director Area Cancer Services	Sydney West Area Health Service
Dr Henry Hicks	Clinical Director for Cancer Services	Greater Southern Area Health Service
Prof Clifford Hughes	CEO	Clinical Excellence Commission
Ms Ruth Jones	Cancer Services Development Manager GWAHS	Greater Western Area Health Service
Prof John Kearsley	Director Area Cancer Services	South Eastern Sydney and Illawarra Area Health Service
Prof Michael Kidd	Head, Discipline of General Practice	University of Sydney
Ms Anne Lloyd	Cancer Services Development Manager	Sydney West Area Health Service
Ms Kathy Meleady	Director	NSW Health Department
Ms Catherine Murray	Clinical Manager	Sydney Cancer Centre
Dr Denise Robinson	Chief Health Officer and Deputy Director-General	NSW Health Department
A/Prof Tom Shakespeare	Director, Area Cancer Services	North Coast Area Health Service
Dr Colum Smith	Director, Area Cancer Services	Hunter & New England Area Health Service
Prof Allan Spigelman	Head Surgical Professional Unit, Director of Cancer Services	St Vincent's Hospital and Mater Health Sydney
Prof Bernard Stewart	Professor and Head	South East Sydney Public Health Unit
Prof Robin Stuart Harris	Medical Oncologist	Capital Region Cancer Service

Clinical Research Ethics Committee

Name	Position
Prof Ian Olver	Chairperson
Dr Winston Liew	Deputy Chair
Dr Lisa Horvath	Research Experience (Retired)
Prof Bill McCarthy	Research Experience
Clinical A/Prof Peter Shaw	Professional Care
Ms Rada Kusic	Professional Care
Mr Chris Hodgkins	Professional Care
Mr Chris Pittaway	Lay Member (Retired)
Mr Andrew Heys	Lay Member
Ms Patti Warn	Lay Member (Retired)
Ms Lynn Hegarty	Lay Member
Ms Simone Herbert-Lowe	Legal Member
Rabbi Dovid Slavin	Religious Member

Designated Radiographers Meeting

Name	Position	Institution / Location
Ms Beverlee Macdonell-Scott	Chief Radiographer, BreastScreen NSW	Northern Sydney Lower Central Coast
Ms Sue Cross	A/Designated Radiographer	BreastScreen NSW North Coast
Ms Anna Cossetto	A/Chief Radiographer	BreastScreen NSW Greater Western Sydney
Ms Trish Green	A/Chief Radiographer	BreastScreen NSW Southern Sydney and Illawarra
Ms Janine O'Neil	A/Chief Radiographer	BreastScreen NSW North West
Ms Jennie Polkinghorne	A/Designated Radiographer	BreastScreen NSW South West
Ms Roxanne Mason	Designated Radiographer	BreastScreen NSW Central and Western
Ms Pam Gins	Chief Radiographer	BreastScreen NSW Central and Eastern Sydney
Ms Rhonda Brown	Chief Medical Radiation Scientist	BreastScreen NSW Hunter Region and Wyong Shire
Ms Sue Richardson	Senior Radiographer	BreastScreen ACT and South East NSW
Ms Jill Miller	State Radiographer, BreastScreen NSW Coordination Unit	Cancer Institute NSW

Directors of Area Cancer Services

Name	Position	Institution / Location
Dr Christopher Arthur	Director, Area Cancer Services	Northern Sydney and Central Coast Area Health Service
A/Prof Michael Boyer	Acting Director, Area Health Service	Sydney South West Area Health Service
A/Prof Paul Harnett	Director, Area Cancer Services	Sydney West Area Health Service
Dr Henry Hicks	Clinical Director for Cancer Services	Greater Southern Area Health Service
Ms Ruth Jones	Cancer Services Development Manager GWAHS	Greater Western Area Health Service
Prof John Kearsley	Director, Area Cancer Services	South Eastern Sydney and Illawarra Area Health Service
A/Prof Tom Shakespeare	Director, Area Cancer Services	North Coast Area Health Service
Dr Colum Smith	Director, Area Cancer Services	Hunter and New England Area Health Service
Prof Robin Stuart Harris	Medical Oncologist	Capital Region Cancer Service
Dr Craig Underhill	Oncologist	Border Medical Oncology

Education and Workforce Advisory Committee

Name	Position	Institution / Location
A/Prof Michael Barton	Research Director CCORE	Liverpool Hospital
Ms Janet Bell	A/Director Nutrition and Dietetics	St George Hospital
Dr Andrew Biankin	Head of Pancreatic Cancer Research	Garvan Institute of Medical Research
Mr Keith Cox	Clinical Nurse Practitioner, Chemotherapy	Royal Prince Alfred Hospital
Ms Lisa Duggan	Senior Medical Physicist and NSW Clinical Placement	Newcastle Mater Hospital
Mr Paul Grimmond	Program Manager Cancer Services	St Vincent's Hospital Sydney
Ms Kath Nattress	Cancer Nurse Coordinator & Senior Lecturer (Co-joint)	Sydney Cancer Centre / University of Sydney
Dr Michael Noel	Acting Director Palliative Care	Nepean Cancer Care Centre
Prof Bernard Stewart	Head Cancer Control Program	South East Sydney Illawarra Area Health Service
Dr Kendra Sundquist	Manager, Supportive Care Development Unit	Cancer Council NSW
Ms Ann Attwood	Network Nurse Manager	Nepean Hospital
A/Prof Jenny Cox	Academic Chair, Radiation Therapy	The University of Sydney
Dr Russell Hogg	Staff Specialist	Westmead Hospital
Prof Don Iverson	Executive Dean, Faculty of Health and Behavioural Sciences	University of Wollongong
Ms Ruth Jones	Cancer Service Development Manager	Greater Western Area Health Service
Ms Elisabeth Kochman	Community Representative	Cancer Voices
Prof Peter Metcalfe	Academic Chair, Medical Physics	University of Wollongong
Dr Katrina Moore	Breast Surgery	Royal North Shore Hospital
Prof Kate White	Director Research, Faculty of Nursing and Midwifery	University of Sydney
Dr Jennifer Wiltshire	Director of Palliative Care	Sydney South West Area Health Service

InfoEd Working Party

Name	Position	Institution / Location
Ms Julie Coffey	Nursing Unit Manager	Clinical Trials Medical Oncology, Sydney Cancer Centre (RPAH)
Ms Julie French	Project Manager	Consortium for Rational Cancer Therapeutics (SESIAHS)
Ms Rada Kusic	Clinical Trials Manager	Sydney West Cancer Trials Centre, Westmead Hospital
Ms Sally McCowatt	Senior Clinical Trials Research Nurse	Medical Oncology, Royal North Shore Hospital
Dr Vu Nguyen	Research Manager	Cancer Therapy Centre, Liverpool
Ms Roslyn Ristuccia	Clinical Trials Unit Manager	Cancer Care Centre, St George Hospital
Mr Rod Lewis	Senior Business Consultant	Higher Ed Services
Ms Angelina Catanzariti	Clinical Trials Manager	Cancer Institute NSW
Ms Kirsten Legione	Ethics Coordinator (Acting)	Cancer Institute NSW
Mr Rodney Ecclestone	Manager (Acting), Research Grants and Development	Cancer Institute NSW

National Health Warnings Steering Committee

Name	Position	Institution / Location
Ms Lyn Roberts	Chief Executive Officer	National Heart Foundation - VIC Division
Mr Maurice Swanson	Chief Executive	National Heart Foundation - WA Division
Ms Suzie Stillman	Acting Executive Director	Quit Victoria
Ms Trish Cotter	Director, Cancer Prevention	Cancer Institute NSW
Ms Mary Crawford	Communications and Campaign Coordinator	Quit SA
Mr Glenn Mitchell	Health Promotion Officer	Quit Tasmania
Mr Warwick Kneebone	Coordinator, Tobacco Enforcement and Education, Alcohol and Other Drugs Program	Dept Health and Community Services
Ms Helen Taylor	Senior Policy Advisor, Alcohol, Tobacco & Other Drug Branch	Queensland Health
Ms Joan Bartlett	Chief Executive Officer	The Cancer Council ACT
Dr Melanie Wakefield	Director	Centre For Behavioural Research In Cancer
Ms Alissa Guy	Marketing Coordinator	Quit Victoria
Ms Anita Dessaix	Program Manager, Cancer Prevention	Cancer Institute NSW

National Round Table on Structured Pathology Reporting 28 June 2007

Name	Position	Institution / Location
Dr Roger Allison	Executive Director for Cancer Services	Royal Brisbane and Women's Hospital
Ms Maria Arcorace	Coding Manager, Central Cancer Registry	Cancer Institute NSW
Prof Bruce Barraclough	eHealth Medical Director/CSIRO	Australian Cancer Network and CSIRO
Prof Leslie Burnett	Chair	National Pathology Accreditation Advisory Council (NPAAC)
Dr David Barton	Medical Advisor, Diagnostics and Technology Branch	Department of Health and Ageing
Prof Jim Bishop	Chief Cancer Officer and CEO	Cancer Institute NSW
Mr Neville Board	Manager, Cancer Information Systems	Cancer Institute NSW
Dr Claire Cooke-Yarborough	Consultant Pathologist	NSW Central Cancer Registry
Prof David Currow	Chief Executive Officer	Cancer Australia
Prof David Davies	Joint A/Director Pathology	Sydney South West Area Health Service
Ms Olivia de Sousa	Project Manager, EMR	Health Technology NSW
Mr Sanji de Sylva	Clinical Consultant	Health Technology NSW
Dr Warick Delprado	Director of Histology	Douglass Hanly Moir
Prof Bob Eckstein	Head Anatomical Pathology	Pacific Laboratory Medicine Services (PaLMS)
Dr David Ellis	Haematologist	Healthscope
Dr Jill Farmer	Pathologist	The Integrated Cancer Research (ICR) Group
Ms Helen Farrugia	Manager, Cancer Registry	Victoria Cancer Council
Ms Karen Gibson	General Manager, Clinical Information	National E-Health Transition Authority (NEHTA)
Dr Debra Graves	Chief Executive Officer	Royal College of Pathologists of Australasia
Ms Narelle Grayson	Operations Manager, Central Cancer Registry	Cancer Institute NSW
Ms Jane Grimm	Manager, Quality Use of Diagnostic Imaging (QUDI) Project	The Royal Australian & New Zealand College of Radiologists
Dr Michael Guerin	President	Australian Association of Pathology Practices (AAPP)
Ms Elizabeth Hanley	Senior Project Manager	Standards Australia
A/Prof Nick Hawkins	Anatomical Pathologist	The Integrated Cancer Research (ICR) Group
A/Prof James Kench	Senior Staff Specialist, Anatomical Pathology	Institute of Clinical Pathology and Medical Research (ICPMR)
Dr Paul Kitching	Staff Specialist Anatomical Pathology	Prince of Wales Hospital Anatomical Pathology
Dr Michael Legg	Director	Michael Legg & Associates
Ms Beth Maccauley	Chief Operating Officer	Cancer Institute NSW
Dr Peter MacIsaac	Health Informatics Consultant	MacIsaac Informatics Pty Ltd
Dr Vincent McCauley	President	Medical Software Industry Association (MSIA)
Mr Dean Meston	Manager, Pathology, Radiology and Medical Device Terminologies	National E-Health Transition Authority (NEHTA)
Dr Adrienne Morey	Director Anatomical Pathology, St Vincent's Hospital	Royal College Pathologists Australasia
Ms Rosann Montgomery	Application Architect	NSW Health
Dr Sian Munro	Project Manager	The Integrated Cancer Research (ICR) Group

National Round Table on Structured Pathology Reporting 28 June 2007 (cont'd)

Name	Position	Institution / Location
Ms Caroline Nehill	Program Manager	National Breast Cancer Centre (NBCC)
Prof Jon Patrick	Chair Language Technology	University of Sydney, Faculty of Engineering
Prof David Roder	Manager, Cancer Data Strategy Development	Cancer Australia
Mr David Schanzer	Lead Analyst Programmer, Information Technology	Cancer Institute NSW
Ms Sue Sinclair	Director, Cancer Services and Education	Cancer Institute NSW
Dr Andrew Spillane	Surgeon	Royal Prince Alfred Hospital
Dr Lisa Tan	Head Cytopathology	Pacific Laboratory Medicine Services (PaLMS)
Dr Campbell Tiley	Haematologist, Gosford Hospital	NSW Oncology Group (Haematology) and Australian Blood Cancer Registry
Mr Steven Tipper	Project Coordinator, Medical and Scientific Unit	The Cancer Council of New South Wales
Prof Robyn Ward	Director, Area Cancer Services	South Eastern Sydney & Illawarra Area Health Service
Mr Peter Williams	Director, Architecture and Informatics, Strategic Information Management Unit	NSW Health
Dr Roger Wilson	President	National Coalition of Public Pathology (NCO-PP)
Dr Yeqin Zuo	Manager, NSW Pap Test Register	Cancer Institute NSW

National Quit Group (teleconference)

Name	Position	Institution / Location
Ms Trish Cotter	Director, Cancer Prevention	Cancer Institute NSW
Ms Anita Dessaix	Project Manager, Cancer Prevention	Cancer Institute NSW
Ms Bronwyn Burr		Cancer Council ACT
Ms Amy Wyndham		NSW Health
Mr Todd Harper		Quit Vic
Ms Alissa Guy		Quit Vic
Mr Ian Ferretter		Quit Vic
Ms Suzie Stillman		Quit Vic
Mr Michael Wilson		Quit Tas
Ms Elayne Mitchell		NSW Health
Ms Lyndy Abram		Quit SA
Ms Helen Taylor		QLD Health
Mr Mark West		QLD Health
Ms Penny St John		Quit NZ
Ms Laura Spencer		Quit SA
Ms Mary Crawford		Quit SA
Ms Yvonne Bartsch		Quit SA
Ms Catherine Mahony		Quit SA
Mr Warwick Kneebone		Cancer Council Queensland
Ms Helen Glasgow		NT Health
Ms Susan Stewart		Quit NZ
Ms Kristina Economo		Cancer WA

National Quit Group (teleconference) (cont'd)

Name	Position	Institution / Location
Mr Dishan Weerasooriya		Cancer WA
Ms Roslyn Frances		Health WA
Mr Glen Mitchell		Health WA

NHMRC Implementation GP Working Group

Name	Position	Institution / Location
Dr Gerry Wain (Chair)	Scientific Director, Cervical Screening NSW	Cancer Institute NSW
Dr Elizabeth Hindmarsh	General Practitioner	Alliance of NSW Divisions (Metropolitan)
Dr Jenny May	General Practitioner	Peel Health Care, Tamworth
Dr Con Paleologos	General Practitioner	Western Sydney Division of General Practice
Dr Marion Reeves	Chair	Murrumbidgee Division of General Practice
Dr David Sanders	General Practitioner	Hunter Rural Division of General Practice
Dr Amanda McBride	General Practitioner	Miller St Medical Practice, North Sydney
Dr Rebecca South	General Practitioner	Family Planning NSW
Dr Katherine Brown	General Practitioner	Illawarra Sexual Health Clinic
Dr Michael Edwards	CEO	Nepean Division of General Practice
Ms Jane McQueen (Secretariat)	Acting Manager until February 2007	Cervical Screen NSW

NSW Cancer Trials Network Executive Committee

Name	Position	Institution / Location
Prof Stephen Ackland	Medical Oncology	Newcastle Mater Misericordiae Hospital
Dr Stephen Begbie	Director of Oncology	Port Macquarie Base Hospital
Prof Jim Bishop	Chief Cancer Officer and CEO	Cancer Institute NSW
A/Prof Ken Bradstock	Haematologist	Westmead Hospital
Ms Mercia Bush	Community Representative	
Ms Angelina Catanzariti	Manager, Clinical Trials	Cancer Institute NSW
Dr Paul De Souza	Medical Oncologist	St George Hospital
Mr Rodney Ecclestone	Manager (Acting), Research Grants & Development	Cancer Institute NSW
Ms Carmel Edwards	Director, Cancer Research	Cancer Institute NSW
Dr Richard Eek	Senior Staff Specialist	Liverpool Health Service
Clinical A/Prof Howard Gurney	Director, Medical Oncology	Westmead Hospital
Ms Marie Malica	Manager, Research Strategy Unit	Cancer Council NSW
Dr John Moore	Haematology Clinical Trials	St Vincent's Hospital
Dr Peter O'Brien	Radiation Oncology	Newcastle Mater Misericordiae Hospital
Dr Nick Pavlakis	Medical Oncology	Royal North Shore Hospital
Prof John Simes	Director	NHMRC Clinical Trials Centre
A/Prof Martin Stockler	Associate Professor of Cancer Medicine and Clinical Epidemiology	Cancer Council NSW
Dr Craig Underhill	Oncologist	Murray Valley Hospital
Prof Robyn Ward	Medical Oncologist	St Vincent's Hospital

NSW Skin Cancer Prevention Committee

Name	Position	Institution / Location
Ms Kay Coppa	Manager, Skin Cancer Prevention	The Cancer Council NSW
Ms Trish Cotter	Director, Cancer Prevention	Cancer Institute NSW
Ms Anita Dessaix	Project Manager, Cancer Prevention	Cancer Institute NSW
Ms Jenny Hughes		NSW Health
Ms Vanessa Wells	Senior Project Officer, Centre for Chronic Disease Prevention	NSW Health
Ms Anita Tang	Director Health Strategies	Cancer Council NSW

NSW Oncology Groups (NSWOGs)

NSWOG Adolescent and Young Adult Cancer Care Working Party

Name	Position	Institution / Location
Dr Verity Ahern	Radiation Oncologist	Westmead Hospital
Dr Susan Carroll	Radiation Oncologist	Royal Prince Alfred Hospital and Prince of Wales Hospital
Dr John Collins	Head Pain and Palliative Care Unit	The Children's Hospital Westmead
Ms Angela Cotroneo	Social Worker	Sydney Cancer Centre Royal Prince Alfred Hospital
Ms Dianne Cotterell	Clinical Nurse Consultant	John Hunter Children's Hospital
Ms Mary Crum	Senior Analyst, Clinical Policy	NSW Health
Mr Liam Hunt	Community Representative	
Dr Cynthia Lean	Manager, Collaboration and Information	Cancer Institute NSW
Mr Geoffrey McCowage		Sydney Children's Hospital
Dr Tracey O'Brien	Paediatric and Adolescent Haematologist/Oncologist	Sydney Children's Hospital
Dr Andrew Parasyn	Oncological Surgeon	Prince of Wales Hospital
Ms Anne Senner	CNC Clinical Practise Development	Sydney Children's Hospital
Ms Sue Sinclair	Director, Cancer Services and Education	Cancer Institute NSW
Dr Michael Stevens	Senior Staff Specialist, Oncology Unit	The Children's Hospital Westmead
Kemal Unsal	Community Representative	
Dr Andrew Young	Chief Executive Officer	CanTeen

NSWOG Bone & Soft Tissue Sarcoma

Name	Position	Institution / Location
Dr Peter Barry	Surgeon	Canberra Hospital
Prof Jim Bishop	Chief Cancer Officer and CEO	Cancer Institute NSW
Mr Neville Board	Manager, Cancer Information Systems	Cancer Institute NSW
Dr Stephen Cooper	Radiation Oncologist	St Vincents Hospital
Prof Philip Crowe	Professor of Surgery	Prince of Wales Hospital
Prof Michael Friedlander	Director of Medical Oncology	Prince of Wales Hospital
Dr Warren Hargreaves	Oncological Surgeon	St Vincent's Clinic
Dr Michael Hughes	Director - Surgical Oncology	Westmead Hospital
Dr Michael Jensen	Surgeon	SESI St Vincent's Clinic
Dr Cynthia Lean	Manager, Collaboration and Information	Cancer Institute NSW
Mr Matthew Mikus-Wellings	Project Officer	Cancer Institute NSW
Dr Peter O'Brien		Newcastle Mater Misericordiae Hospital
Dr Andrew Parasyn	Oncological Surgeon	Prince of Wales Hospital
Ms Sue Sinclair	Director, Cancer Services and Education	Cancer Institute NSW
Dr Paul Stalley	Orthopaedic Surgeon	Royal Prince Alfred Hospital
Ms Olive Yanelli	Personal Assistant	Prince of Wales Hospital Prince of Wales Hospital

NSWOG Breast Steering Committee

Name	Position	Institution / Location
Ms Leanne Aarts	Personal Assistant	Cancer Therapy Centre
A/Prof Ehtesham Abdi	Head Department of Medical Oncology	
Dr Fiona Abell	Staff Medical Oncologist	Hunter New England Area Health Service
Prof Stephen Ackland	Medical Oncologist	Hunter New England Area Health Service
Dr Katherine Allsopp	Staff Specialist	Sydney Cancer Centre - Concord
Mrs Minh Arvin	Clinical Nurse Consultant	Royal North Shore Hospital
Dr Rosemary Balleine	Research Group Leader	Translational Oncology Sydney West Area Health Service, Westmead Institute for Cancer Research
Prof Bruce Barracough	Professor and Director of Cancer Services	
Dr Neil Berry	Surgeon	Sydney South West Area Health Service
Ms Cherie Berry	Personal Assistant	
A/Prof Michael Bilous	Director	Institute of Clinical Pathology and Medical Research
Prof Jim Bishop	Chief Cancer Officer and CEO	Cancer Institute NSW
Ms Elisabeth Black	Clinical Nurse Consultant -Specialist Breast Nurse	
Mr Neville Board	Manager, Cancer Information Systems	Cancer Institute NSW

NSWOG Breast Steering Committee (cont'd)

Name	Position	Institution / Location
Ms Fiona Booth	Executive Assistant to the Director	National Breast Cancer Centre
A/Prof John Boyages	Executive Director / Radiation Oncologist	NSW Breast Cancer Institute
A/Prof Fran Boyle	Director	Patricia Ritchie Centre for Cancer Care and Research
Dr Meagan Brennan	Breast Physician	Westmead Hospital
Ms Sue Brooks	Clinical Nurse Consultant/Manager	Tweed Heads Hospital
Ms Gail Bryson	Screening and Assessment Manager/ Liaison	BreastScreen NSW North Coast
Dr David Clark	Surgeon	Newcastle Mater Misericordiae Hospital
Ms Margie Collins	Specialist Breast Care Nurse	Dubbo Community Health Centre
Dr AJ (Allen-John) Collins	Surgeon	GS
Ms Elizabeth Cope		
Dr Paul Crea	Surgeon	St Vincent's Hospital
Ms Sally Crossing	Chair	Cancer Voices NSW and BCAG NSW
Dr Austin Curtin	Surgeon	Lismore Hospital
Dr David Dalley	Medical Oncologist	St Vincents Hospital
A/Prof Geoff Delaney	Director of Radiation Oncology	Sydney West Area Health Service
Prof Stewart Dunn	Professor of Medical Psychology	Royal North Shore Hospital
Dr Alison Evans	Acting Deputy Director	National Breast Cancer Center
Prof Michael Friedlander	Director of Medical Oncology	Prince of Wales Hospital
A/Prof David Gillett	Breast Surgeon	The Strathfield Breast Centre
Dr Amanda Goldrick	Medical Oncologist	
Ms Janet Green	Consumer Representative	Cancer Voices NSW
Ms Anne-Marie Griffin	Breast Care Coordinator	Sydney Western Area Health Service
Ms Heather Gulliver	Nurse/Counsellor	Breast Screen NSW
Dr Anne Hamilton	Staff Specialist, Medical Oncology, Sydney Cancer Centre	Royal Prince Alfred Hospital
Mrs Judith Hannan	Community Representative	
Mrs Dorothy Hays OAM JP	Volunteer, Silent Visitor/ Pastoral Care	Coffs Harbour Health Campus
Mrs Roberta Higginson	Consumer	Breast Cancer Action Group
Dr Guy Hingston	Surgeon	Port Macquarie Base Hospital
Ms Bethel Holley		ACT Breast Care Nursing Service
Dr Michael Hughes	Director, Surgical Oncology	Westmead Hospital
Ms Sue Hutton	Specialist Breast Nurse	Lismore Community Health Centre - North Coast Area Health Service
Dr Nabeel Ibrahim	Surgeon	
Ms Marie Janik	Database Manager / Research Nurse	
Prof John Kearsley	Director Area Cancer Services	South Eastern Sydney and Illawarra Area Health Service
Ms Kathy Kennedy	Database Manager	Central
Dr Josef Klumpen	Clinical Fellow	Westmead
Dr Cynthia Lean	Manager, Collaboration and Information	Cancer Institute NSW

NSWOG Breast Steering Committee (cont'd)

Name	Position	Institution / Location
Ms Bev Lindley	Manager	Royal Australasian College of Surgeons
Dr Jodi Lynch	Senior Staff Specialist in Medical Oncology and Lead Clinical in Breast Oncology	Cancer Care Centre
A/Prof Amanda McBride	General Practitioner	Miller Street Medical Practices
Ms Carina Mok	Field Officer - Breast	Cancer Institute NSW
Dr Kelly Mok	Clinical Fellow	South Eastern Sydney and Illawarra Area Health Service
Dr Dominic Moon	Surgical Oncologist	NSW Breast Cancer Institute/ Westmead/ VMO Auburn
Dr Katrina Moore	Breast Surgeon	Royal North Shore Hospital
Dr Michael Morris	Surgeon	Mater Hospital - North Sydney
Ms Catherine Murphy	Assistant Director of Medical Services	Sydney Adventist Hospital
Dr Kylie Museth		
Ms Rachel Nicholls	Project Officer	Cancer Institute NSW
Ms Amanda O'Reilly	Manager, Patient Support and Information	CanSupport
Ms Bronwyn Paynter	Occupational Therapist	
Dr Susan Pendlebury		Royal Prince Alfred Hospital
Ms Jenny Petterson	Community Representative	
Ms Rachel Pitt	Acting NUM / Breast Care Nurse	Manning Base Health Campus
Ms Di Priestley	CNC	Greater Western AHS
Ms Alison Pryor	Senior Social Worker	Cancer Therapy Centre
A/Prof William Ross	Surgeon	Coffs Harbour Surgical Group
Dr Frank Sardelie	Surgeon	
A/Prof Andrew Scott	Director, Tumour Targeting Program	Austin Hospital
Ms Ronelle Selway	Community Representative	
Ms Sue Sinclair	Director, Cancer Services and Education	Cancer Institute NSW
A/Prof Ross Smith	Surgeon	Royal North Shore Hospital
Dr Andrew Spillane	VMO Surgeon	RPA and Mater Hospital
A/Professor Martin Stockler	Associate Professor of Cancer Medicine and Clinical Epidemiology	Royal Prince Alfred Hospital
Prof Robin Stuart Harris	Medical Oncologist	Capital Region Cancer Service
Mr John Stuchbery		
Ms Alison Szwajcer	CNC - Breast	St George Hospital
Mrs Bronwyn Taylor	CNS	Cooma Community Health
Dr Stephen Thompson	Staff Specialist, Radiation Oncology	Prince of Wales Hospital
Ms Libby Tonkin	Consumer Representative	Cancer Voices
Dr David Townend	Surgeon	Lismore NC
Prof Richard West		Royal Prince Alfred Hospital
Dr Nicholas Wilcken	Staff Specialist, Medical Oncology	Westmead Hospital
Dr Helen Zorbas	Director	National Breast Cancer Centre

NSWOG Cancer Genetics

Name	Position	Institution / Location
Dr Lesley Andrews		Prince of Wales Hospital
Prof Bruce Barraclough	Professor and Director of Cancer Services	The University of Sydney
Prof Jim Bishop	Chief Cancer Officer and CEO	Cancer Institute NSW
Ms Jennifer Blackwell	Senior Policy and Project Officer	NSW Department of Health
Mr Neville Board	Manager, Cancer Information Systems	Cancer Institute NSW
Ms Claire Brauer	Admin Support Officer, HCR	Cancer Institute NSW
Mrs Sally Brown	Associate Genetic Counsellor	Child, Infant & Family Tertiary Service (CIFTS)
Dr Michael Buckley	Molecular Geneticist	South Eastern Area Laboratory Services
Ms Belinda Creighton	Cancer Genetic Counsellor	Cancer Care Centre, St George Hospital
Dr Tracy Dudding	Geneticist	Hunter Genetics
Ms Kate Dunlop	Project Manager	Royal North Shore Hospital
Mr Rodney Ecclestone	Manager (Acting), Research Grants and Development	Cancer Institute NSW
A/Prof Matthew Edwards	Director	Hunter Genetics
Dr Mike Field	Associate Cancer Genetic Counsellor	Royal North Shore Hospital
Prof Michael Friedlander	Director of Medical Oncology	Prince of Wales Hospital
Ms Margaret Gleeson	Genetic Counsellor	Hunter Genetics
Ms Janet Green	Consumer Representative	Cancer Voices NSW
Ms Claire Groombridge	Associate Genetic Counsellor	Hunter Family Cancer Service
Ms Jessica Hansen	Associate Cancer Genetic Counsellor	St Vincents Hospital
A/Prof Nicholas Hawkins	Anatomical Pathologist	School of Medical Sciences
Dr Vanessa Hayes	Project Leader Cancer Genetics	Garvan Institute of Medical Research
Prof Judy Kirk	Director, Familial Cancer Service	Sydney Area Health Service
Ms Jessica Koehler	Associate Genetic Counsellor	Hereditary Cancer Clinic, Prince of Wales Hospital
Dr Cynthia Lean	Manager, Collaboration and Information	Cancer Institute NSW
Dr Jenny Leary	Molecular Geneticist	Westmead Hospital
Ms Kirsten Legione	Ethics Project Officer	Cancer Institute NSW
Dr Cliff Meldrum	Molecular Genetics	John Hunter Hospital
Ms Glenda Mullan	Molecular Genetics	Prince of Wales Hospital
Ms Jill Nehrybecki	Community Representative	
Ms Sheridan O'Donnell	Genetic Counsellor	Hunter Genetics
Prof Rodney Scott	Director of the Division of Genetics	Hunter Area Pathology Service and HNE Health
Ms Sue Sinclair	Director, Cancer Services and Education	Cancer Institute NSW
Prof Allan Spigelman	Head Surgical Professional Unit, Director of Cancer Services	St Vincent's Hospital and Mater Health Sydney
Prof Ron Trent	Director, Department of Molecular and Clinical Genetics	Royal Prince Alfred Hospital
Ms Janet Tyler	Associate Genetic Counsellor	Prince of Wales Hospital
Prof Robyn Ward	Medical Oncologist	St Vincent's Hospital
Ms Linda Warwick	Genetic Counsellor	ACT Genetics Service
Ms Rachel Williams	Genetic Counsellor (Cancer)	St Vincent's Hospital
Ms Carol Yeung	Personal Assistant	Royal Prince Alfred Hospital
Ms Yeqin Zuo	Manager, NSW Pap Test Register	Cancer Institute NSW

NSWOG Child and Adolescent

Name	Position	Institution / Location
Dr Verity Ahern	Radiation Oncologist	Westmead Hospital
Dr Frank Alvaro	Director, Paediatric Oncology	John Hunter Hospital
Ms Cathy Banks	Parent	Hunter New England
Prof Jim Bishop	Chief Cancer Officer and CEO	Cancer Institute NSW
Mr Neville Board	Manager, Cancer Information Systems	Cancer Institute NSW
Ms Debbie Carr	Nursing Unit Manager	Children's Hospital at Westmead
Dr Richard Cohn	Paediatric Haematologist/ Oncologist	Hunter & New England Area Health Service
Dr John Collins	Head Pain and Palliative Care Unit	Children's Hospital at Westmead
Ms Angela Cotroneo	Social Worker	Sydney Cancer Centre
Ms Dianne Cotterell	Clinical Nurse Consultant	John Hunter Children's Hospital
Dr Luciano Dalla-Pozza	Head, Dept of Oncology, Paediatric Oncologist	The Children's Hospital Westmead
Ms Genevieve Daly	Pharmacist	Sydney Children's Hospital
Ms Helen Knox	Nurse Unit Manager	Sydney Children's Hospital Foundation
Dr Cynthia Lean	Manager, Collaboration and Information	Cancer Institute NSW
Mr Michael Maher	Parent	Sydney Children's Hospital
Prof Glenn Marshall	Paediatric Oncologist	Centre for Children's Cancer and Blood Disorders, Sydney Children's Hospital
Mr Peter Medlock	Parent Representative	Children's Hospital at Westmead
Dr Tracey O'Brien	Paediatric & Adolescent Haematologist/Oncologist	Sydney Children's Hospital
A/Prof Tom Shakespeare	Director, Area Cancer Services	North Coast Area Health Service
Ms Sue Sinclair	Director, Cancer Services and Education	Cancer Institute NSW
Ms Shannon Tracey	Social Worker	The Children's Hospital, Westmead

NSWOG Child Cancer Survivorship Working Party

Name	Position	Institution / Location
Prof Jim Bishop	Chief Cancer Officer and CEO	Cancer Institute NSW
Dr Richard Cohn	Paediatric Haematologist/Oncologist	Hunter & New England Area Health Service Sydney Children's Hospital
Dr Luciano Dalla-Pozza	Head, Dept of Oncology, Paediatric Oncologist	Westmead Childrens Hospital
Ms Leanne Fowler	Oncology Long Term Follow up Clinic Coordinator, CNC, Late effects clinic	Children's Hospital Westmead
Ms Karen Johnston	Nurse	Sydney Children's Hospital
A/Prof Stewart Kellie	Staff Oncologist	Children's Hospital Westmead
Dr Cynthia Lean	Manager, Collaboration and Information	Cancer Institute NSW
Ms Lyndal Moore	Clinical Nurse Educator/Late Effects Coordinator	John Hunter Children's Hospital
Ms Sue Sinclair	Director, Cancer Services and Education	Cancer Institute NSW
Ms Rachel Smith	Personal Assistant	SESAHS
Dr Helen Somerville	Medical Coordinator Late Effects Oncology Clinic	Children's Hospital Westmead

NSWOG Colorectal Membership

Name	Position	Institution / Location
Dr Ned Abraham	Colorectal and General Surgeon	Coffs Harbour and District Hospital
Prof Stephen Ackland	Medical Oncologist	Hunter New England Area Health Service
Dr Ghauri Aggarwal	Dept Head, Palliative Care, CRGH SSWAHS	Concord Hospital
A/Prof Michael Agrez	Colorectal Surgeon	John Hunter Hospital
Prof Jim Bishop	Chief Cancer Officer and CEO	Cancer Institute NSW
Ms Glenice Bland	Consumer Representative	
Mr Neville Board	Manager, Cancer Information Systems	Cancer Institute NSW
Dr Tony Bonaventura	Director of Medical Oncology	Newcastle Mater Hospital
Dr Christopher Byrne	VMO Colorectal Surgery	Royal Prince Alfred Hospital
A/Prof Pierre Chapuis	Surgeon	Concord Repatriation General Hospital
Prof Stephen Clarke	Professor of Medicine	Concord Repatriation General Hospital
Dr Phillip Clingan	Director of Medical Oncology / Director of Cancer Services	Illawarra Area Health Service / Wollongong Hospital
Dr Philip Douglas	Colorectal Surgeon	Prince of Wales Hospital
Dr Brian Draganic	Surgeon	Hunter New England Area Health Service
Ms Maeve Eikli	Network Manager, Gastroenterology / Manager, Consumer and Community Participation (P/T)	Greater Metropolitan Clinical Taskforce
Dr Jodie Ellis-Clark	Colorectal Fellow	
A/Prof Hany Elsaleh	Director, Radiation Oncology	Canberra Teaching Hospital
Ms Maria Emerton-Bell	Stomal Therapy CNC	Community Nursing, Kempsey/Port Macquarie
Dr Anthony Eysers	Surgeon	Royal Prince Alfred Hospital Medical Centre
Dr Jill Farmer	Pathologist	Colorectal Cancer Research Consortium
Dr Steven Gan	Fellow	
Dr Andrew Gatenby	Senior Surgeon	Campbelltown Hospital
Dr Rohan Gett	Lecturer	St Vincent's Clinical School
Dr Andrew Gilmore	Surgeon	Orange Health Service
Ms Lyn Goodrum	Personal Assistant	Blacktown Hospital
Ms Karen Gorzynska	CNC	Coffs Harbour Health Campus
Ms Margaret Hardy	Program Manager, Screening Marketing	Cancer Institute NSW
A/Prof Nicholas Hawkins	Anatomical Pathologist	School of Medical Sciences
Dr Christopher Henderson	Senior Staff Specialist	South Western Area Pathology Service
Dr Henry Hicks	Clinical Director for Cancer Services	Greater Southern Area Health Service
Dr Bruce Hodge	Surgeon (VMO)	Port Macquarie Base Hospital
Mrs Fran Hofstee	Nurse Unit Manager	Tweed Heads District Hospital
Dr Jayasingham Jayamohan	Radiation Oncologist	Westmead Hospital
Ms Jackie Johnston	Cancer Nurse Coordinator	NSCCAH / RNSH
A/Prof James Kench	Senior Staff Specialist Pathologist	Westmead Hospital
Dr Anil Keshava	Colorectal Surgeon	Concord Repatriation General Hospital
Dr Andrew Kneebone	Radiation Oncologist	Liverpool Health Service
Mr Stanley Koorey		
Dr Francis Lam		Concord Repatriation General Hospital
Dr Cynthia Lean	Manager, Collaboration and Information	Cancer Institute NSW

NSWOG Colorectal Membership (cont'd)

Name	Position	Institution / Location
Dr Robyn Levingston	Pathologist	Douglass Hanly Moir Pathology
Dr Peter Loder	VMD, Colorectal Surgery	Westmead Hospital & Sydney Adventist - Hornsby
Dr Matthew McNamara	Colorectal Surgeons	Sydney Adventist Hospital
Dr Matthew Morgan	Surgeon	Sydney South West Area Health Service
Dr Sian Munro	Project Manager	University of New South Wales
Dr Kylie Museth		Westmead Hospital
Ms Jill Nehrybecki	Community Representative	
Mr John Newsom	Consumer Representative - Executive Committee Member	Cancer Voices NSW
Mr Quoc Nguyen	Project Manager - CCRC	Garvan Institute of Medical Research
Ms Rachel Nicholls	Project Officer	Cancer Institute NSW
Dr Nim Pathma-Nathan	Surgeon	Westmead Hospital
Dr John Percy	Surgeon	Royal North Shore Hospital
Dr Stephen Pillinger	Committee Member	Royal North Shore Hospital
Dr Stuart Pincott	VMO Surgeon	Sydney Adventist Hospital
Dr Val Poxon	Project Manager / Cancer Information Manager	SSWAHS Cancer Services
Ms Sue Quayle	Colorectal Cancer Nurse Coordinator	Capital Region Cancer Service
Dr Anaimattan Santhanam	Surgeon	Belmont District Hospital
Ms Lynn Sartori	Director, Cancer Screen	Cancer Institute NSW
Ms Diane Schipp	Field Officer - Colorectal	Cancer Institute NSW
Dr Richard Simpson	Colorectal Surgeon	Gosford Hospital
Ms Sue Sinclair	Director, Cancer Services and Education	Cancer Institute NSW
Prof Allan Spigelman	Head Surgical Professional Unit, Director of Cancer Services	St Vincent's Hospital and Mater Health Sydney
Ms Kim Turley	CNC	Allan Coates Centre
Dr Catherine Turner	Colorectal Fellow	Royal Prince Alfred Hospital
Mr Peter van Gelderen		
Prof Robyn Ward	Medical Oncologist	The Integrated Cancer Research (ICR) Group, St Vincent's Hospital
Prof Richard West		Royal Prince Alfred Hospital
Dr Robert Wilson	Surgeon	
A/Prof Cyril Wong	Surgeon	Bankstown Hospital
Dr Peter Zelas	Colorectal Surgeon	Blacktown Hospital

NSWOG Complementary Therapies

Name	Position	Institution / Location
Ms Shirley Beaumont Owles	Consumer Representative	
Prof Jim Bishop	Chief Cancer Officer and CEO	Cancer Institute NSW
Mr Peter Brown	Community Representative	Cancer Voices NSW
Ms Jennifer Carter	Psycho-Oncology Counsellor	Greater Western Area Health Service
Ms Julie Claessens	Community Representative	
Prof Stephen Clarke	Professor of Medicine	Concord Repatriation General Hospital
Dr Annette Clement	General Practitioner - Retired	Cancer Voices NSW
A/Prof John Eden	Director of the Sydney Menopause Centre	Royal Hospital For Women
Ms Delores Foley	Clinical Psychologist/ Clinical Research Fellow	Sydney Cancer Centre/ Cancer Institute NSW
A/Prof Peter Graham	Senior Staff Specialist Radiation Oncologist	South Eastern Sydney Area Health Services
Mr Christopher Harris SC	Community Representative	
Dr Gaynor Heading	Program Manager, Patient Support	Cancer Institute NSW
Ms Petrea King	Founding Director	Quest for Life Centre
Dr Cynthia Lean	Manager, Collaboration and Information	Cancer Institute NSW
Dr Ramesh Manocha	Complementary Therapist/ Researcher	Royal Hospital for Women
Dr Andrew McLachlan	Director, Clinical Studies and Professor of Pharmacy (Aged Care)	Herbal Medicines Research and Education Centre / Centre for Education and Research on Ageing (CERA)
Prof Stephen Myers	Director	Australian Centre for Complementary Medicine
Ms Rachel Nicholls	Project Officer	Cancer Institute NSW
Mr Byeongsang Oh		University of Sydney
Ms Eleanor Oyston	Remedial and Therapeutic Massage and Bowen Therapist	Quest for Life Centre
Ms Annette Polizois	Social Worker-Oncology and Palliative Care	Complementary Therapies Committee
Ms Jane Read	Dietitian	Fresh Nutrition Solution
Dr Monica Robotin	Medical Director	The Cancer Council NSW
Ms Lorraine Rodden	Manager	Calvary Holistic Healing Centre
Mr Russell Setright	Naturopath	Life Survival Training, Radio 2GB
Ms Sue Sinclair	Director, Cancer Services and Education	Cancer Institute NSW
Dr Daniel Man-yuen Sze	Director (Cancer Research)	Herbal Medicines Research and Education Centre
Ms Robyn Thomas	Project Officer	Cancer Institute NSW
Ms Libby Tonkin	Consumer Representative	Cancer Voices

NSWOG Executive Membership

Name	Position	Institution / Location
Prof Michael Barton	Professor of Radiation Oncology	Faculty of Medicine, UNSW
Dr Stephen Begbie	Director of Oncology	The Highfields Centre
A/Prof Michael Bilous	Director	Institute of Clinical Pathology and Medical Research
A/Prof Michael Boyer	Acting Director, Area Health Service	Sydney South West Area Health Service
A/Prof Ken Bradstock	Haematologist	Westmead Hospital
Dr Andrew Brooks	Urologist	Westmead Private Hospital
Dr Colin Bull	Director of Radiation Oncology	Sydney West Area Health Service
A/Prof Richard Chye	Area Director, Palliative Care, Eastern Sydney / Northern Zone SESIAHU	Sacred Heart Palliative Care Service
Prof Stephen Clarke	Professor of Medicine	Concord Repatriation General Hospital
Prof Philip Crowe	Professor of Surgery	Prince of Wales Hospital
Dr Christopher Dalrymple		Royal Prince Alfred Hospital
Dr Anthony Evers	Surgeon	Royal Prince Alfred Hospital Medical Centre
A/Prof David Gillett	Breast Surgeon	The Strathfield Breast Centre
Dr Michael Hughes	Director - Surgical Oncology	Westmead Hospital
Prof Michael Kidd	Head Discipline of General Practice	Balmain Hospital
Prof Glenn Marshall (Chair)	Director	Children's Cancer Institute Australia
Dr Gary Morgan	Surgeon	Westmead Hospital
Ms Kathryn Nattress	CNC	Royal Prince Alfred Hospital
Dr David Storey	Surgeon	Royal Prince Alfred Hospital
Prof Robyn Ward	Medical Oncologist	St Vincent's Hospital
Prof Kate White	Director Research Support Unit	University of Sydney

NSWOG General Practice

Name	Position	Institution / Location
Prof Jim Bishop	Chief Cancer Officer and CEO	Cancer Institute NSW
Ms Karen Booth	Registered Nurse, Practice Nurse and APNA member	Leichhardt General Practice
Ms Karen Eaton	Cancer Care Coordinator	Prince of Wales Hospital
Dr Robyn Godding	Program Manager, Cervical Screen	Cancer Institute NSW
A/Prof John Gullotta	General Practitioner	Australian Medical Association (NSW) Limited
Ms Margaret Hardy	Program Manager, Screening Marketing	Cancer Institute NSW
Prof Mark Harris	Executive Director, Centre for Primary Health Care and Equity	University of New South Wales
Dr Elizabeth Hindmarsh		Cancer Institute GP Taskforce Representative
Ms Sally Hodgkinson		Cancer Voices NSW
Dr Jenny Hunt	Medical Policy Officer	Aboriginal Health and Medical Research Council
Dr Jane Ingham	Lead Clinician in Palliative Care	Westmead Hospital
Prof Michael Kidd	Head Discipline of General Practice	Balmain Hospital
Dr Cynthia Lean	Manager, Collaboration and Information	Cancer Institute NSW
Dr Vlad Matic	Chair	NSW Outback Division of General Practice
Dr Peter McInerney	President	Rural Doctors Association
Ms Jan Newland	Senior Manager	Alliance of NSW Divisions
Dr Glenn Pereira	Rural General Practitioner	Australian College of Rural and Remote Medicine
Mr Gawaine Powell-Davies	CEO and Senior Research Fellow	Centre for Primary Health Care and Equity
Ms Lynn Sartori	Director, Cancer Screen	Cancer Institute NSW
Ms Sue Sinclair	Director, Cancer Services and Education	Cancer Institute NSW
Mr Gary Smith	President NSW Branch	Australian Association of Practice Managers
Dr Julie Thompson	General Practice Liaison Officer	National Breast Cancer Centre

NSWOG Gynae-Oncology

Name	Position	Institution / Location
Dr Sally Baron-Hay	Molecular Genetics Department	Royal North Shore Hospital
Prof Philip Beale	Director / Medical Oncologist	Concord Repatriation Hospital / Royal Prince Alfred Hospital & Concord Hospital
Prof Jim Bishop	Chief Cancer Officer and CEO	Cancer Institute NSW
Dr Colin Bull	Director of Radiation Oncology	Sydney West Area Health Service, Westmead Hospital
Mrs Catherine Bullivant	Coordinator, NSWOG	Cancer Institute NSW
Ms Mercia Bush	Community Representative	Community Representative
Prof Jonathan Carter	Head, Sydney Gynaecological Oncology Group	Royal Prince Alfred Hospital
Dr Felix Chan	Surgeon	Liverpool Hospital

NSWOG Gynae-Oncology (cont'd)

Name	Position	Institution / Location
Ms Rosemary Craft	Gynae-oncology	Liverpool Hospital
Dr Christopher Dalrymple	Sydney Cancer Centre	Royal Prince Alfred Hospital
Dr Alison Davis	Staff Specialist	The Canberra Hospital
Dr Gregory Gard	Surgeon	Royal North Shore Hospital
Dr Robyn Godding	Program Manager, Cervical Screen	Cancer Institute NSW
Prof Neville Hacker	Gynaecologic Oncologist	Royal Hospital for Women
A/Prof Paul Harnett	Director Area Cancer Services	Sydney West Area Health Service, Westmead Hospital
Ms Kim Hobbs	Senior Social Worker	Westmead Hospital
Ms Annie Hutton	Network Manager	Greater Metropolitan Clinical Taskforce
Dr Cynthia Lean	Manager, Collaboration and Information	Cancer Institute NSW
Prof Norelle Lickiss	Department of Palliative Care	Royal Prince Alfred Hospital
Ms Jayne Maidens	CNC Gyn Oncology	Royal North Shore Hospital
Ms Pari Malam-Mohanvelu	Secretary	
Prof Don Marsden	Gynaecologist	Royal Hospital For Women
Mrs Anne Mellon	Gyn Oncology Clinical Nurse Specialist	John Hunter Hospital
Ms Jane Mills	Project Officer	GMCT
Ms Jane Mills	NSW Coordinator	Westmead Hospital
A/Prof Chris Milross	Director, Radiation Oncology	Sydney Cancer Centre, Royal Prince Alfred Hospital
Mr Russell Murray	Oncology Social Worker	Albury Base Hospital
Ms Kathryn Nattress	Cancer Nurse Coordinator	Royal Prince Alfred Hospital
Conjoint A/Prof Anthony Proietto	Gynaecologist	Hunter New Engalnd Centre for Gynaecological Cancer
Ms Sandra Richardson	Secretary	SeSIAHS,
Ms Rosalind Robertson	Senior Psychologist	Royal Hospital for Women
Dr Greg Robertson	Surgeon	Royal Hospital for Women
Prof Peter Russell	Professor of Pathology Medical Director	Symbion Lavery Pathology
Ms Mary Ryan	CNC	Royal Hospital For Women
Ms Sue Sinclair	Director Cancer Services and Education	Cancer Institute NSW
Dr Kendra Sundquist	Manager Supportive Care Development	Cancer Council NSW
Dr Stephen Thompson	Staff Specialist	Prince of Wales Hospital
Ms Carley Tucker	Cancer Voices Rep	Cancer Voices
Dr Susan Valmadre	Fellow Round I	Royal Hospital For Women
Dr Shalini Vinod	Staff Specialist Radiation Oncologist	South Western Sydney Cancer Service, Liverpool Hospital
A/Prof Gerry Wain	Gynaecological Oncologist	Westmead Hospital

NSWOG Haematology Oncology

Name	Position	Institution / Location
Mr Ray Araullo	Allied Health Representative /Senior Social Worker	Royal North Shore Hospital
Dr Christopher Arthur	Director Area Cancer Services	Northern Sydney & Central Coast Area Health Service
Ms Deborah Baker	Manager Monitoring Evaluation and Research	Cancer Institute NSW
Ms Angela Bayley	Senior Data Manager	Westmead Hospital
Prof Jim Bishop	Chief Cancer Officer and CEO	Cancer Institute NSW
Mr Neville Board	Manager, Cancer Information Systems	Cancer Institute NSW
Ms Angela Booth	Project Coordinator, Haematology	Cancer Institute NSW
A/Prof Ken Bradstock	Haematologist	Westmead Hospital
Mr Peter Brown	Community Representative	Cancer Voices NSW
Mr James Butler	Consumer Representative	
Mr David Collins	Clinical Nurse Consultant	Westmead Hospital
Dr Neil Cooney	Medical Oncologist	St Vincent's Hospital and Sacred Heart Hospice
Dr Ilona Cunningham	Haematologist	Concord Repatriation General Hospital
Ms Heather Davies	Clinical Trials Nurse	Royal Prince Alfred Hospital
Dr Arno Enno	Haematologist	Newcastle Mater Misericordiae Hospital
Ms Kim Faulkner	Project Officer, Access and Equity Programs	Cancer Institute NSW
Dr John Gallo	Haematologist	Liverpool Hospital,
Ms Michelle Gambrill	Data Manager	Newcastle Mater Misericordiae
Dr Matthew Greenwood	Staff Specialist	Liverpool Hospital
Dr Margot Harris	Haematologist	Private Practice - Hornsby
Ms Susan Harrison	Clinical Trial Manager	Sydney Cancer Centre, Concord Repatriation General Hospital
Dr Mark Hertzberg	Haematologist	Westmead Hospital
Ms Clare Inglis	Clinical Trials Coordinator	Sydney Haematology and Oncology Centre
Dr Jayasingham Jayamohan	Radiation Oncologist	Westmead Hospital
Prof Doug Joshua	Haematologist	Royal Prince Alfred Hospital
Ms Louise Kerr	Clinical Nurse Specialist - Haematology	Royal Prince Alfred Hospital
A/Prof Ian Kerridge		Westmead Hospital
Ms Tracy King	Clinical Trials Nurse/ Support Services Manager Myeloma Foundation	Royal Prince Alfred Hospital
Dr Cynthia Lean	Manager, Collaboration and Information	Cancer Institute NSW
Prof David Ma	Head	Garvan Institute of Medical Research
Ms Diedre Mathis	Cancer Care Coordinator - Haematology	Canberra Hospital
Mr Matthew Mikus-Wellings	Project Officer	Cancer Institute NSW

NSWOG Haematology Oncology (cont'd)

Name	Position	Institution / Location
Dr Sam Milliken	Haematologist	St Vincents Hospital
Mr Peter Murray	Field Officer, Haematology	Cancer Institute NSW
Dr Ian Prosser	Clinical Haematologist	The Canberra Hospital
Ms Nicole Raschke	Clinical Trials Coordinator	Newcastle Melanoma Unit
Prof John Rasko	Haematologist	Royal Prince Alfred Hospital
Dr David Rosenfield	Head	Department of Cancer Medicine
Ms Patricia Ryan	CNC C/C Haematology	Liverpool Hospital
Ms Stafford Sanders	Communications and Membership Officer	Tobnet - Action on Smoking and Health (ASH Austr)
Ms Sue Sinclair	Director, Cancer Services and Education	Cancer Institute NSW
Ms Nina Singh	Senior Clinical Trials Coordinator	Sydney Haematology Oncology Clinics
Ms Leonie Snowdon	Support Services Coordinator	Leukaemia Foundation of NSW
Dr Richard Stark	Haematologist	Port Macquarie Base Hospital
Ms Moira Stephens	Clinical Nurse Consultant	Cancer Therapy Centre, Liverpool Hospital
Mr Michael (Poh Kim) Teh	Senior Pharmacist (Cancer Services)	St George Hospital
Dr Campbell Tiley	Haematologist	Northern Sydney & Central Coast Area Health Service/ Gosford Hospital
Dr Judith Trotman	Haematologist	Concord Repatriation General Hospital
Dr Pauline Warburton	Head	Illawarra Regional Hospital
A/Prof Graham Young	Senior Staff Specialist (Haematology)	Institute of Haematology, Royal Prince Alfred Hospital

NSWOG Head and Neck

Name	Position	Institution / Location
Dr Peter Aquilina	Surgeon OMF / Head & Neck	John Hunter Hospital, Newcastle Mater Hospital
Dr Lyn Austen	Staff Specialist	Canberra Hospital
Dr Michael Back	Director	Royal North Shore
Dr Peter Barry	Surgeon	Canberra Hospital
Prof Jim Bishop	Chief Cancer Officer and CEO	Cancer Institute NSW
Mr Neville Board	Manager, Cancer Information Systems	Cancer Institute NSW
Dr Ronaldo Bova	Surgeon	St Vincent's Hospital, St Vincent's Hospital
A/Prof Michael Boyer	Acting Director Area Health Service	Sydney South West Area Health Service, Royal Prince Alfred Hospital
Dr Stephen Braye	Anatomical Pathologist	Hunter Area Pathology Service
Dr Andrew Bridger	Surgeon	
Dr Peter Campbell	Surgeon	Liverpool Hospital
Mr Andrew Chicco		Liverpool Hospital
Dr Anthony Clifford	Surgeon	RPAH Medical Centre
Dr Ian Cole	Surgeon	SESAHS
Dr Michael Cooper	Surgeon Maxillofacial	

NSWOG Head and Neck (cont'd)

Name	Position	Institution / Location
Dr Ramesh Cuganesan		Liverpool Hospital
Prof Jane Dahlstrom	Senior Staff Specialist	Australian National University Medical School, ACT Pathology
Ms Luci Dall'Armi	Cancer Nurse Coordinator	Sydney South West Area Health Service
Dr David Dalley	Medical Oncologist	St Vincents Hospital
Dr Anand Deva		
Ms Amanda Doherty		
Dr Jenny Donovan	Radiation Oncologist	Royal North Shore Hospital
Dr Rod Eisenberg	Surgeon	HNEAHS
Dr Vanessa Estall		
Dr Michael Farrell	Surgeon	St George Hospital
Ms Sandra Farrugia	Data Manager	SSWAHS, Liverpool Hospital
Mrs Merran Findlay	Senior Dietitian - Oncology	Royal Prince Alfred Hospital
Mr Barry Forwell	Consumer Representative	Cancer Voices
Dr Richard Foster	Radiation Oncologist	Gosford, Sydney Adventist Hospital
Dr Allan Fowler	Radiation Oncologist	
Dr Amanda Goldrick	Medical Oncologist	Liverpool Hospital
Ms Julie Greer		
Mr Richard Hield	Director	CRE Strategic Planning
Mr Richard Horne	Community Representative	
Dr Christopher Hughes	Surgeon	SESIAHS
Dr Michael Jackson	Radiation Oncologist	Royal Prince Alfred Hospital
Dr Ian Jacobson	Surgeon	SESIAHS
Dr W.A Craig Johnston	Surgeon	Gosford Hospital
Dr Inars Kalnins	Head and Neck Surgeon	Westmead Hospital
Dr Patricia Kho	Staff Specialist	Liverpool Hospital
Dr Mahesh Kumar	Radiation Oncologist	Hunter New England Area Health Service, Newcastle Mater Hospital
Dr Cynthia Lean	Manager, Collaboration and Information	Cancer Institute NSW
Dr Mark Lee		
Dr Peter Lin		SWSAHS, Liverpool Hospital
Dr Christine Loo	Pathologist	South Western Area Pathology Service
A/Prof Chris Milross	Director, Radiation Oncology	Sydney Cancer Centre, Royal Prince Alfred Hospital
Dr Gary Morgan	Surgeon	Westmead Hospital, Westmead Hospital
Dr Yuresh Naidoo		
Mr Megan Nutt	Nurse Care Coordinator, Head and Neck Cancer	Capital Region Cancer Service, ACT Health
Dr Yishay Orr	Registrar	
Dr Carsten Palme	Surgeon	Westmead Hospital
Ms Suha Patel	Group Product Manager	Roche Products Pty Ltd
Ms Tricia Potter		

NSWOG Head and Neck (cont'd)

Name	Position	Institution / Location
Dr Gane Pranavan	Trainee Oncologist	The Canberra Hospital
Ms Sue Quayle	Colorectal Cancer Nurse Coordinator	Capital Region Cancer Service, The Canberra Hospital
Dr Barry Reed		
Dr Colin Reid	Surgeon	HNE, Newcastle Mater Hospital
Ms Joan Ryan	CNC, RPA, SSWAHS	SSWAHS, Royal Prince Alfred Hospital
Dr Mark Schifter	Oral Medicine Specialist	Westmead Hospital
Dr Kerwin Shannon	Surgeon	Sydney Melanoma Unit, Royal Prince Alfred Hospital
Ms Teresa Simpson	Social Worker	Liverpool Hospital
Ms Sue Sinclair	Director, Cancer Services and Education	Cancer Institute NSW
A/Prof Robert Smee	Radiation Oncologist	Prince of Wales Hospital
Dr Mo Mo Tin	Radiation Oncologist	SSW, Royal Prince Alfred Hospital
Dr Kenneth Tiver	Radiation Oncologist	Nepean Cancer Care Centre, Nepean Hospital
Dr David Veivers	Surgeon	Royal North Shore Hospital,
Dr Michael Veness	Radiation Oncologist	Westmead Hospital
Dr Peter Vickers	Oral Maxillofacial	ACT Breast Care Nursing Service,
Dr Andrew Wignall	Surgeon	NSCCAHS
Dr Karen Wong	Radiation Oncologist fellow	Liverpool Health Service, SWSAHS
Ms Wendy Woodman		
Dr Christopher Wratten	Chairman and Director	Newcastle Mater Misericordiae Hospital
Dr Khaled Zoud		

NSWOG Joint Cancer Patient Information and Support

Name	Position	Institution / Location
Dr Catherine Adams	Psycho-oncology Clinical Fellow	Newcastle Mater Misericordiae Hospital
Mr Ray Araullo	Allied Health Representative / Senior Social Worker	Cancer Services, Royal North Shore Hospital
Ms Gillian Batt	Director	Cancer Council NSW
Prof Phyllis Butow	Professor of Health Sciences	University of Sydney
Ms Robyn Cahoun	Chief Executive Officer	Cancer Patients Assistance Society of NSW (CanAssist)
Ms Melissa Cumming	Area Manager of Far West Palliative Care GWAHS	Clinical Services, Broken Hill Base Hospital
Ms Pauline Don	Referral Project Officer	CanTeen
Dr Gaynor Heading	Program Manager, Patient Support	Cancer Institute NSW
Ms Kim Hobbs	Senior Social Worker	Westmead Hospital
Ms Elisabeth Kochman	Consumer Representative	Cancer Voices
Ms Sabrina Man	Support Services Co-ordinator	CanRevive
Dr Catherine Mason	Senior Staff Specialist, Director of Psycho-Oncology	Sydney West Cancer Network, Westmead Hospital

NSWOG Joint Cancer Patient Information and Support (cont'd)

Name	Position	Institution / Location
Mr Peter Medlock	Parent Representative	Children's Hospital at Westmead
Mrs Elfa Moraitaikis	Greek Helpline Consultant	The Cancer Council NSW
Mr John Newsom	Consumer Representative - Executive Committee Member	Cancer Voices NSW
Ms Amanda O'Reilly	Manager, Patient Support and Information	CanSupport, Royal North Shore Hospital
Ms Christine Packer	Cancer Services Development Manager	Albury Base Hospital
Mr Chris Page	Registered Nurse, Haematology / Oncology	Leukaemia Foundation (NSW)
Ms Sue Sinclair	Director, Cancer Services and Education	Cancer Institute NSW
Dr Kendra Sundquist	Manager, Supportive Care Development	The Cancer Council NSW
Ms Paula Vallentine	Manager, Cancer Support Unit	The Cancer Council NSW
Prof Kate White	Director, Research Support Unit	University of Sydney
Dr Nicholas Wilcken	Staff Specialist, Medical Oncology	Department of Medical Oncology and Palliative Care

NSWOG Lung

Name	Position	Institution / Location
Dr Fiona Abell	Staff Medical Oncologist	Mater Misericordiae Hospital
Dr Anthony Aouad	Thoracic Physician	Campbelltown Hospital
Dr Matthew Bayfield	Surgeon	Royal Prince Alfred Hospital
Prof Jim Bishop	Chief Cancer Officer and CEO	Cancer Institute NSW
Mr Neville Board	Manager, Cancer Information Systems	Cancer Institute NSW
A/Prof Michael Boyer	Acting Director, Area Health Service	Sydney South West Area Health Service/Royal Prince Alfred Hospital
Dr Karen Briscoe	Medical Oncologist	Coffs Harbour and District Hospital
A/Prof David Bryant	Surgeon	St Vincent's Hospital
Miss Linda Christenson	Consumer Representative	CancerVoices
Ms Aileen Collier	Non-surgical Lung Cancer Clinical Nurse Consultant	Royal Prince Alfred Hospital
Dr Stephen Cooper	Radiation Oncologist	St Vincents Hospital
Ms Trish Cotter	Director, Cancer Prevention	Cancer Institute NSW
Dr Cathy Crombie	Medical Oncologist	Nepean Hospital
Mrs Doris Dadic	Lung Cancer Coordinator	South Western Sydney Cancer Service
Dr Paul De Souza	Medical Oncologist	St George Hospital
Dr Christopher Dennis	Physician	Royal North Shore Hospital
Dr Paul Despas	Physician	Westmead Hospital
Dr Gary Fermanis	Supervisor of Training	St George Hospital
Dr Peter Flynn	Thoracic Surgeon	Nepean Hospital
A/Prof Michael Fulham		Royal Prince Alfred Hospital
Dr Rina Hui	Lead Clinician	Westmead Hospital
Ms Beth Ivimey	Lung Cancer Care Coordinator	Prince of Wales Hospital

NSWOG Lung (cont'd)

Name	Position	Institution / Location
Dr Allen James	Surgeon	John Hunter Children's Hospital
Ms Judith King-Thornburg	Personal Assistant	Cancer Care Centre, St George Hospital
Dr Cynthia Lean	Manager, Collaboration and Information	Cancer Institute NSW
Dr Philip Lee	Medical Director, Palliative Care Eastern and Central Cluster, SWAHS (now resigned)	Westmead Hospital
Dr Craig Lewis	Senior Staff Specialist	Prince of Wales Clinical School
Dr Matthew Links	Medical Oncologist/Director	Cancer Care Centre, St George Hospital
Dr Jane Ludbrook	Staff Specialist	Newcastle Mater Misericordiae Hospital
Prof Brian McCaughan	Director, Thoracic Oncology	Royal Prince Alfred Hospital
Mrs Sue McCullough	Consumer Representative	
Ms Jocelyn McLean	Case Manager / Thoracic Surgery / Lung Cancer Nurse	Royal Prince Alfred Hospital
A/Prof Dianne O'Connell	Senior Epidemiologist	The Cancer Council NSW
Dr Nick Pavlakis	Medical Oncologist	Royal North Shore Hospital
Dr Mathew Peters	Thoracic Physician	Concord Repatriation General Hospital
Dr Nicholas Saltos		
A/Prof Tom Shakespeare	Director, Area Cancer Services	Coffs Harbour Hospital
Ms Sue Sinclair	Director, Cancer Services and Education	Cancer Institute NSW
Prof Bernard Stewart	Professor and Head	South East Sydney Public Health Unit
Dr Emily Stone	Staff Specialist	St Vincents Hospital
Dr Mo Mo Tin	Radiation Oncologist	Royal Prince Alfred Hospital
Dr Craig Underhill	Oncologist	Murray Valley Hospital
Dr Shalini Vinod	Staff Specialist Radiation Oncologist	South Western Sydney Cancer Service, Liverpool Hospital

NSWOG Melanoma

Name	Position	Institution / Location
Prof Bruce Armstrong	Director of Research	Sydney Cancer Centre, Royal Prince Alfred Hospital
Prof Bruce Barraclough	Professor and Director of Cancer Services	The University of Sydney
Dr Peter Barry	Surgeon	Canberra Hospital
Prof Jim Bishop	Chief Cancer Officer and CEO	Cancer Institute NSW
Mr Neville Board	Manager, Cancer Information Systems	Cancer Institute NSW
A/Prof Fran Boyle	Director	Patricia Ritchie Centre for Cancer Care & Research
Mr Graham Collins	Community Representative	
Ms Trish Cotter	Director, Cancer Prevention	Cancer Institute NSW
Dr Richard Harrison	Surgeon	Wagga Wagga Base Hospital
Dr Phoebe Holt	Manager	NSW Melanoma Network
Dr Angela Hong	Radiation Oncologist	Sydney Melanoma Unit Royal Prince Alfred Hospital
Dr Michael Hughes	Director, Surgical Oncology	Westmead Hospital

NSWOG Melanoma (cont'd)

Name	Position	Institution / Location
Dr Bob Jansen	Consumer Representative	Cancer Voices NSW
Prof Richard Kefford	Medical Oncologist	Westmead Hospital
Dr Cynthia Lean	Manager, Collaboration and Information	Cancer Institute NSW
A/Prof Graham Mann	Program Leader	Westmead Institute for Cancer research
Ms Rachael Morton	Clinical Trials	Royal Prince Alfred Hospital
Ms Rachel Nicholls	Project Officer	Cancer Institute NSW
Ms Sophie Noble	Consumer Representative	
Prof Michael Quinn		Royal Women's Hospital Victoria
Ms Ann Ratcliffe	Clinical Trials Manager	Sydney Melanoma Unit, Royal Prince Alfred Hospital
A/Prof William Ross	Surgeon	Coffs Harbour Surgical Group
Dr Meg Sands	Staff Specialist Palliative Care	Westmead Hospital
Ms Maria Sangermano	Personal Assistant	Sydney Melanoma Unit
Dr Robyn Saw	Surgeon	Royal Prince Alfred Hospital
Prof Richard Scolyer	Histopathology	Royal Prince Alfred Hospital
Dr Kerwin Shannon	Surgeon	Sydney Melanoma Unit Royal Prince Alfred Hospital
Dr Bob Sillar	Surgeon	HNEAHS
Ms Sue Sinclair	Director, Cancer Services and Education	Cancer Institute NSW
Dr Andrew Spillane	VMO Surgeon	RPA & Mater Hospital
Ms Jacquie Stratford	Chief Operating Officer	The Bosch Institute
Dr Jonathan Stretch	Surgeon	Royal North Shore Hospital, Newcastle Mater Hospital, Royal Prince Alfred Hospital
Prof John Thompson	Surgeon	Sydney Melanoma Unit Royal Prince Alfred Hospital
Ms Sue Wood	Clinical Database Administrator	NSW Melanoma Network

NSWOG Neuro-Oncology

Name	Position	Institution / Location
Dr Lesley Ashton	Senior Lecturer; Conjoint UNSW	Children's Cancer Institute Australia
Ms Emily Barnett		Department of Health
Ms Jeanne Barr	Clinical Nurse Consultant: Neuroscience	Royal North Shore Hospital
Prof Michael Barton	Professor of Radiation Oncology	Faculty of Medicine, UNSW Liverpool Health Service
Ms Katherine Becker		Department of Health
Dr Jane Beith	Staff Specialist	Royal Prince Alfred Hospital
Ms Shirley Benbow	Cancer Nurse Coordinator: Urology/Neurology	NSCCAHS-CCH
A/Prof Michael Besser	Director of Clinical Neurosciences	Royal Prince Alfred Hospital
Prof Jim Bishop	Chief Cancer Officer and CEO	Cancer Institute NSW

NSWOG Neuro-Oncology (cont'd)

Name	Position	Institution / Location
Mr Neville Board	Manager, Cancer Information Systems	Cancer Institute NSW
A/Prof Fran Boyle	Director	Patricia Ritchie Centre for Cancer Care and Research The Mater Hospital
Dr Janice Brewer	Neuropathologist	Royal North Shore Hospital
Ms Angelina Catanzariti	Manager Clinical Trials	Cancer Institute NSW
Dr John Christie	Neurosurgeon	John Hunter Hospital
Dr Paul Clouston		
Dr Richard Cohn	Paediatric Haematologist/Oncologist	Hunter & New England Area Health Service Sydney Children's Hospital
Ms Lindy Cohn	Information Consultant, Cancer Helpline	The Cancer Council NSW
A/Prof Andrew Cole	Rehab Physician	Braeside St George Hospital
Dr Ray Cook	Surgeon	Royal North Shore Hospital
Dr Marc Coughlan	Consultant Neurosurgeon	Centre for Minimally Invasive Neurosurgery Prince of Wales Hospital
Ms Laraine Cross	Social Worker - Oncology/ Radiotherapy	Newcastle Mater Misericordiae Hospital
Mrs Wendy Cutler	JL Theatres Nursing Unit Manager, Neurosciences Operating Theatres	Royal Prince Alfred Hospital
Dr David Dalley	Medical Oncologist	St Vincents Hospital St Vincents Hospital
Prof Noel Dan	Neurosurgeon	Concord Hospital
Dr Balsam Darwish	Neurosurgeon	Liverpool Hospital
Dr Jerry Day	Neurosurgeon	
Dr Paul De Souza	Medical Oncologist	St George Hospital
Ms Vhari Dickson	Cancer Nurse Coordinator	Illawarra Cancer Care Centre Wollongong Hospital
Dr Michael Donnellan		Prince of Wales Hospital
Ms Maggie Drummond		The Madeline Foundation
Mrs Kaye Duffy	National Chair and Consumer	Brain Tumour Australia
Dr Thomas Eade		Royal North Shore Hospital
Ms Carmel Edwards	Director, Cancer Research	Cancer Institute NSW
A/Prof Michael Fearnside	Neurosurgeon	Westmead Hospital
Miss Rochelle Firth	Neurosurgery Nurse Practitioner	Royal North Shore Hospital
Prof Michael Friedlander	Director of Medical Oncology	Prince of Wales Hospital
A/Prof Michael Fulham		Royal Prince Alfred Hospital
Dr Ray Garrick	Neurologist. Conjoint Senior Lecturer	St Vincent's Hospital
Dr Pankaj Gore		
Ms Elizabeth Hannan		
Ms Bronwyn Heron	Community Palliative Care	Hoxton Park Community Health Centre
Dr Elizabeth Hovey	Medical Oncologist	Cancer Therapy Centre Liverpool Hospital
Dr Rina Hui	Lead Clinician	Westmead Hospital
Dr Michael Jackson	Radiation Oncologist	Royal Prince Alfred Hospital
Dr Jayasingham Jayamohan	Radiation Oncologist	Westmead Hospital

NSWOG Neuro-Oncology (cont'd)

Name	Position	Institution / Location
Dr Lindy Jeffree	Neurosurgical Registrar	Prince of Wales Hospital
Dr Ross Jennens	Medical Oncologist	Peter MacCallum Cancer Centre
Dr Cynthia Lean	Manager, Collaboration and Information	Cancer Institute NSW
Dr CK Lee		
Dr Jane Ludbrook	Staff Specialist	Newcastle Mater Misericordiae Hospital
Ms Renata McDermott	Womens Health Officer	Hornsby Kuringai Ryde Division of General Practice
Dr Kerrie McDonald	Brain Tumour Research	Kolling Institute of Medical Research Royal North Shore Hospital
Dr Catriona McKenzie		
Ms Joanne McLoughlin	Area CNC for Neurosurgery	
Mr Matthew Mikus-Wellings	Project Officer	Cancer Institute NSW
Dr Susan Murphy-Poulton	Oncology	Royal North Shore Hospital
Dr Lou Orszulak	Multi-disciplinary Team Project Officer Cancer Services	Westmead Hospital
Dr Jonathon Parkinson	Advanced Neuro-surgical Trainee	Kolling Institute RNSH
Dr Geoff Parkinson	Neuroradiologist	
Dr Prana Pranavan	Medical Oncology Advanced Trainee	The Canberra Hospital
Dr Roger Reddel	Head	Children's Medical Research Institute
Dr Michael Rodriguez	Neuropathologist	Central Sydney Laboratory Services
Ms Jan Shaw	Senior Research Officer	Kolling Institute for Medical Research Royal North Shore Hospital
Dr Mark Sheridan	Neurosurgeon	Liverpool Hospital
Ms Meena Shingde	Neuropathology Trainee	Royal Prince Alfred
Prof John Simes	Director	NHMRC Clinical Trials Centre
Ms Teresa Simpson	Social Worker	Liverpool Hospital
Ms Sue Sinclair	Director, Cancer Services and Education	Cancer Institute NSW
A/Prof Robert Smee	Radiation Oncologist	Prince of Wales Hospital
Dr Sally Smith	Senior Cancer Information Manager, NSCC Clinical Cancer Registry	Royal North Shore Hospital
Dr Warwick Stening	Area Director of Neurosurgery	Prince of Wales Private Hospital
Dr Charles Teo	Director	Prince of Wales Hospital
Dr Stephen Thompson	Staff Specialist	Prince of Wales Hospital
Dr Mo Mo Tin	Radiation Oncologist	SSW Royal Prince Alfred Hospital
Ms Elizabeth Tracey	Chief Epidemiologist	Cancer Institute NSW
Dr James VanGelder	Surgeon	Liverpool Hospital
Dr Helen Wheeler	Medical Oncologist	Royal North Shore Hospital
Mr Kyle Williams		
Dr Jonathan Wood	VMO (POW) / Head of Department (NH)	POW / Nepean Hospital
Ms Kylie Wright	Neurosurgical Clinical Nurse Consultant	SSWAHS - Western Zone Liverpool Hospital

NSWOG Neuro-Oncology Clinical Trials Subcommittee

Name	Position	Institution / Location
Prof Jim Bishop	Chief Cancer Officer and CEO	Cancer Institute NSW
Dr Cynthia Lean	Manager, Collaboration and Information	Cancer Institute NSW
Prof John Simes	Director	NHMRC Clinical Trials Centre
Ms Sue Sinclair	Director, Cancer Services and Education	Cancer Institute NSW

NSWOG Palliative Care

Name	Position	Institution / Location
Ms Penny Adams	Manager, Access CSE	Cancer Institute NSW
Dr Ghauri Aggarwal	Dept Head, Palliative Care, CRGH SSWAHS	Concord Hospital
Ms Patricia Austin	Head of Psychology Department, Manager of Bereavement Services	Sacred Heart Palliative Care Service St Vincents Hospital
Prof Jim Bishop	Chief Cancer Officer and CEO	Cancer Institute NSW
Mr Neville Board	Manager, Cancer Information Systems	Cancer Institute NSW
Dr Andrew Broadbent	Director of Palliative Care Hope Healthcare North Northern Sydney NSCCAHS	Hope Healthcare North Greenwich Hospital
A/Prof Richard Chye	Area Director, Palliative Care, Eastern Sydney / Northern zone SESIAHU	Sacred Heart Palliative Care Service St Vincents Hospital
Dr Katy Clark	Staff Specialist	Royal Prince Alfred Hospital
Dr Josephine Clayton	Staff Specialist and Head of Department, Palliative Care, RNS Hospital, Senior Lecturer, Faculty of Medicine, University of Sydney, Cancer Institute NSW Clinical Research Fellow NSAHS	Royal North Shore Hospital
Mr Peter Cleasby	CNC, Central Coast Palliative Care CCAHS	Central Coast Area Health Service
Dr Neil Cooney	Medical Oncologist	SESAHS St Vincent's Hospital & Sacred Heart Hospice
Ms Melissa Cumming	Area Manager of Far West Palliative Care GWAHS	GWAHS Broken Hill Broken Hill Base Hospital
Ms Michelle Davis	Cancer Trials NSW	Health Development Service, Ward 11
Ms Haryana Dhillon	Coordinator NHMRC Enabling Grant	School Of Psychology
Dr Joanne Doran	Area Director, Palliative Care Service NCAHS	St Vincent's Hospital
Ms Kim Faulkner	Project Officer, Access and Equity Programs	Cancer Institute NSW
Dr Jonathan Gillis	Palliative Physician - Paediatrics	Westmead Childrens Hospital
Prof Afaf Girgis	Psycho-Oncologist	The Cancer Council NSW
Mrs Sue Giugni	Pastoral Care	St Vincent's Hospital
Ms Claudia Giugni	Acting Clinical Nurse Consultant	Greater Western Area Health Service Bloomfield Hospital
A/Prof Paul Glare	Director of Palliative Care, Eastern Zone SSWAHS	Royal Prince Alfred Hospital

NSWOG Palliative Care (cont'd)

Name	Position	Institution / Location
Prof Susan Hanson	Director, Clinical Governance	Palliative Care Association of NSW, SESIAHS
Ms Janeane Harlum	CNC Palliative Care, Western zone SSWAHS	Braeside Hospital
Ms Dorothy Hays OAM JP	Volunteer - Silent Visitor/ Pastoral Care	Coffs Harbour Health Campus
Ms Aine Heaney		National Prescribing Service Ltd
Ms Susan Hearn	Manager Social Work/ Bereavement Coordinator	Hope Healthcare North Greenwich Hospital
Ms Pauline Heath	CNC, GSAHS	Mercy Health Service GSAHS
Ms Bronwen Hewitt	Physiotherapist	Sacred Heart Palliative Care Service St Vincents Hospital
Ms Christina Hicks	Senior Policy Officer	NSW Health
Dr Jane Ingham	Lead Clinician in Palliative Care	Westmead Hospital
Dr Cynthia Lean	Manager, Collaboration and Information	Cancer Institute NSW
Dr Melanie Lovell		St Vincent's Hospital
Ms Megan Luhr	Palliative Care CNC Primary Care and Community Health Network Western Cluster, SWAHS	Sydney West Area Health Service, Nepean Cancer Care Centre
Dr Claudine Martijn	Clinical Psychologist	St Vincent's Hospital
Ms Jenny McKenzie	CNC, Palliative Care, Wagga Wagga cluster GSAHS	Wagga Wagga Palliative Care Service, Wagga Wagga Base Hospital
Ms Trish McKinnon	Social Worker	St Vincent's Hospital
Dr Anthoulla Mohamudally	Palliative Care Physician in Training	
Mrs Beverley Noble	Consumer Representative	Cancer Voices
Dr Michael Noel	Director of Palliative Care, Western cluster SWAHS	Sydney West Area Health Service Nepean Cancer Care Centre
Ms Sally O'Loughlin	Manager, Training & Policy	Carers NSW
Ms Jane Phillips	Rural Palliative Care Service Coordinator NCAHS	Mid North Coast (NSW)
Prof Peter Ravenscroft	Clinical Director, Division of Palliative Care HNEAHS	Newcastle Mater Misericordiae Hospital
Ms Tarika Rivers	Senior Policy Officer	NSW Health
Ms Joan Ryan	CNC, RPA, SSWAHS	SSWAHS Royal Prince Alfred Hospital
Ms Sue Sinclair	Director, Cancer Services and Education	Cancer Institute NSW
Ms Alex Sydney-Jones	Occupational Therapy	Sacred Heart Palliative Care Service St Vincents Hospital
Ms Louisa Thompson	Volunteer coordinator	Albury Base Hospital
Prof Kate White	Director Research Support Unit	
Dr Jennifer Wiltshire	Director of Palliative Care, Western Zone SSWAHS	SSWAHS - Western Zone Director of Palliative Care
Dr Roland Yeghiaian-Alvandi	Radiation Oncologist	Westmead Hospital Westmead Hospital

NSWOG Palliative Care: Clinical Trials / Research Subcommittee

Name	Position	Institution / Location
Dr Meera Agar	Director of Palliative Care	Braeside Braeside Hospital
Prof Jim Bishop	Chief Cancer Officer and CEO	Cancer Institute NSW
Dr Andrew Broadbent	Director of Palliative Care Hope Healthcare North Northern Sydney NSCCAHS	Hope Healthcare North Greenwich Hospital
A/Prof Richard Chye	Area Director, Palliative Care, Eastern Sydney / Northern zone SESIAHU	Sacred Heart Palliative Care Service St Vincents Hospital
Dr Josephine Clayton	Staff Specialist and Head of Department, Palliative Care, RNS Hospital, Senior Lecturer, Faculty of Medicine, University of Sydney, Cancer Institute NSW Clinical Research Fellow NSAHS	Royal North Shore Hospital
Dr Neil Cooney	Medical Oncologist	SESAHS St Vincent's Hospital & Sacred Heart Hospice
Ms Haryana Dhillon	Coordinator NHMRC Enabling Grant	School Of Psychology
Prof Afaf Girgis	Psycho-Oncologist	The Cancer Council NSW
Dr Jane Ingham	Lead Clinician in Palliative Care	Westmead Hospital
Dr Cynthia Lean	Manager, Collaboration and Information	Cancer Institute NSW
Dr Melanie Lovell		St Vincent's Hospital
Dr Claudine Martijn	Clinical Psychologist	St Vincent's Hospital St Vincent's Hospital
Ms Jenny McKenzie	CNC, Palliative Care, Wagga Wagga cluster GSAHS	Wagga Wagga Palliative Care Service Wagga Wagga Base Hospital
Ms Trish McKinnon	Social Worker	St Vincent's Hospital
Dr Anthoulla Mohamudally	Palliative Care Physician in Training	
Ms Sue Sinclair	Director, Cancer Services and Education	Cancer Institute NSW
Prof Kate White	Director Research Support Unit	
Ms Sharon Wiley	Palliative Care	Sacred Heart Palliative Care and Rehabilitation Service St Vincents Hospital

NSWOG Palliative Care: Professional Development Subcommittee

Name	Position	Institution / Location
Dr Fiona Abell	Staff Medical Oncologist	Hunter New England Area Health Service Mater Misericordiae Hospital
Dr Meera Agar	Director of Palliative Care	Braeside Braeside Hospital
Ms Patricia Austin	Head of Psychology Department, Manager of Bereavement Services	Sacred Heart Palliative Care Service St Vincents Hospital
Prof Jim Bishop	Chief Cancer Officer and CEO	Cancer Institute NSW
Ms Melissa Cumming	Area Manager of Far West Palliative Care GWAHS	GWAHS Broken Hill Broken Hill Base Hospital
Mrs Sue Giugni	Pastoral Care	St Vincent's Hospital

NSWOG Palliative Care: Professional Development Subcommittee (cont'd)

Name	Position	Institution / Location
Dr Cynthia Lean	Manager, Collaboration and Information	Cancer Institute NSW
Ms Jane Phillips	Rural Palliative Care Service Coordinator NCAHS	Mid North Coast (NSW)
Ms Ros Savage	Senor Physiotherapist	Calvary Health Care Sydney / SESIAHS
Ms Sue Sinclair	Director, Cancer Services and Education	Cancer Institute NSW
Ms Alex Sydney-Jones	Occupational Therapy	Sacred Heart Palliative Care Service St Vincents Hospital
Prof Kate White	Director	Research Support Unit
Mrs Judy Winning	Pharmacist in Charge	Neringah & Greenwich Hospitals - Hope Healthcare

NSWOG Palliative Care: Protocols and Guidelines Subcommittee

Name	Position	Institution / Location
Prof Jim Bishop	Chief Cancer Officer and CEO	Cancer Institute NSW
Mr Peter Cleasby	CNC, Central Coast Palliative Care CCAHS	Central Coast Area Health Service
Dr Jan-Maree Davis	Staff Specialist, Palliative Care, St George Hospital SESIAHS	St George Hospital
Ms Pauline Davis	Palliative Care Nurse Practitioner	SSW Prairiewood Community Health Centre
Prof Afaf Girgis	Psycho-Oncologist	The Cancer Council NSW
Ms Pauline Heath	CNC, GSAHS	Mercy Health Service GSAHS
Dr Cynthia Lean	Manager, Collaboration and Information	Cancer Institute NSW
Dr Alan Oloffs		
Ms Sue Sinclair	Director, Cancer Services and Education	Cancer Institute NSW
Ms Sharon Wiley	Palliative Care	Sacred Heart Palliative Care and Rehabilitation Service St Vincents Hospital

NSWOG Pathology

Name	Position	Institution / Location
Ms Penny Adams	Manager	Cancer Institute NSW
Dr Rosemary Balleine	Research Group Leader	Translational Oncology Sydney West Area Health Service, Westmead Institute for Cancer Research
A/Prof Michael Bilous	Director	Institute of Clinical Pathology and Medical Research Westmead Hospital
Prof Jim Bishop	Chief Cancer Officer and CEO	Cancer Institute NSW
Mr Neville Board	Manager, Cancer Information Systems	Cancer Institute NSW
Dr Stephen Braye	Anatomical Pathologist	Hunter Area Pathology Service
Dr Catherine Camaris	Acting Director	Prince of Wales Hospital
Dr Claire Cooke-Yarborough	Medical Advisor, CCR	Cancer Institute NSW

NSWOG Pathology (cont'd)

Name	Position	Institution / Location
Dr Warick Delprado	Director Histopathology	Douglass Hanly Moir Pathology
A/Prof Robert Eckstein	Anatomical Pathologist	Royal North Shore Hospital
Dr Jill Farmer	Pathologist	Colorectal Cancer Research Consortium
Ms Kim Faulkner	Project Officer, Access and Equity Programs	Cancer Institute NSW
Dr Debra Graves	CEO	Royal College of Pathologists of Australasia
Dr Cynthia Lean	Manager, Collaboration and Information	Cancer Institute NSW
Dr Paul McKenzie	Anatomical Pathologist	Royal Prince Alfred Hospital
Dr Adrienne Morey	Anatomical Pathologist, Director	St Vincent's Hospital St Vincent's Hospital
Dr Sian Munro	Project Manager	University of New South Wales Prince of Wales Hospital
Ms Sue Sinclair	Director Cancer Services and Education	Cancer Institute NSW
Prof Cheok Soon Lee	Clinical Professor and Area Deputy Director	Royal Prince Alfred Hospital Royal Prince Alfred Hospital
Dr Con Theocharous	Anatomical Pathologist	South East Area Laboratory Service
Ms Robyn Thomas	Project Officer	Cancer Institute NSW
Dr Tamsin Waterhouse	Deputy CEO	The Royal College of Pathologists of Australasia

NSWOG Radiotherapy Joint Advisory Committee

Name	Position	Institution / Location
Ms Leanne Aarts	Personal Assistant	Cancer Therapy Centre Liverpool Hospital
Ms Penny Adams	Manager, Access	Cancer Institute NSW
Dr Roger Allison	Acting Executive Director	Royal Brisbane and Women's Hospital
Ms Sue Ball	Radiation Therapist	St Vincents Hospital
Ms Jane Berrigan	Secretary - Dr Chris Wratten - Director, Radiation Oncology	Newcastle Mater Hospital
Prof Jim Bishop	Chief Cancer Officer and CEO	Cancer Institute NSW
Prof James Boehm		St George Hospital
Dr Colin Bull	Director, Radiation Oncology	Sydney West Area Health Service Westmead Hospital
Dr Jennifer Cox	Postgraduate Research Coordinator for MRS	
A/Prof Geoff Delaney	Director, Radiation Oncology	Sydney West Area Health Service Liverpool Hospital
Dr Richard Foster	Radiation Oncologist	Gosford Sydney Adventist Hospital
Mr Gary Goozee	Director, Medical Physics	Liverpool Cancer Therapy Centre
Ms Michelle Grant	Assistant - Ms Elizabeth Koff	South Eastern Sydney Area Health Service
Mr Stuart Greenham	Manager	North Coast Cancer Institute
Ms Jill Harris	Chief Radiation Therapist	Westmead Hospital
Ms Sally Hodgkinson		Cancer Voices NSW
Ms Megan Hughes	Secretary	Westmead Hospital
Ms Elizabeth Koff	Director	South Eastern Sydney Area Health Service

NSWOG Radiotherapy Joint Advisory Committee (cont'd)

Name	Position	Institution / Location
Dr Cynthia Lean	Manager, Collaboration and Information	Cancer Institute NSW
Dr Denise Lonergan	Dept Medical Oncology	McArthur Cancer Therapy Centre Cambelltown Hospital
Dr Nigel Lyons	Director Clinical Operations	Hunter and New England Area Health Service
Ms Kathy Meleady	Director	NSW Health
Prof Peter Metcalfe	Academic Chair, Medical Physics	
Mr Matthew Mikus-Wellings	Project Officer	Cancer Institute NSW
A/Prof Chris Milross	Director, Radiation Oncology	Sydney South West Area Health Service, Sydney Cancer Centre Royal Prince Alfred Hospital
A/Prof Graeme Morgan	Director, Radiation Oncology	Northern Sydney & Central Coast Area Health Service Royal North Shore Hospital
A/Prof Tom Shakespeare	Director, Area Cancer Services	North Coast Area Health Service Coffs Harbour Hospital
Ms Sue Sinclair	Director, Cancer Services and Education	Cancer Institute NSW
Ms Kim Small	Senior Radiation Therapist	St George Hospital St George Hospital
Ms Rosemary Trigg	Secretary	Westmead Hospital
Dr Christopher Wratten	Chairman and Director	Newcastle Mater Misericordiae Hospital

NSWOG Rural Oncology

Name	Position	Institution / Location
Ms Penny Adams	Manager, Access CSE	Cancer Institute NSW
Dr Philip Beale	Medical Oncologist	Royal Prince Alfred Hospital & Concord Hospital
Dr Stephen Begbie	Director of Oncology	The Highfields Centre Port Macquarie Base Hospital
Ms Maria Biancotti	Nursing unit manager	Manning Rural Referral Hospital
Prof Jim Bishop	Chief Cancer Officer and CEO	Cancer Institute NSW
Dr Adam Boyce	Director of Medical Oncology	Cancer Care Centre Lismore Base Hospital
Ms Noeline Brown	Treasurer of the Hospital Visiting Committee	Country Women's Association of NSW
Ms Phillipa Cahill	Snr Nurse Manager	St George Hospital
Ms Robyn Cahoun	Chief Executive Officer	Cancer Patients Assistance Society of NSW (CanAssist) Jean Colvin Hospital
Ms Margaret Chibnall	Director of Nursing	Jean Colvin Hospital Jean Colvin Hospital
Ms Bronwen Conn	Project Officer	Cancer Institute NSW
Ms Melissa Cumming	Area Manager of Far West Palliative Care GWAHS	GWAHS Broken Hill Broken Hill Base Hospital
Dr Linda Cutler	Executive Director	NSW Institute of Rural Clinical Services and Teaching
Ms Kim Faulkner	Project Officer, Access and Equity Programs	Cancer Institute NSW
Ms Diana Fisher	Regional Programs Coordinator	The Cancer Council NSW
Mr Peter Freeman	Nurse Manager Oncology	Tamworth Base Hospital
Mrs Karen Gorzynska	Cancer Nurse Coordinator	Coffs Harbour Health Campus Coffs Harbour & District Hospital

NSWOG Rural Oncology (cont'd)

Name	Position	Institution / Location
Mr William (Bill) Jansens	Rural Cancer Nurse Coordinator	Shoalhaven District Memorial
Ms Ros Johnson	Manager, Rural Health Unit	NSW Health
Mr Andrew Kovendy	Chief Physicist	North Coast Cancer Institute
Dr Cynthia Lean	Manager, Collaboration and Information	Cancer Institute NSW
Ms Patricia Luker	Consumer Representative	
Ms Fiona Ord	Oncology Social Worker	New England Area Health Service Armidale Hospital
Ms Christine Packer	Cancer Services Development Manager	Albury Base Hospital, GSAHS Albury Base Hospital
Ms Helen Packer	Clinical Nurse Consultant, Oncology	Bloomfield Hospital and Executive NSW Institute Rural Clinical Services & Teaching Bloomfield Hospital
Ms Rachel Pitt	Acting NUM / Breast Care Nurse	Manning Base Health Campus
Mrs Carmel Raymond	Clinical Nurse Consultant	Oncology Clinic Tamworth Oncology Clinic Tamworth
Ms Sue Sinclair	Director, Cancer Services and Education	Cancer Institute NSW
Mr Terry Smith	Consumer Representative	Cancer Voices NSW
Ms Helen Snodgrass	Clinical Nurse Consultant, Oncology	NSW Institute of Rural Clinical Services & Teaching Bloomfield Hospital
Dr John Stewart	Medical Oncologist	Newcastle Mater Misericordiae Hospital
Prof Robin Stuart Harris	Medical Oncologist	Capital Region Cancer Service The Canberra Hospital
Ms Lyn Taylor	Clinical Nurse Coordinator, Melanoma	Royal Prince Alfred Hospital
Ms Melanie Trethowan	Consumer Representative	Cancer Voices
Mr Damien Williams	Manager, Chief Radiation Therapist	Riverina Cancer Care Centre

NSWOG Upper GI

Name	Position	Institution / Location
A/Prof Lourens Bester	Head of Interventional Radiology	St Vincents Hospital
Dr Andrew Biankin	Head, Pancreatic Cancer Research Program	Garvan Institute of Medical Research
Prof Jim Bishop	Chief Cancer Officer and CEO	Cancer Institute NSW
Mr Neville Board	Manager, Cancer Information Systems	Cancer Institute NSW
Dr Tony Bonaventura	Director of Medical Oncology	Newcastle Mater Hospital
Dr Susan Carroll	Radiation Oncologist	Royal Prince Alfred Hospital and Prince of Wales Hospital
Dr Stanley Chen	Surgeon	John Hunter
Dr Katy Clark	Staff Specialist	Royal Prince Alfred Hospital
Dr Max Coleman	Surgeon	St Vincent's Clinic
Dr Michael Donnellan	Neurosurgical Registrar	Royal North Shore Hospital
Ms Karen Eaton	Cancer Care Co-ordinator	Prince of Wales Hospital
Dr Richard Eek	Senior Staff Specialist	Liverpool Health Service
Prof Greg Falk	Surgeon	Concord Repatriation General Hospital
Dr Doug Fenton-Lee	Surgeon	St Vincent's Clinic

NSWOG Upper GI (cont'd)

Name	Position	Institution / Location
Dr James Gallagher	Surgeon	Royal Prince Alfred Hospital
Dr Anthony Gill	Staff Specialist Pathologist, Anatomical Pathology	Royal North Shore Hospital Royal North Shore
Prof David Goldstein	Medical Oncologist	Prince of Wales Hospital
Clinical A/Prof Howard Gurney	Director - Medical Oncology	Westmead Hospital
Dr Jane Ingham	Lead Clinician in Palliative Care	Westmead Hospital
Dr Andrew Kneebone	Radiation Oncologist	Liverpool Health Service
Dr Cynthia Lean	Manager, Collaboration and Information	Cancer Institute NSW
Dr Winston Liauw	Medical Oncologist	St George Hospital/ St Vincent's Hospital
Mr Steve Liebman	Surgeon	Royal North Shore Private Hospital
A/Prof Reg Lord	Upper Gastrointestinal Surgeon	St Vincent's Hospital
Dr David Martin	Locum VMO Upper GI Surgery	Concord Hospital / Royal Prince Alfred Hospital
A/Prof Neil Merrett	Surgeon	Liverpool Hospital
Ms Rachel Nicholls	Project Officer	Cancer Institute NSW
Dr Ian Norton	Gastroenterologist	Concord Hospital Medical Centre
Mr Raj Paramanathan	Colorectal Data Manager	NSW Pancreatic and Oesophago-gastric Cancer Surgery Database
Dr Nigel Peck	Surgeon	Port Macquarie Base Hospital
Dr Henry Pleass	Transplant Surgeon	Westmead Hospital Westmead Hospital
Dr Jaswinder Samra	Surgeon	Royal North Shore Hospital
Dr Eva Segelov	Medical Oncologist	St Vincent's Hospital
Ms Sue Sinclair	Director, Cancer Services and Education	Cancer Institute NSW
Dr Garrett Smith	Surgeon	North Shore Private Hospital
A/Prof Ross Smith	Surgeon	Royal North Shore Hospital
Dr David Storey	Surgeon	Royal Prince Alfred Hospital
Clinical A/Prof Simone Strasser	Senior Staff Specialist	Royal Prince Alfred Hospital
Dr Stephen Thompson	Staff Specialist	Prince of Wales Hospital
Ms Elizabeth Tracey	Chief Epidemiologist	Cancer Institute NSW
Dr Craig Underhill	Oncologist	Border Medical Oncology Murray Valley Hospital
Ms Francina Wade	Upper GI Cancer Nurse Coordinator	Northern Area Royal North Shore Hospital
Ms Carolyn Wildbore	Clinical Nurse Consultant	Concord Repatriation General Hospital
Dr Vanessa Wills	Surgeon	Hunter New England Area Health Service John Hunter Hospital
Dr Robert Wilson	Surgeon	

NSWOG Urology

Name	Position	Institution / Location
Dr Paul Ainsworth	Urologist	Royal Newcastle Centre
Dr Nader Awad	Urologist	Port Macquarie Hospital Port Macquarie Base Hospital
Mr Colin Bartlett	Facilitator Westmead Prostate Cancer Support Group	Community Support Group for Prostate Cancer (PCFA)
Dr Philip Bergersen	Urologist	Hornsby Ku-ring-gai Health Service Chatswood
A/Prof Martin Berry	Radiation Oncologist	Liverpool Health Service
Prof Jim Bishop	Chief Cancer Officer and CEO	Cancer Institute NSW
Mr Neville Board	Manager, Cancer Information Systems	Cancer Institute NSW
Dr Andrew Brooks	Urologist	Westmead Private Hospital
Dr Joseph Bucci	Radiation Oncologist	Cancer Care Centre St George Public Hospital
Dr John Conroy	Consumer Representative	Cancer Voices NSW
Dr Paul Cozzi	Surgeon	St George Hospital St George Hospital
Dr Austin Curtin	Surgeon	Lismore Hospital
Dr Paul De Souza	Medical Oncologist	St George Hospital
Dr Tom Dean		Sydney Adventist Hospital
Dr Warick Delprado	Director Histopathology	Douglass Hanly Moir Pathology
Dr Paul Gassner	Urologist	Liverpool Hospital & Shoalhaven Hospital
Dr Andrew Giles	Chief Executive Officer	Prostate Cancer Foundation of Australia
Prof David Goldstein	Medical Oncologist	Prince of Wales Hospital
A/Prof John Grygiel	Medical Oncologist	St Vincent's Hospital
Clinical A/Prof Howard Gurney	Director, Medical Oncology	Westmead Hospital
Ms Narelle Hanly	Clinical Nurse Consultant - Prostate	Concord Hospital
Dr Vanessa Hayes	Project Leader Cancer Genetics	Garvan Institute of Medical Research
A/Prof Susan Henshall	Researcher	Garvan Institute of Medical Research
Dr Lisa Horvath	Medical Oncologist	Sydney Cancer Centre Royal Prince Alfred Hospital
A/Prof Paul Jackson	Researcher	Prince of Wales Hospital
A/Prof James Kench	Senior Staff Specialist Pathologist	Westmead Hospital
Ms Judith King-Thornburg	Personal Assistant	Cancer Care Centre St George Hospital
Dr Andrew Kneebone	Radiation Oncologist	Liverpool Health Service
Dr Andre Lalak	Director, Urology	Concord Repatriation General Hospital
Dr Cynthia Lean	Manager, Collaboration and Information	Cancer Institute NSW
Dr William Lynch	Urologist	St George Private Medical Centre
Dr Gavin Marx	Medical Oncologist	Sydney Haematology and Oncology Clinic
Mrs Jessica Medd	Clinical Psychologist	Concord Repatriation General Hospital
Dr Manish Patel	Urological Oncologist	Westmead Hospital
Ms Astrid Przewdzicki	Clinical Psychologist	Liverpool
Mr John Ramsay	Psycho Oncology / Health Consumer Representative / Advocate	Prostate Cancer Foundation of Australia
Dr Kris Rasiah	Clinical Leader Urological Cancer	Garvan Institute for Medical Research Royal North Shore Hospital
Dr Sara Rendo	Staff Specialist - Palliative Care	Prince of Wales Hospital

NSWOG Urology (cont'd)

Name	Position	Institution / Location
Prof Pamela Russell	Researcher - Cell Biology, Gene Therapy, Prostate and Bladder Cancer	Prince of Wales Hospital
A/Prof Tom Shakespeare	Director, Area Cancer Services	North Coast Area Health Service Coffs Harbour Hospital
Ms Sue Sinclair	Director, Cancer Services and Education	Cancer Institute NSW
Mr David Smith	Researcher	Cancer Council New South Wales
Mr Philip Sprott	Urologist	Newcastle Mater Hospital
Dr Mark Stevens	Radiation Oncologist	Riverina Cancer Care Centre
A/Professor Martin Stockler	Associate Professor of Cancer Medicine & Clinical Epidemiology	Royal Prince Alfred Hospital Royal Prince Alfred Hospital
A/Prof Phillip Stricker	Chairman	St Vincent's Hospital
Dr Paul Sved	Urologist	Royal Prince Alfred Hospital Medical Centre
Dr Sandra Turner	Staff Specialist	Westmead Hospital
Ms Kate Tynan	Researcher	CCORE Liverpool CTC
Dr Craig Underhill	Oncologist	Border Medical Oncology Murray Valley Hospital
Ms Kirsten Wolff	Personal Assistant	Port Macquarie Base Hospital Port Macquarie Base Hospital
Dr Henry Woo	Urologist	Westmead Private Hospital Westmead Private Hospital

Pap Test Register Advisory Committee

Name	Position	Institution / Location
Dr Gerry Wain	Gynaecological Oncologist, Scientific Director	Cervical Screening Program
Dr Chris Dalrymple	Gynaecology representative	
Ms Jane Mills	Consumer representative	
Dr Amanda McBride	General Practice representative	
Ms Helen Moore	Dept of Health representative	NSW Health
Dr Claire Biro	Cytology representative	
Dr Suzanne Hyne	Histopathology representative	
Ms Lynn Sartori (Acting Chair)	Director, Cancer Screen from June 2007	Cancer Institute NSW
Dr Yeqin Zuo	Manager, NSW Pap Test Register	Cancer Institute NSW
Ms Liping Qian (Secretariat)	Follow-up Coordinator, NSW Pap Test Register	Cancer Institute NSW
Dr Stephen Morrell	Epidemiologist, Monitoring and Evaluation Unit from June 2007	Cancer Institute NSW
Dr Robyn Godding	Program Manager, Cervical Screening Program from June 2007	Cancer Institute NSW
Dr Paul Jelfs	Director, Population Health & Registries	Cancer Institute NSW

Population and Health Services Research Ethics Committee

Name	Position
Prof Richard Madden	Chairperson
Dr Sallie Pearson	Deputy Chair
Prof Andrew Grulich	Research Experience
Mr Tony Kolbe	Research Experience
Dr Madeleine King	Research Experience
Dr Andrew Biankin	Professional Care
Dr Bettina Meiser	Professional Care
Dr Lyndal Trevena	Professional Care
Ms Rachel Williams	Lay Member
Ms Rebecca Johnstone	Legal Member
Rev Dr Michael Giffin	Religious Member (Retired)
Rev Jonathon Humphries	Religious Member
Dr Michelle Cretikos	Public Health Officer Trainee (Retired)
Mr Michael Costello	Lay Member

Quality & Clinical Effectiveness Advisory Committee

Name	Position	Institution / Location
Prof Bruce Barraclough	Professor and Director of Cancer Services	The University of Sydney
Prof Michael Barton	Professor of Radiation Oncology	Faculty of Medicine, UNSW
Ms Katherine Cox	Clinical Nurse Specialist	Liverpool Health Service
Prof Stewart Dunn	Professor of Medical Psychology	Royal North Shore Hospital
A/Prof Paul Harnett	Director Area Cancer Services	Royal North Shore
Mr Neil Heron	Project Manager, Clinical Cancer Registry Project	Westmead Hospital
Prof Clifford Hughes	CEO	Macquarie Hospital
Ms Elisabeth Kochman		Cancer Voices
Ms Anne Lloyd	Cancer Services Development Manager	Sydney West Area Health Service
Ms Louise Maher	Clinical Nurse Consultant	Westmead Hospital
Ms Maureen McGovern	Cancer Services Development Manager	North Coast Cancer Institute
Ms Catherine Murray	Senior Nurse Manager	Port Macquarie Base Hospital
Dr David Townend	Surgeon	Lismore NC
Dr Craig Underhill	Oncologist	Murray Valley Hospital

Quitline Steering Committee

Name	Position	Institution / Location
Ms Trish Cotter (Chair)	Director, Cancer Prevention	Cancer Institute NSW
Ms Bronwyn Crosby	Deputy Director Alcohol and Drug Service	St Vincent's Hospital
Mr Philip Hull	Quitline Clinical Manager	NSW Quitline
Ms Elayne Mitchell	Senior Policy Analyst Cessation	NSW Health
Ms Donna Perez	Project Officer Research and Evaluation	Cancer Institute NSW
Mr Brendon Walker	Call Centre Manager	NSW Quitline
Dr Alex Wodack	Director Alcohol and Drug Service	St Vincent's Hospital

Registrar Forum: 9 March 2007

Name	Position	Institution / Location
Dr Chris Arthur	Director Area Cancer Services	Northern Sydney Central Coast Area Health Service
Prof Michael Barton	Professor of Radiation Oncology	Liverpool Health Service
Dr Stephen Begbie	Director of Oncology	Port Macquarie Base Hospital
A/Prof Martin Berry	Radiation Oncologist	Liverpool Health Service
A/Prof Richard Chye	Director of Palliative Care	Sacred Heart Palliative Care Service, St Vincent's Hospital
Dr Craig Lewis	Senior Staff Specialist	Prince of Wales Clinical School
Dr Marie-Louise Stokes	Senior Medical Officer	NSW Institute of Medical Education and Training (IMET)
Prof Mark Brown	Director IMET and Head, Department of Rural Medicine	St George Hospital
Dr Paul McKenzie	Head Department of Anatomical Pathology	Royal Prince Alfred Hospital
Dr Andrew Broadbent	Radiation Oncologist	Hope Healthcare
Prof Phillip Crowe	Professor of Surgery	Prince of Wales Hospital
Dr Richard North	Medical Oncologist	Newcastle Mater Hospital
Mr Michael Hannon	A/Manager Educational and Training Unit	Workforce Development and Leadership, NSW Health

Research Grants Review Committee

Name	Position	Institution / Location
Prof John Funder	Professor of Medicine	Prince Henry's Institute of Medical Research, Monash University
Prof John Hopper	Director, Centre for Genetic Epidemiology	University of Melbourne
Prof Michael Millward	Professor, Clinical Cancer Research	Sir Charles Gairdner Hospital
A/Prof Andrew Scott	Director, Tumour Targeting Program	Austin Hospital
Prof Robert Thomas	Director of Surgical Oncology and Chief Medical Officer	Peter MacCallum Cancer Centre
Prof Wayne Tilley	Dame Roma Mitchell Chair in Cancer Research	University of Adelaide
A/Prof Alison Venn	Deputy Director	Menzies Research Institute

Research Grants Review Committee (cont'd)

Name	Position	Institution / Location
A/Prof Lin Fritschi	Senior Researcher, Cancer Epidemiology	Western Australian Institute for Medical Research, Laboratory for Cancer Medicine
Prof Joe Trapani	Head, Cancer Immunology Program	Peter MacCallum Cancer Centre
Prof Peter Klinken	Director, Western Australian Institute for Medical Research	Western Australian Institute for Medical Research
Dr Paul Mitchell	Director of Cancer Services	Austin Health
Dr Euan Walpole	Medical Director, Cancer Services Division	Princess Alexandra Hospital
Prof Villis Marshall	Clinical Director, Surgical Specialities Service	Royal Adelaide Hospital
Ms Carmel Edwards	Director, Division of Cancer Research	Cancer Institute NSW
Mr Rodney Ecclestone	Manager (Acting), Research Grants and Development	Cancer Institute NSW
Mr Garry Way	Grants Coordinator (Acting)	Cancer Institute NSW

Skin Cancer Prevention Committee

Name	Position	Institution / Location
Ms Kay Coppa	Manager, Skin Cancer Prevention	The Cancer Council NSW
Ms Trish Cotter	Director, Cancer Prevention	Cancer Institute NSW
Ms Anita Dessaix	Project Manager, Cancer Prevention	Cancer Institute NSW
Ms Jenny Hughes		NSW Health
Ms Vanessa Wells	Senior Project Officer, Centre for Chronic Disease Prevention	NSW Health
Ms Anita Tang	Director Health Strategies	The Cancer Council NSW

Sponsorship Committee

Name	Position	Institution / Location
Ms Trish Cotter	Director, Cancer Prevention	Cancer Institute NSW
Mr Adrian Grundy	Manager, Cancer Communications	Cancer Institute NSW
Ms Beth Macauley	Chief Operating Officer	Cancer Institute NSW
Ms Sue Sinclair	Director, Cancer Services and Education	Cancer Institute NSW
Mr David Sabanayagam	Manager, Finance and Administration	Cancer Institute NSW

Tobacco Action Plan Research and Evaluation Committee

Name	Position	Institution / Location
Dr John Sanders	Manager, Tobacco and Health Branch	Centre for Chronic Disease Prevention and Health Advancement, NSW Department of Health
Ms Elayne Mitchell	Senior Policy Analyst, Cessation Program	Centre for Chronic Disease Prevention and Health Advancement, NSW Department of Health
Ms Jenny Knight (Chair)	Program Manager, Population Health	Hunter New England Area Health Service
Ms Dias Soewido	Senior Policy Analyst, Performance, Monitoring and Evaluation	Centre for Chronic Disease Prevention and Health Advancement, NSW Department of Health
Mr Andrew Milat	Manager, Strategic Research and Development Branch	Centre for Chronic Disease Prevention and Health Advancement, NSW Department of Health
Dr Lyndon Bauer	Research and Evaluation Coordinator	Northern Sydney Central Coast Area Health Service
Dr Therese Jones	Research and Evaluation Coordinator	Greater Western Area Health Service
Dr Christine Paul	Senior Research Academic	Centre for Health Research and Psycho-oncology (CheRP)
Ms Donna Perez	Project Officer, Research and Evaluation	Cancer Institute NSW
Ms Anne Jones (observer)	Chief Executive Officer	Action on Smoking and Health (ASH) Australia

Promoting the Cancer Institute NSW

Media releases

Date	Media release
22 June 2007	Pap Tests Prevent Cancer Crisis: New Report
20 June 2007	Countdown To Smoke free Pubs & Clubs Begins: 12 Days To Go...
14 June 2007	\$20 Million Boost for the State's Leading Cancer Researchers
31 May 2007	Quit Message Getting Through ... But Not To Everyone
25 May 2007	Cancer Bigger Burden But NSW Cancer Survival Rates Improve
23 May 2007	Support Underpins Cancer Research Achievements
23 May 2007	Sydney Scientist Awarded State's Top Cancer Research Honour
20 May 2007	Seven Strokes a Day Caused by Smoking
17 May 2007	\$1.8 Million Boost To Innovation Cancer Care Services
10 May 2007	Research Backs Cervical Cancer Vaccination Program
29 April 2007	One In Four NSW Women Skip Pap Tests
26 April 2007	Cervical Cancer Vaccination and Screening
26 April 2007	Cervical cancer vaccination program begins in Sydney
20 April 2007	HRT and Incidence of Breast Cancer in NSW
7 April 2007	NSW Smoking Rates Plummet to Record Low
25 February 2007	NSW Government Launches Latest Anti-cancer Healthy Eating Campaign
4 February 2007	Cancer Prevention Plan launched on World Cancer Day
31 January 2007	Westmead Cancer Research Boost
7 January 2007	\$1 Million Melanoma Awareness Campaign
22 November 2006	NSW Cancer Plan 2007–2010
19 November 2006	Skin Cancer On The Rise: Cover Up This Summer
15 November 2006	Sun and Smoking Forces Women's Cancer Up: Report
8 November 2006	Abbott Should Step In On Cervical Cancer Vaccine
24 October 2006	Encouraging New Breast Cancer Survival Figures
10 October 2006	New Equipment Helping Young Brain Tumour Patients
10 October 2006	Funding for RPA Cancer Psychologist
10 October 2006	Funding for Illawarra Cancer Psychologist
10 October 2006	Funding for Eastern Suburbs Cancer Psychologist
10 October 2006	Funding for South Coast Cancer Psychologist
10 October 2006	Funding for Hunter Cancer Psychologist
9 October 2006	Complementary Therapies Growing in Cancer Care
5 October 2006	Breast Cancer Strongly Related to Lifestyle
4 October 2006	New Prostate Cancer Marker Helps Identify Men Whose Cancer is Likely to Spread
19 September 2006	Cancer Fight on the right track: Two-Year NSW Cancer Plan Progress Report
13 September 2006	Breast Cancer Still Kills: New Campaign
3 September 2006	Fathers' Day Message for Parents Who Smoke
23 July 2006	2.2 Million Women Safer Thanks to a Decade of Pap Test Register
10 July 2006	\$7 Million in Cancer Research Funding up for grabs
5 July 2006	NSW Best for Rural Cancer Treatment
3 July 2006	\$1.1 Million Boost to Cancer Training in Illawarra

Events

Date	Event name	Location
23 May 2007	Premier's Awards for Outstanding Cancer Research 2007	Doltone House, Sydney
20 May 2007	Voice Within TVC Launch	RNSH
18 – 20 May 2007	General Practitioners Conference and Exhibition	Sydney Showgrounds
14 May – 6 September 2007	Rock Eisteddfod Challenge 2007	
3 May 2007	Premier's Awards for Outstanding Cancer Research 2007 - Sponsors Breakfast	Australian Technology Park
24 April 2007	Clinical Fellows Orientation & Launch	Cancer Institute NSW
3 April 2007	BreastScreen Community Grants Info Session	Parramatta Heritage Centre, Sydney
1 March 2007	Pharmaceutical Industry Council Meeting	Rydges Capitol Hill, Canberra
27 November – 1 December 2006	Clinical Oncological Society of Australia (COSA)	Melbourne Exhibition Centre
24 October 2006	Clinical Fellows Orientation	Cancer Institute NSW
8 – 9 October 2006	Women's Health Expo	Rosehill Racecourse, Sydney
13 September 2006	BreastScreen TVC launch	Victoria Room, Darlinghurst
31 August 2006	Psycho-Oncology Fellows Orientation	RPA
23 August 2006	Pap Test Register 10th Anniversary	Australian Technology Park
9 August 2006	Cancer Plan Consultative Workshop: Research	Australian Technology Park
16 August 2006	Cancer Plan Consultative Workshop: Clinical Trials	Australian Technology Park
26 July 2006	Mouth Cancer TVC Launch	RPA
14 –16 July 2006	Cancer Nurses Society of Australia (CNSA) 9th Winter Congress	Adelaide Convention Centre

Ministerial Representations Received

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Publications

During 2006–07, the Cancer Institute NSW published the following publications and reports:

Cancer in New South Wales Incidence and Mortality Report 2004

Tracey EA, Chen S, Baker D, Bishop J, Jelfs P. Sydney: Cancer Institute NSW, Sydney, 2006.
ISBN: 1741870089

Cervical Screen NSW Annual Statistical Report 2004

Cancer Institute NSW, Sydney, 2006
ISBN: 0734738870

Cancer Institute NSW: Annual Report 2005–06

Cancer Institute, NSW, Sydney, 2006
ISBN: 1741870097

NSW Cancer Plan 2007–2010

Cancer Institute NSW, Sydney, 2006
ISBN: 1741870100

Human Resources Information

Staff profile

The following tables details the number of Officers in the Cancer Institute NSW in various categories as at 30 June for the past three years*.

Level	2004–05			2005–06			2006–07		
	Total	Men	Women	Total	Men	Women	Total	Men	Women
SES	4	2	2	6.9	2	4.9	5.9	1	4.9
HSM 4–6	14.63	7	7.63	20.26	7	13.26	26.4	9	17.4
HSM 1–3	21.77	5	16.77	52.54	15.84	36.7	68.28	16.43	51.85
Admin Officers	20.9	3	17.9	21.54	2.05	19.49	14.07	0	14.07
Staff Specialists	2	2	-	0.9	0.3	0.6	0.4	0	0.4
Career Medical Officer	-	-	-	-	-	-	1	0	1
Medical Radiation Scientist	-	-	-	1	-	1	1	0	1
Total	63.3	19	44.3	103.14	27.19	75.95	117.05	26.43	90.62

CEO and senior executive officers

Level	2004–05			2005–06			2006–07		
	Total	Men	Women	Total	Men	Women	Total	Men	Women
7	1	1	-	1	1	-	1	1	0
3	-	-	-	-	-	-	1	0	1
2	3	1	2	3	1	2	2	0	2
1	-	-	-	3	-	3	1.9	0	1.9
Total	4	2	2	7	2	5	5.9	1	4.9

*2004–05 was the first reporting year for the Cancer Institute NSW.

Performance Statements

Prof. James F Bishop, MD MMed MBBS FRACP FRCPA
Chief Cancer Officer and CEO,

Cancer Institute NSW

Professor of Cancer Medicine, University of Sydney

Contract commenced on 8 October 2003

Total remuneration package: \$374,600

A panel from the Cancer Institute NSW Board, chaired by the then Acting Chair of the Board, Jill Boehm, conducted Prof Bishop's performance review. The Board expressed a unanimous view that Prof Bishop consistently exceeded expectations in his performance as the CEO and Chief Cancer Officer.

Key activities undertaken and achievements of Prof Bishop during 2006–07 include:

- *NSW Cancer Plan 2007–2010*: consultations, plan written, agreed and implementations began.

- Cancer Prevention: program delivered 2.4% smoking reduction and increased awareness of cancer avoidance.
- Cancer Screening: increased participation in breast screening, review of cervical screening.
- Cancer Services and Education: Cancer Services structure in place, business improvement in radiotherapy and multi-disciplinary teams program established.
- Cancer Research: Cancer Research fellows and infrastructure funded, research review completed.
- Cancer Information and Registries: reports completed, registry re-design initiated, CHeReL established.
- Corporate Governance: audit complete, risk management program completed, strategic planning completed.

Ethnic Affairs Priorities Statement

The Cancer Institute NSW recognises the cultural and linguistic diversity of the NSW community and we are committed to ensuring that our services are provided in a culturally appropriate and competent manner.

Our Ethnic Affairs Priority Statement (EAPS) Management Plan sets out strategies for ensuring our services are accessible to all members of the public, including those from culturally and linguistically diverse communities who may otherwise face difficulties in finding out about our services and understanding how we may be able to help them. Specifically, our EAPS Management Plan aims to improve community access to cancer services across NSW thus enhancing the quality of care and the health of the community.

The Cancer Institute NSW also works closely with NSW Health and Area Health Services across NSW who are responsible for the delivery of cancer services. Each of these organisations have implemented measures that are aimed at improving community access to cancer services across NSW that recognise the cultural and linguistic diversity of the NSW community.

NSW Government Action Plan for Women

The NSW Government Action Plan for Women outlines the Government's commitments, priorities and initiatives for women. The Action Plan focuses on initiatives specially designed to meet women's needs and ways in which Government agencies take account of women in delivering their core services.

In the case of the Cancer Institute NSW this is especially relevant with respect to women's health issues and in particular our programs and services that address the prevention, early detection and treatment of cancers in women.

The Cancer Institute NSW has statutory responsibilities to substantially improve cancer control in NSW and has developed, through the *NSW Cancer Plan 2007–2010*, initiatives and programs that are directly aimed at improving the health and quality of life of women in NSW.

Our programs aimed at women also recognise the Women's Health Outcomes Framework developed by

NSW Health, which provides a framework for advancing the health and wellbeing of disadvantaged women in NSW. Our major program and campaign areas that address the prevention, early detection and treatment of cancers in women are:

BreastScreen NSW

BreastScreen NSW is a free breast screening service targeting women aged 50 to 69 years but available to all women over 40 years of age. This service is managed by the Cancer Institute NSW and aims to detect breast cancer in its early stages, when treatment can be most effective.

NSW Pap Test Register

The Pap Test Register provides a follow-up and reminder service to women to encourage them to have regular Pap tests every two years or as recommended by their doctor or nurse.

NSW Cervical Screen Program

- Develops and implements strategies to recruit all women in the target groups to undergo regular two yearly Pap tests, including providing appropriate information and ensuring access to appropriate services.
- Supports General Practitioner structures and activities to facilitate their primary role in developing acceptable Pap test services to women.
- Works with laboratories to optimise their role in cervical screening.
- Promotes best clinical practice in cervical screening.
- Undertakes ongoing operations-oriented research, monitoring and evaluation to support and guide the directions of the Program.

Glossary

Accreditation

The process by which a private or public agency evaluates and recognises an institution as fulfilling applicable standards. The determination that an institution meets these standards is also referred to as accreditation of the program or institution.

Allied health professionals

Specially trained and/or licensed health care workers, other than physicians, dentists. Refers to podiatrists, chiropractors, optometrists and nurses.

Ambulatory care

Health services provided without the patient being admitted to hospital. Also called outpatient care.

Cancer control

An integrated and coordinated approach to reducing cancer incidence, morbidity and mortality through prevention, early detection, treatment, rehabilitation and palliation.

Cancer incidence

The number of new cases of cancer occurring in a defined population during a given period.

Cancer mortality

Deaths from cancer in a defined population during a specified period. It may be used to denote numbers or rates.

Cancer Nurse Coordinator

A nurse with specialist and expert training in cancer care who facilitates patient centred cancer care, and continuity of care throughout the patient's care journey.

Cancer prevalence

Cancer prevalence is defined as the number of people alive on a certain date in a population who have been previously diagnosed with the disease. It includes new cancers (incidence) and pre-existing cancers and represents the number of people both newly diagnosed and surviving.

Cases

These are individual cancers. A person may have more than one cancer, giving rise to multiple cases in the same person. Second cases in one person are counted only if they are of different cell type or originate in a different organ.

Central Cancer Registry

Also known as a population-based cancer registry. Central cancer registries collect incidence and survival data on all cancer patients who reside in a defined geographical area or who are diagnosed and/or treated for cancer in a geographical area. Population based cancer registries are essential for assessing the extent of cancer burden in a specific geographic area.

Clinical Cancer Registry

Cancer information system that allows monitoring of quality of care and outcomes for cancer patients and their carers.

Chronic disease

Diseases that have one or more of the following characteristics: they are permanent, leave residual disability, are caused by non-reversible pathological alteration, require special training of the patient for rehabilitation, or may be expected to require a long period of supervision, observation or care.

Clinical pathway

Multidisciplinary plans of best clinical practice for specified groups of patients with a particular diagnosis, that aid in the coordination and delivery of high-quality care.

Clinical practice guidelines

Published guidelines issued by a central authority that are aimed at informing medical practitioners of treatment and investigation methods preferred by experts and/or proven by research.

Clinical trial

Research conducted with the patient's permission, usually involving a comparison of two or more treatments or diagnostic methods, with the aim of gaining better understanding of the underlying disease process and/ or methods by which it may be treated. A clinical trial is conducted with rigorous scientific method for determining the effectiveness of a proposed treatment.

Combined modality treatment

The integration of two or more forms of treatment to combat cancer; i.e. radiation and surgery, radiation and chemotherapy or surgery, radiation and chemotherapy.

Complementary therapies

A range of approaches to care provision aimed at enhancing quality of life, including (but not limited to) relaxation therapy, music, art, prayer, visualisation, guided imagery, massage, aromatherapy and dietary therapies, and other socialisation programs aimed at good health.

Community

The broad range of stakeholders with an interest in health services. This includes individual consumers, organisations and groups, health professionals and specific populations. (Source: NSW Department of Health, Circular 2003/1, January 2003)

Consumer

An individual who uses or is a potential user of health services, including the family and carers of patients and clients. (Source: NSW Department of Health, Circular 2003/1, January 2003)

Crude rate

An estimate of the proportion of a population that is diagnosed with (or dies from) cancer during a specified period. It is usually expressed per 100,000 people in the population per year.

Lead Clinician

A clinician member of an area-wide, site-specific clinical group who takes responsibility for the group's coordination and operation. This clinician need not necessarily be the most professionally or academically senior member of the group. (Source: NSW Health (2003) *A Clinical Service Framework for Optimising Cancer Care in NSW*)

Linear accelerator

Machinery that produces beams of X-rays or high-energy electrons that are focused onto a tumour within the body. Also known as a linac.

Lymphoedema

Swelling of the subcutaneous tissues caused by obstruction of the lymphatic drainage. This results from fluid accumulation and may arise from surgery, radiation or the presence of a tumour in the area of the lymph nodes.

Medical oncologist

A specialist medical practitioner who studies and treats cancer using chemotherapy and other drugs.

Medical physicist

Scientific specialist who establishes, implements and monitors processes that allow optimal treatment using radiation, taking account of the radiation protection of patients and others.

Medicare

A national, Government-funded scheme that covers all Australians to help them afford medical care, by subsidising the cost of personal medical services.

Multi-disciplinary care

An approach combining the knowledge, skills and expertise of a range of organisations and professionals, whereby all members of the team liaise and cooperate together with the patient to diagnose, treat and manage the condition to the highest possible standard of care.

Oncology

The science of the treatment of malignant cancers, either with surgery, radiotherapy, chemotherapy or combinations of these modalities.

Palliative care

The active total care of patients whose disease is not responsive to curative treatment. Control of pain, of other symptoms, and of psychological, social and spiritual problems is paramount. The goal of palliative care is to achieve the best quality of life for patients and their families.

Pathology

The branch of medicine concerned with disease, especially its structure and its functional effects on the body.

Peer Review

A process whereby peers professionally evaluate a colleague's work.

Population health

The health of groups, families and communities. Populations may be defined by locality, biological criteria such as age or gender, social criteria such as socio-economic status, or cultural criteria.

Population health outcomes

Used to describe a change in the health status of a population due to a planned program or series of programs, regardless of whether such programs were intended to change health status.

Population screening

The process of looking for disease in a defined population that has no obvious symptoms.

Psychosocial support

The culturally sensitive provision of psychological, social and spiritual care.

Quitline

Australia-wide telephone information and advice service for people who want to quit smoking.

Radiation oncologist

A medical practitioner who specialises in the treatment of patients suffering from cancer.

Radiation oncology

The study and treatment of cancers using radiation (X-rays, gamma rays or electrons).

Radiation therapist

A radiation treatment specialist who is directly responsible for the practical implementation of the prescribed course of radiotherapy.

Site

The place in the body where the cancer occurs.

Treatment protocol

A treatment plan or outline. In clinical trials, a protocol is the plan for using an experimental procedure or treatment.

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Contact Directory

Cancer Institute NSW
Level 1, Biomedical Building
Australian Technology Park
1 Central Avenue
Eveleigh NSW 2015
Australia

PO Box 41
Alexandria NSW 1435

Tel: + 61 2 8374 5600
Fax: + 61 2 8374 5700
Email: information@cancerinstitute.org.au
Web: www.cancerinstitute.org.au

Service and business hours: 8.30am – 5.00pm

Quitline: 13 7848 (13 QUIT)

BreastScreen NSW: 13 2050
info@bsnsw.org.au

Cervical Screening: 13 1556
cervicalscreening@cancerinstitute.org.au

Bowel Screening: 1800 118 868
(National Bowel Cancer Screening Program Information Line)

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