



Annual Report 2006-2007

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National Breast Cancer Centre Annual Report 2006-2007
was prepared and produced by:

National Breast Cancer Centre
ABN: 85 094 118 902
Locked Bag 3 Strawberry Hills NSW 2012 Australia

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Copies of this Report can be ordered from:
National Breast Cancer Centre: 1800 624 973
Email: directorate@nbcc.org.au
Website: www.nbcc.org.au

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Report from the Chair

2006-2007 was a year of transition for National Breast Cancer Centre (NBCC). The process of developing a strategic plan for the period 2007-2011 required evaluation of past performance, critical engagement with stakeholders and reflection upon where NBCC could best contribute to cancer control in Australia going forward.

In tandem with developing a strategic plan and business plan to support our goals, NBCC needed to secure Commonwealth Government funding for a further four years. The outcome of the Senate Inquiry into gynaecological cancer and the formation of Cancer Australia during 2006 were also significant environmental factors impacting upon the planning process.

As a prelude to developing our strategic plan many of our key stakeholders were surveyed and feedback was positive with consumers and health professional groups consistently reporting that NBCC is a highly credible organisation, valued for its independence, high standards and continuing contribution to reducing the impact of breast and ovarian cancer.

Fortunately, in late 2006, the Commonwealth Government confirmed NBCC would be funded for a further four years commencing in July 2007. The Commonwealth's commitment of \$10.4 million in core funding over four years is much appreciated and was followed up with a specific grant of \$500,000 in April 2007 for work to relieve the impact of lymphoedema. The National Breast Cancer Foundation provided a significant contribution to NBCC and we are grateful for their support and that of other non-government organisations.

In its strategic planning process, the Board closely considered NBCC's place in the cancer landscape. We determined that NBCC is best able to make a contribution to national cancer control and improve cancer outcomes by focusing on our work in breast and ovarian cancer. We will continue to use an evidence-based approach to inform best practice, health systems reform and policy. History has demonstrated that work done by NBCC impacts upon practice and policy not only in the field of breast and ovarian cancer control but across the cancer spectrum.

We have determined that our vision for 2011 is one of a better informed community, improved care for consumers with breast and ovarian cancer, reduced disparity of outcomes, timely production of evidence-based information, and well led national cancer control.



Megan Keaney

DR MEGAN KEANEY

Chair

To achieve this vision, the Board determined that NBCC's strategic goals for 2007-2011 would be to:

1. Improve information
2. Contribute to national leadership in cancer control
3. Monitor outcomes and demonstrate impacts
4. Enhance outcomes and impacts through partnerships
5. Strengthen capability

The Board is confident that the strategic plan and the annual business plan developed to support these goals will produce tangible outcomes for consumers, health professionals and our other stakeholders.

During 2006 Jocelyn Newman retired from the Board. I would like to thank Jocelyn for her contribution to NBCC over a period of many years.

I would also like to congratulate Dr Helen Zorbas and her team. The very favourable feedback we received from stakeholders during the consultation process was very pleasing and of course reflects well on Helen and her team. On behalf of the Board and all of the people who benefit from NBCC's work, I would like to express my gratitude.

Report from the Director

This year saw the culmination of strategies developed and implemented over the three year funding and strategic planning cycle 2004-2007. National Breast Cancer Centre's achievements were in the key areas of leadership, information, quality assurance and standards of care, innovation and best practice, empowerment of consumers, monitoring and sustainability.

In addition to providing timely, evidence-based recommendations to inform clinical care and consumer decision-making, NBCC has undertaken bodies of work in multidisciplinary care, psychosocial care, communications skills training, data consistency and monitoring, indicators of care and public information campaigns. The extraordinary breadth and depth of the work of NBCC would not be possible without the invaluable generosity of time and expertise provided by our international advisors, Clinical Expert Advisory Panel, members of our four key advisory groups and many working groups.

During 2006-2007, NBCC published up-to-date information about breast and ovarian cancer in Australia and implemented programs to address gaps in knowledge and best practice care.

NBCC extended its reach through strategic partnership initiatives ensuring that evidence-based information and vital early detection messages were received by women and men throughout the community. Our target audiences included women in rural and regional Australia, financially disadvantaged women, women from culturally and linguistically diverse backgrounds, Indigenous women, and men with breast cancer.

Two detailed statistical reports about breast cancer and ovarian cancer were published, providing the latest available data about these diseases to inform cancer control in Australia. Additionally, papers published in peer reviewed journals described the management of invasive and in-situ breast cancer in Australia and provided opportunities to review care against best practice recommendations.

NBCC's evidence reviews informed not only clinical practice, but also policy development. For example, the addition of Herceptin[®] on the Medicare Benefits Schedule was supported by the development of evidence-based recommendations for its use in both early and metastatic disease. Additionally, NBCC's work has been integral to the development of two MBS item numbers to support multidisciplinary care and the use of MRI for screening younger women at high risk of breast cancer.



A handwritten signature in blue ink that reads "Helen Zorbias".

DR HELEN ZORBAS

Director

On the ground, the benefits of training programs for breast nurses and community seeding grants were felt by women with breast cancer in rural and remote communities across Australia. The reach and sustainability of communications skills training was expanded through new initiatives and 25 training grants. Hundreds of health professionals attended training to improve their skills in addressing the needs of younger women with breast cancer and addressing the transition from curative to palliative care. General practitioner education was addressed through the development of specific learning modules in breast and ovarian cancer for implementation through Divisions of General Practice and the Australian College of Rural and Remote Medicine.

NBCC has leveraged capacity through partnerships and collaborations with many individuals and organisations, too many to name in this report. It is, however, only through our collective endeavours that so much has been achieved and we are most appreciative to you all. We look forward to working with you on implementing our Strategic Plan 2007-2011, *Vision for the Future*.

Leadership



- > National Breast Cancer Centre will collaborate with key stakeholders, governments and key agencies to contribute to national policy and set strategic priorities in cancer control.

Improving cancer control

Ensuring that control and management of breast and ovarian cancer in Australia remains world's best practice continued to be a priority for National Breast Cancer Centre (NBCC) in 2006-2007.

In collaboration with the Australian Institute of Health and Welfare, NBCC released two key national statistical reports about the state of breast and ovarian cancer in Australia. This information will provide key information to guide future plans and policies in breast and ovarian cancer not only for NBCC but also for all providers of health services.

National cancer control initiatives could be enhanced by the adoption of a consistent national approach to data collection, monitoring and reporting across all cancers. To further this end, NBCC held a workshop entitled *Measuring cancer care* at the 2006 Annual Scientific Meeting of the Clinical Oncological Society of Australia, using exploratory work in breast and ovarian cancer as the basis for discussion. Key stakeholders supported NBCC's leadership in taking forward this work in data consistency using breast cancer as the model.

NBCC's support of the Royal Australasian College of Surgeons' National Breast Cancer Audit resulted in two important journal articles on the management of breast cancer. Overviews of the management of invasive breast cancer and of ductal carcinoma in situ were published in the *ANZ Journal of Surgery* in 2006.

Sharing knowledge

The achievements and outcomes of NBCC's work were disseminated via a number of national and international presentations, journal articles and conferences. Events at which NBCC's work was showcased included the 76th Annual Scientific Congress of the Royal Australasian College of Surgeons, the 2007 meeting of the Australian Society of Gynaecologic Oncologists, the 3rd Health Technology Assessment International Conference, the Annual Scientific Meeting of the Clinical Oncological Society of Australia, and the 2006 annual conference of the Association for Australian Rural Nurses. The Director was invited by the Department of Health and Ageing to share the work of NBCC with the Swiss Minister of Home Affairs and Culture.

Shaping policy

NBCC continued to work with key stakeholders and agencies to contribute to national policy and to set priorities in cancer control efforts. NBCC worked with government in the development of MBS items for multidisciplinary care and for use of MRI for women at high risk of breast cancer. As part of a consortium with The Cancer Council Australia, Clinical Oncological Society of Australia, the Cancer Institute NSW and the University of NSW, NBCC won a tender to undertake a national audit of cancer control.

The Director was appointed to a number of key positions during the year including the NHMRC National Health Committee for the Triennium 2006-2009, the Board of the Cancer Institute NSW and to chair the national BreastScreen Australia Evaluation Advisory Committee.



- > National Breast Cancer Centre will ensure that research findings are translated and disseminated in a timely manner to support clinical practice and inform policy, the media and the community.



Informing the community

Raising awareness of breast and ovarian cancer in key audiences across Australia has been identified as a key priority area by the National Service Improvement Framework developed by the Department of Health and Ageing. NBCC identified three key audiences for its 2006-2007 public information campaigns: women from culturally and linguistically diverse backgrounds, women living in rural and regional areas of Australia, and women from financially disadvantaged backgrounds.

NBCC hosted a series of bi-lingual forums across Australia to provide women with culturally appropriate and evidence-based information about breast and ovarian cancer. The forums, held in the five key languages spoken in Australia other than English - Chinese, Vietnamese, Greek, Italian and Arabic - provided the facts about breast and ovarian cancer, addressed cultural misconceptions and taboos and answered women's queries about the diseases.

By teaming up with *The Australian Women's Weekly* and *Commonwealth Bank's On the Road with Today* initiative, NBCC took key messages about breast and ovarian cancer awareness to women in over 100 rural and regional communities around Australia, from Mount Isa to Launceston, Broome and everywhere in between.

To address varying levels of outcome between different socioeconomic groups, NBCC partnered with government agencies, Centrelink and Medicare Australia, in an exciting initiative to reach financially disadvantaged women across Australia. Articles on breast awareness appeared in Centrelink publications *News for Seniors*, *News for Carers* and *Rural News*, each attracting audiences of up to two million.

Bringing attention to key issues

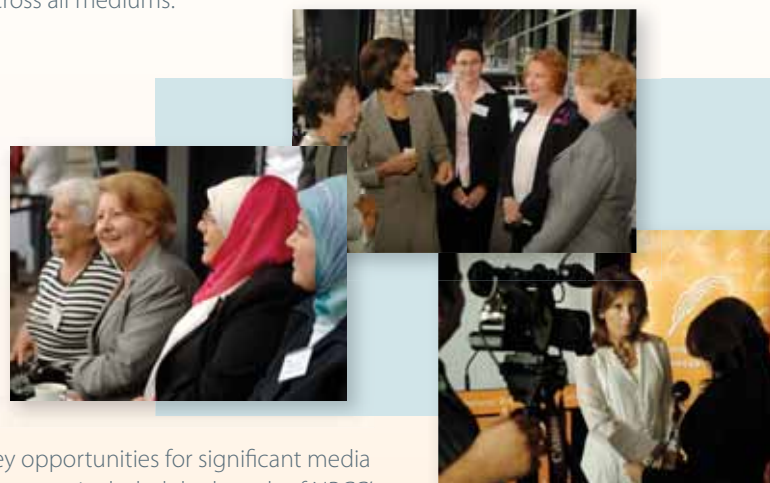
In October 2006, Pink Ribbon Breakfasts were held in Sydney and for the first time, hosted by Macquarie Bank Foundation, in Melbourne.

The theme of the 2006 Breakfasts, 'Life beyond breast cancer', explored the way life is often expected to return to 'normal' once breast cancer treatment is completed. Yet for many women 'normal' has changed.

The 2006 Pink Ribbon Breakfasts also provided an ideal forum to launch *Breast cancer in Australia: an overview, 2006*, the most up-to-date and comprehensive national report on breast cancer, produced by NBCC and the Australian Institute of Health and Welfare.

The report brought together the most recent statistics available on breast cancer in Australia for both women and men, including incidence, survival and mortality data. For the first time, the report also provided data on the prevalence of breast cancer in Australia, indicating that approximately 114,000 women alive today have been diagnosed with breast cancer over the last 20 years. This information is vital in assessing the health service and supportive care needs of this growing number of cancer survivors into the future.

NBCC continued to engage with media across the country to promote messages and information of national significance in breast and ovarian cancer. Throughout the year, NBCC disseminated 45 media releases, responded to more than 400 media inquiries and was featured in more than 700 news items across all mediums.



Key opportunities for significant media coverage included the launch of NBCC's website about breast cancer in men, Ovarian Cancer Awareness Week and the release of the latest national report on breast cancer in Australia.

Quality Assurance and Standards of Care



- > National Breast Cancer Centre will collaborate with relevant stakeholders to develop, implement and evaluate evidence-based training and standards of best practice to support current and emerging paradigms of care.

Supporting General Practice

NBCC's *General Practitioner Education Series* supports the role of general practitioners in the appropriate investigation, management and referral of women with symptoms that may be breast or ovarian cancer. This year an education module, developed to assist general practitioners in using NBCC's *The investigation of a new breast symptom: a guide for general practitioners*, was taken up by over 50 Divisions of General Practice across Australia.

Two additional GP education kits were developed and piloted during the year: one to provide evidence-based information relevant to general practice about younger woman and breast cancer, and another about the assessment of symptoms that may be ovarian cancer.

Ensuring equity of access

Promoting best care for all women regardless of location, culture, language or socio-economic status remained a priority in 2006-2007.

NBCC conducted a training workshop about breast cancer in Indigenous women as part of the 9th National Rural Health Conference, and provided workshop materials and funding to Cancer Councils throughout Australia to support training for Indigenous health workers at a local level.

With the support of the Polo Ralph Lauren Pink Pony Campaign, NBCC was able to continue to fund scholarships for nurses and community health workers employed in rural, regional and remote areas as well as provide grants for community-based initiatives in breast cancer control. Twenty-eight scholarships were awarded in December 2006 and four community seeding grants were awarded to local groups in 2007. Community projects included an art therapy program in Tasmania to provide women with breast cancer with an outlet to reflect on their experience in creative ways, and the development of an Aboriginal Breast/Ovarian Cancer Directory to include details of treatment centres and support groups for Aboriginal women on the NSW north coast.

Improving clinician-patient communication

Hundreds of oncology health professionals attended NBCC communication skills training during this year. Workshops on addressing the needs of younger women with breast cancer and discussing the transition from curative to palliative care were held throughout the country.

To further the reach and sustainability of communication skills training, two new initiatives were implemented. A Train-the-Trainer workshop for communication skills facilitators was conducted to increase the number of facilitators to provide appropriate training. Additionally, 25 communications skills training grants were awarded on a competitive basis to provide funding and resources for the implementation of local communications skills training courses.

Setting standards of care

The development of standards for diagnostic breast cancer services, and for facilities providing intraperitoneal (IP) chemotherapy for women with ovarian cancer was in response to the need for specific, assessable standards that address quality and safety issues. The standards developed under the guidance of an expert steering committee, do not duplicate existing standards and can be a part of an existing accreditation process. Consultation with relevant stakeholders will be sought to promote acceptance and uptake of the standards as best practice.



Innovation and Best Practice

> National Breast Cancer Centre will develop, trial, implement and evaluate innovative approaches to improve practice and health service delivery, to impact on policy and ensure that the work of the National Breast Cancer Centre informs other cancer control initiatives.



Assessing and facilitating multidisciplinary care

NBCC has championed the implementation of multidisciplinary care as best practice for women undergoing treatment for breast cancer. During 2006-2007 work continued to ensure this option is available as standard practice, not only for all women with breast cancer, but for all cancer patients, no matter where in Australia they are receiving treatment.

A national audit of multidisciplinary care was conducted prior to the introduction of the Medicare Benefits Schedule item number to support participation of specialists in multidisciplinary treatment planning meetings. The audit examines the extent of implementation of multidisciplinary care in five key cancer streams across a sample of hospitals nationally. NBCC collaborated with the Cancer Institute NSW and the Department of Human Services in Victoria to undertake the audit in these states. The final report will identify areas of need and make recommendations to improve the implementation of multidisciplinary cancer care.

To ensure multidisciplinary care is also extended to patients with metastatic disease, NBCC developed *Multidisciplinary Care Principles for Advanced Disease*. These Principles were piloted in four sites (two for breast cancer and two for ovarian cancer) in New South Wales, Victoria, Western Australia and Queensland to evaluate their relevance and usefulness in the clinical setting.

Addressing medicolegal concerns

Concern about medicolegal aspects of multidisciplinary care has been raised by clinicians as a potential barrier to the implementation of multidisciplinary care. NBCC conducted a workshop which brought together expertise in clinical, legal and ethical matters to consider the implications of a multidisciplinary approach and to find ways to address the concern about legal implications of this approach to care. The workshop, chaired by the Hon Justice Margaret Beazley from the Supreme Court of NSW, involved representatives from the Australian Medical Association, the Clinical Oncological Society of Australia, Breast Cancer Network Australia and a variety of other clinical and consumer cancer groups as well as insurers and members of the legal profession.

Improving consistency in breast imaging reporting

Consistent and accurate reporting of diagnostic breast imaging is vital to ensuring effective communication between managing clinicians and determining further management. Additionally, this facilitates quality control and quality assurance at the individual clinician and service levels. NBCC's revised *Synoptic report for breast imaging* was endorsed by the Royal Australian and New Zealand College of Radiologists (RANZCR) Breast Imaging Reference Group and was launched at its meeting in Alice Springs in June. To build on this work, NBCC and RANZCR co-sponsored a National Institute of Clinical Studies (NICS) Fellowship for 2008 to support the uptake of NBCC's evidence-based guidelines for the reporting of breast imaging.



Empowering Consumers



> National Breast Cancer Centre will ensure that its work and planning reflects and supports the needs of consumers to make informed decisions about their care and to advocate for improved cancer services based on evidence of best practice.

Empowerment through up-to-date information

NBCC continued to support consumers by providing information and resources to assist informed decision making and to advocate for improvements in cancer care based on evidence.

Over 100,000 printed resources for consumers were disseminated during the year. This includes new resources developed for consumers on hormonal therapies in treating breast cancer, information for women with locally advanced breast cancer, inflammatory breast cancer and Paget's disease. Updates to some of our key publications, notably the guides for early and advanced breast cancer were also produced to ensure that consumers continue to have access to timely, evidence-based information. The ovarian cancer fact sheet was translated into Chinese, Vietnamese, Arabic, Greek and Italian to provide women from these cultural groups with appropriate information about ovarian cancer.

NBCC has long been a leader in psychosocial care for adults with cancer, having developed the world's first clinical practice guidelines in this field. This year a resource based on these clinical guidelines, *Cancer – how are you travelling?* was developed for consumers and is being disseminated through clinicians, Cancer Councils and treatment centres.

Additionally this year, an assessment tool to assist clinicians in identifying and managing psychosocial distress was developed and piloted in clinical settings.

...through technology and multimedia

Approximately one per cent of those diagnosed with breast cancer are men and to address the lack of appropriate information for this group, NBCC launched a website specifically for men with breast cancer. The site containing information on signs and symptoms, treatment options and life after treatment was launched in July and received international recognition.

“When I found out I had breast cancer I felt confused...I didn't know that men got it...I couldn't believe it.”

NBCC continued to work in conjunction with consumer groups to disseminate information and inform best-practice cancer care. Seven thousand copies of the audio CD *When the woman you love has advanced breast cancer* were produced for the new Breast Cancer Network Australia (BCNA) resource *Hope & Hurdles Pack* for women with secondary breast cancer. In addition, NBCC's *Guide for women with early breast cancer* and *Information about hormonal therapies for women with early breast cancer* were provided for inclusion in BCNA's *My Journey Kit*.

NBCC's DVD, *What every woman should know*, was produced and distributed through *New Idea* magazine to promote increased understanding of breast cancer including risk factors and the importance of early detection. The DVD, also available for order via the NBCC website or freecall number, proved highly popular with over 100,000 copies disseminated during the year.

... through consumer engagement

Consumer engagement lies at the cornerstone of NBCC's collaborative approach to the development and implementation of its work program. Consumer organisations Breast Cancer Network Australia (BCNA), OvCa Australia, Cancer Voices Australia and Breast Cancer Action Group (BCAG) NSW have all contributed significantly to ensuring that NBCC's work is relevant to and meets the needs of consumers. BCNA sourced consumer spokespersons to support a number of key NBCC media campaigns. Consumer organisations provided valuable consumer perspective to NBCC project Working Groups.

NBCC's review of the evidence on the information-seeking behaviours of women with cancer provided important insight to inform future communication initiatives.



- > National Breast Cancer Centre will promote standardised approaches to data collection and reporting, and identify, monitor and report on key indicators of cancer control.



Reporting on breast and ovarian cancer

Two significant national reports on the epidemiology and health service impact of breast and ovarian cancer were launched this year. *Breast cancer in Australia: An overview, 2006* was launched by the Minister for Health and Ageing in October. The report, developed in collaboration with the Australian Institute of Health and Welfare, showed that while the incidence of breast cancer continued to rise, survival rates had significantly improved over time. Overall 86 per cent of women diagnosed with breast cancer today can expect to be living five years after their diagnosis, compared with 71 per cent of women diagnosed in the period 1982-1986. The report also provided, for the first time, data on the prevalence of breast cancer in Australia, which is vital in addressing the needs of survivors and identifying health service impacts.

Ovarian cancer in Australia: An overview 2006 was released in November. This report brought together the latest statistical information on ovarian cancer and showed that even though survival rates from ovarian cancer have improved over time, more than half of women diagnosed today will not survive five years. Across all age ranges, 42 per cent of women diagnosed with ovarian cancer can expect to live five years after their diagnosis compared to 34 per cent of women diagnosed in the period 1982-1986. The most significant improvements in survival in the past ten years have occurred in women aged 40 to 69 years with 63 per cent of women aged 40 to 49 years now surviving five years after their diagnosis compared with 45 per cent in the period 1982-1986. The report identified that ovarian cancer incidence and mortality rates in Australia were significantly lower than those experienced by women living in the United Kingdom, New Zealand, Canada and the United States of America.

Promoting a standardised approach

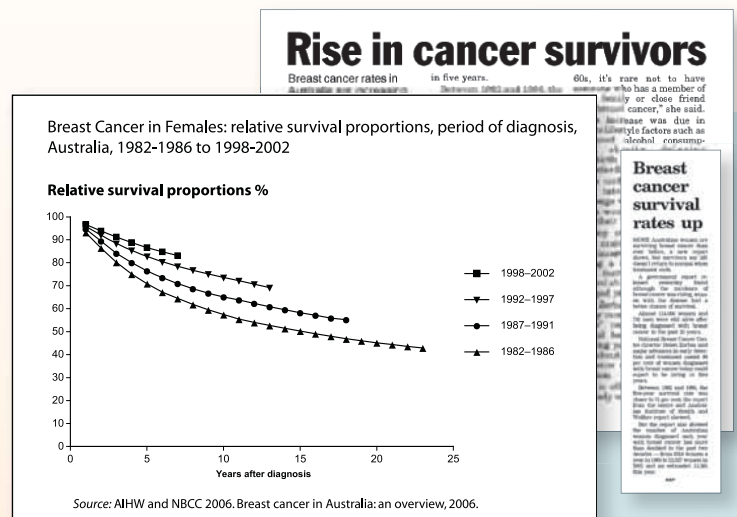
Initiatives to promote a standardised approach to the reporting and recording of data relating to breast and ovarian cancer continued this year. A set of breast cancer specific data items to complement the national minimum data set for clinical cancer registration has been developed and is being piloted

through the Cancer Institute NSW. A collaborative project with the gynaecological section of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists to review data items collected by gynaecological oncologists will inform the development of a minimum data set for gynaecological cancers.

Monitoring clinical care

With funding provided by the National Breast Cancer Foundation, NBCC is supporting the Royal Australasian College of Surgeons (RACS) National Breast Cancer Audit. The data collected in this audit provides valuable information on the surgical care of breast cancer in Australia, facilitates monitoring against Australian and international standards and allows for review of practice in accord with NBCC guideline recommendations and the dissemination of this information to surgeons and consumers.

In June 2007, the audit held data for almost 50,000 patient episodes of early breast cancer. Using audit data, two papers developed by NBCC and RACS were published in peer-reviewed journals and a public health report is in development.



Sustainability

- > National Breast Cancer Centre will seek to ensure sustainability through best governance, management and staff development and will seek to secure additional funding sources as appropriate.



Vision for the future

NBCC's Strategic Plan for 2007-2011, *Vision For the Future*, was developed with broad-based input from a wide range of stakeholders. It maintains NBCC's strong evidence-based focus in breast and ovarian cancer while strengthening its role in implementation through strategic partnerships and demonstrating the impact of its programs on improving cancer outcomes, informing policy and health service delivery. The plan outlines strategies, activities and performance indicators to achieve identified outcomes for 2011.

Strategic partnerships

NBCC has continued to enhance its impact in breast and ovarian cancer control via strategic partnerships with a variety of organisations, including government agencies, corporations, other cancer charities and institutions.

An exciting collaboration with the National Breast Cancer Foundation has provided a grant of \$500,000 to enable NBCC to undertake projects in translating research into practical outcomes in priority areas. During 2007 these projects included investigating the uptake of multidisciplinary care nationally, the review and update of guidelines in the treatment of advanced breast cancer and the support and expansion of the Royal Australasian College of Surgeons National Breast Cancer Audit. The audit collects data on the surgical treatment of early breast cancer, with the aim of monitoring and improving standards of surgical care.

A number of contracts to undertake work in cancer control in addition to our core work were awarded to NBCC during 2007. Significant amongst these included contracts with the Department of Health and Ageing to undertake a review of methods to assess the impact of the BreastScreen Australia program on mortality from breast cancer, and another to improve the knowledge and management of secondary lymphoedema following cancer treatment.

Extending our reach

Support from corporate partners allowed NBCC to extend its reach again this year. The Macquarie Bank Foundation's support for the Pink Ribbon Breakfast enabled this important awareness and fundraising event to take place in Sydney again and for the first time to be extended to Melbourne. The support of New Idea and Woolworths facilitated the dissemination of the DVD, *What every woman should know*, to over 100,000 well women. A collaboration with *The Australian Women's Weekly* and *Commonwealth Bank's On the Road with Today* road train provided a highly cost-effective strategy to reach women across Australia with vital early detection messages from NBCC. Jan Logan Jewellery provided the key raffle prizes for the Pink Ribbon Breakfasts, the proceeds of which enabled greater reach of NBCC consumer publications.



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DIRECTORS' REPORT

Your directors submit their report for the year ended 30 June 2007.

DIRECTORS

The names and details of the company's directors in office during the financial year and until the date of this report are as follows. Directors were in office for this entire period unless otherwise stated.

Names, qualifications, experience and special responsibilities:

Megan Keaney

MB BS MHA

Dr Keaney is the National Claims Manager, UNITED Medical Protection and Australasian Medical Insurance Limited. She is a member of the Advisory Council of Cancer Australia. Dr Keaney was appointed acting Chair of the NBCC in June 2006 and confirmed as Chair in early 2007.

Rebecca James

B Ec. GDPPM

Rebecca James is the Chief Executive Officer of Research Australia, a national advocacy organisation which promotes health and medical research. She has a background in health policy and health and medical research advocacy. In 2004-2005 she held the position of Medicare and Medical Research Advisor to the Federal Minister for Health and Ageing. She has also worked in the private and not-for-profit sectors and has held various Board positions. She is a strong advocate for consumer participation in clinical trials and improved co-ordination of cancer services. She also serves on the NHMRC National Health Committee.

Bruce Barraclough AO

MB BS FRACS DDU FACS FAICD

Professor Barraclough is Chair of the Board of the New South Wales Clinical Excellence Commission. He is President elect of the International Society for Quality in Health Care, Medical Director of the Australian Cancer Network, a member of the National Breast Cancer Centre Board and the NSW Health Care Advisory Council. He holds part-time positions as Associate Dean (clinical Strategy) of the University of Western Sydney Medical School and as e-health Medical Director, CSIRO. He was President of the Royal Australasian College of Surgeons (1998 – 2001), Professor/Director of Cancer Services, Northern Sydney Health and the University of Sydney, (2000- 2005) and Chair of the Australian Council for Safety & Quality in Health Care (2000 – 2005).

Lesley McQuire

RN, CM, BHA, Diploma in Health Management (ACHSE), Graduate Diploma in Conflict Resolution

Lesley McQuire has a background in nursing and health care management. Positions held include; Project Officer Area Health Services Planning Unit, Project Manager NSW Health, Recruitment Consultant, Quality Assurance Manager and Deputy Director of Nursing. She has served on a number of committees and held professional membership within nursing and health management colleges. With extensive nursing experience in women's health, there is a strong commitment to improving cancer health related outcomes for women and is currently a consumer representative with Cancer Australia's National Working Group for Gynaecological Cancers.

Donald Iverson

PhD

Professor Iverson is the Executive Dean of the Faculty of Health and Behavioural Sciences at the University of Wollongong. Previous experiences include senior positions in the US and Canada within cancer-related institutes and centres as well as state department health services. He has also served on a number of governing/ advisory committees in the US.

Jocelyn Margaret Newman AO

(Resigned 10 April 2007)

Senator Newman's career has encompassed many areas of the political arena, some of which have been Senator (Lib.) for Tasmania; Federal Minister for Family and Community Services; Minister Assisting the Prime Minister for the Status of Women; Federal Minister for Social Security; Federal Shadow Minister for Defence; and Federal Shadow Minister for Family and Health. She is also a member of the Board of the Breast Cancer Network Australia and has recently been appointed to the Advisory Council of Cancer Australia. She also serves as a Councillor on the Board of the Australian War Memorial.

Ian Olver

MB BS MD PhD CMin FRACP MRACMA FChPM

Professor Olver is the Chief Executive Officer, The Cancer Council Australia. He trained as a medical oncologist and is the immediate past chairman of the Medical Oncology Group of Australia. Amongst other committees he is a member of the Advisory Council to Cancer Australia and the Commonwealth's Palliative Care Medicines Working Group. He chairs the Research Ethics Committee of the New South Wales Cancer Institute and is a member of the Ethics Committee of the American Society of Clinical Oncology.

Deborah Thomas

Deborah Thomas is the Editorial Director of The Australian Women's Weekly. She is also a member of the Walkley Awards Advisory Board, Patron of the Taronga Foundation and a member of the council of the National Library of Australia.

Frances Boyle

MBBS FRACP PhD

Professor Boyle is a Medical Oncologist at Sydney's Mater Hospital, and Associate Professor of Medical Oncology at the University of Sydney. She has served as Chairman of the Medical Oncology Group of Australia, and as a Senior Clinical Advisor to the National Breast Cancer Centre. In 2002, she was awarded the AMA Women's Health Award for her contributions to breast cancer treatment. She is currently Chair of the Scientific Advisory Committee of the ANZ Breast Cancer Trials Group, and has been a Board member since 2000. She has worked with the Breast Cancer Network of Australia on advocacy issues and became a member of the Board in 2006. As Medical Director of the Pam McLean Cancer Communications Centre, she has worked in collaboration with the NBCC to promote communication skills training for cancer professionals.

Helen Zorbas

MBBS FASBP

Dr Zorbas, MBBS FASBP, 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. She 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. She was also named a Finalist in the 2006 Telstra Business Women's Awards. She 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.

COMPANY SECRETARY

Melinda Seed

BEC. MA CA

Melinda Seed has been the company secretary of National Breast Cancer Centre for 2.5 years.

DIVIDENDS

The company is a non-profit organisation and the constitution of the company prohibits the payment of a dividend.

CORPORATE INFORMATION

National Breast Cancer Centre is a company limited by guarantee that is incorporated and domiciled in Australia.

The registered office of the company is 4/92 Parramatta Road, Camperdown, NSW 2050.

The company employed 24 employees at 30 June 2007 (2006: 25 employees).

PRINCIPAL ACTIVITIES

The principal activities during the year for the company were activities associated with breast and ovarian cancer including development and implementation of guidelines about diagnosis, treatment and support and the provision of a clearinghouse for information and monitoring of breast and ovarian cancer control.

There have been no significant changes in the nature of these activities during the year.

OPERATING AND FINANCIAL REVIEW

The National Breast Cancer Centre was incorporated as an Australian Public Company Limited By Guarantee on the 11th August 2000. Since incorporation, the Centre has continued to work in activities associated with the control of breast cancer additionally extending the work of the National Breast Cancer Centre to activities associated with the control of ovarian cancer.

Operating Results for the Year

The net deficit of the company for the year ended 30 June 2007 was \$421,112 (30 June 2006: \$245,902).

SIGNIFICANT CHANGES IN THE STATE OF AFFAIRS

There have been no significant changes in the state of affairs of the company during the period.

SIGNIFICANT EVENTS AFTER THE BALANCE DATE

There have been no significant events occurring after the balance date which may affect either the company's operations or results of those operations or the company's state of affairs.

LIKELY DEVELOPMENTS AND EXPECTED RESULTS

The company expects to continue its activities relating to the awareness of breast and ovarian cancer over the next financial year.

ENVIRONMENTAL REGULATION AND PERFORMANCE

The company is not subject to any particular or significant environmental regulation under a law of the Commonwealth or of a State or Territory.

INDEMNIFICATION AND INSURANCE OF DIRECTORS AND OFFICERS

The company has agreed to indemnify all the directors and executive officers for any breach of the Trade Practices Act or discrimination laws by the company for which they may be held personally liable. The amount of the maximum indemnity cover provided under the insurance policy is \$10,000,000. The contract of insurance prohibits disclosure of the amount of the premium.

DIRECTORS' MEETINGS

The number of meetings of directors held during the year and the number of meetings attended by each director were as follows:

NAME OF DIRECTOR	NUMBER OF MEETINGS HELD WHILE IN OFFICE	NUMBER OF MEETINGS ATTENDED
Megan Keaney	4	4
Rebecca James	3	3
Bruce Barraclough	4	4
Lesley McQuire	3	3
Professor Donald Iverson	4	4
The Hon. Jocelyn Margaret Newman	2	2
Ian Olver	4	4
Deborah Thomas	4	2
Francis Boyle	4	4
Helen Zorbas	4	4

COMMITTEE MEMBERSHIP

Directors acting on the committees of the board and the meetings attended are as follows;

Finance and Audit Committee

NAME OF DIRECTOR	NUMBER OF MEETINGS HELD WHILE IN OFFICE	NUMBER OF MEETINGS ATTENDED
Megan Keaney	4	4
Rebecca James	2	2

Programs and Partnerships Committee

NAME OF DIRECTOR	NUMBER OF MEETINGS HELD WHILE IN OFFICE	NUMBER OF MEETINGS ATTENDED
Megan Keaney	3	2
Rebecca James	3	3
Professor Donald Iverson	3	3
Ian Olver	3	3

Policy, Communications and Innovations Committee

NAME OF DIRECTOR	NUMBER OF MEETINGS HELD WHILE IN OFFICE	NUMBER OF MEETINGS ATTENDED
Megan Keaney	3	1
Bruce Barraclough	3	3
The Hon Jocelyn Margaret Newman	2	1
Deborah Thomas	3	2
Francis Boyle	3	0

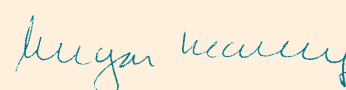
AUDITOR INDEPENDENCE

The directors received an independence declaration from the auditor, Ernst & Young. A copy has been included on page 18 of the report.

Non audit services

Ernst & Young provided financial statement preparation services during the year. The directors are satisfied the provision of non-audit services is compatible with the general standard of independence for auditors by the Corporations Act 2001. The nature and scope of the non-audit services provided means that auditor independence was not compromised. Refer to note 14 for the amounts received or due to be received by Ernst & Young for the provision of non-audit services.

Signed in accordance with a resolution of the directors.



Megan Keaney
Director

Sydney, 10 September 2007

Auditor's Independence Declaration to the Directors of National Breast Cancer Centre

In relation to our audit of the financial report of National Breast Cancer Centre for the financial year ended 30 June 2007, to the best of my knowledge and belief, there have been no contraventions of the auditor independence requirements of the Corporations Act 2001 or any applicable code of professional conduct.

Ernst + Young

Ernst & Young

Madeleine Mattera

Madeleine Mattera

Partner

Sydney

Date: *10 September 2007*

INCOME STATEMENT

FOR THE YEAR ENDED 30 JUNE 2007

	NOTES	2007 \$	2006 \$
Grants received		2,918,668	2,936,220
Donations received		65,969	226,082
Revenue from fundraising events		166,858	159,776
Other revenue	5(a)	767,446	175,053
REVENUE		3,918,941	3,497,131
Employee benefits expense	5(b)	(1,765,374)	(1,718,795)
Depreciation expense	5(c)	(25,229)	(19,171)
Other expenses	5(d)	(2,549,450)	(2,005,067)
SURPLUS/(DEFICIT) BEFORE INCOME TAX		(421,112)	(245,902)
Income tax expense		-	-
SURPLUS/(DEFICIT) AFTER TAX		(421,112)	(245,902)
NET SURPLUS/(DEFICIT) FOR THE YEAR		(421,112)	(245,902)
SURPLUS/(DEFICIT) ATTRIBUTABLE TO MEMBERS OF THE NATIONAL BREAST CANCER CENTRE		(421,112)	(245,902)

BALANCE SHEET

AS AT 30 JUNE 2007	NOTES	2007 \$	2006 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	6	2,682,343	2,820,543
Trade and other receivables	7	24,941	133,314
Other current assets	8	31,560	23,765
TOTAL CURRENT ASSETS		2,738,844	2,977,622
NON-CURRENT ASSETS			
Property, plant and equipment	9	143,558	91,300
TOTAL NON-CURRENT ASSETS		143,558	91,300
TOTAL ASSETS		2,882,402	3,068,922
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	10	402,549	209,735
Provisions	11	187,729	123,179
TOTAL CURRENT LIABILITIES		590,278	332,914
NON-CURRENT LIABILITIES			
Provisions	11	43,884	66,656
TOTAL NON-CURRENT LIABILITIES		43,884	66,656
TOTAL LIABILITIES		634,162	399,570
NET ASSETS		2,248,240	2,669,352
EQUITY			
Retained earnings		2,248,240	2,669,352
TOTAL EQUITY		2,248,240	2,669,352

STATEMENT OF CHANGES IN EQUITY

FOR THE YEAR ENDED 30 JUNE 2007

RETAINED
EARNINGS

\$

AT 1 JULY 2005

2,915,254

Deficit for the year

(245,902)

TOTAL INCOME AND EXPENSE FOR THE YEAR

(245,902)

AT 30 JUNE 2006

2,669,352

Deficit for the year

(421,112)

TOTAL INCOME AND EXPENSE FOR THE YEAR

(421,112)

AT 30 JUNE 2007

2,248,240

CASH FLOW STATEMENT

FOR THE YEAR ENDED 30 JUNE 2007

	NOTES	2007 \$	2006 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from customers		3,883,128	3,277,670
Payments to suppliers and employees		(4,088,027)	(3,619,760)
Interest received		144,186	143,025
NET CASH FLOWS FROM/(USED IN) OPERATING ACTIVITIES	12	(60,713)	(199,065)
CASH FLOWS FROM INVESTING ACTIVITIES			
Proceeds from sale of property, plant and equipment		-	812
Purchase of property, plant and equipment		(77,487)	(16,135)
NET CASH FLOWS FROM/(USED IN) INVESTING ACTIVITIES		(77,487)	(15,323)
Net increase/(decrease) in cash and cash equivalents		(138,200)	(214,388)
Cash and cash equivalents at beginning of period		2,820,543	3,034,931
CASH AND CASH EQUIVALENTS AT END OF PERIOD	6	2,682,343	2,820,543

NOTES TO THE FINANCIAL STATEMENTS

FOR THE YEAR ENDED 30 JUNE 2007

1. CORPORATE INFORMATION

The financial report of National Breast Cancer Centre ('the company') for the year ended 30 June 2007 was authorised for issue in accordance with a resolution of the directors on 10 September 2007.

National Breast Cancer Centre is a company limited by guarantee incorporated in Australia.

The nature of the operations and principal activities of the company are described in the Directors' Report.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

(a) Basis of preparation

The financial report is a general-purpose financial report, which has been prepared in accordance with the requirements of the Corporations Act 2001 and Australian Accounting Standards. The financial report has also been prepared on a historical cost basis.

The functional and presentation currency of the company is Australian dollars.

(b) Statement of compliance

Certain Australian Accounting Standards and Interpretations have recently been issued or amended but are not yet effective and have not been adopted by the company for the annual reporting period ended 30 June 2007. The directors have not early adopted any of these new or amended standards or interpretations. The directors have not yet fully assessed the impact of these new or amended standards (to the extent relevant to the company) and interpretations.

The financial report complies with Australian Accounting Standards, which include Australian equivalents to International Financial Reporting Standards (AIFRS).

(c) Segment reporting

A business segment is a distinguishable component of the entity that is engaged in providing products or services that are subject to risks and returns that are different to those of other business segments. A geographical segment is a distinguishable component of the entity that is engaged in providing products or services within a particular economic environment and is subject to risks and returns that are different than those of segments operating in other economic environments.

(d) Cash and cash equivalents

Cash and cash equivalents in the balance sheet comprise cash at bank and in hand.

For the purposes of the Cash Flow Statement, cash and cash equivalents consist of cash and cash equivalents as defined above.

(e) Trade and other receivables

Trade receivables, which generally have 60-day terms, are recognised initially at fair value and subsequently measured at amortised cost using the effective interest method, less an allowance for any uncollectible amounts.

Collectibility of trade receivables is reviewed on an ongoing basis. Debts that are known to be uncollectible are written off when identified. An allowance for doubtful debts is raised when there is objective evidence that the group will not be able to collect the debt.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(f) Property, plant and equipment

Plant and equipment is stated at historical cost less accumulated depreciation and any accumulated impairment losses.

Plant and equipment acquired at no cost or for a nominal amount, is recognised at fair value as at the date of acquisition. Subsequent to initial recognition, such plant and equipment is measured at cost, being the fair value at acquisition.

Depreciation is calculated on a straight-line basis over the estimated useful life of the assets as follows:

Computers – over 2 to 4 years

Furniture and fittings – over 13 to 14 years

Plant and equipment – over 5 to 20 years

The assets' residual values, useful lives and amortisation methods are reviewed, and adjusted if appropriate, at each financial year end.

Disposal

An item of property, plant and equipment is derecognised upon disposal or when no further future economic benefits are expected from its use or disposal.

Any gain or loss arising on derecognition of the asset (calculated as the difference between the net disposal proceeds and the carrying amount of the asset) is included in profit or loss in the year the asset is derecognised.

(g) Leases

The determination of whether an arrangement is or contains a lease is based on the substance of the arrangement and requires an assessment of whether the fulfilment of the arrangement is dependent on the use of a specific asset or assets and the arrangement conveys a right to use the asset.

Operating lease payments are recognised as an expense in the income statement on a straight-line basis over the lease term. Lease incentives are recognised in the income statement as an integral part of the total lease expense.

(h) Impairment of non-financial assets

Assets are tested for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount. Recoverable amount is the higher of an asset's fair value less costs to sell and value in use. For the purposes of assessing impairment, assets are grouped at the lowest levels for which there are separately identifiable cash inflows that are largely independent of the cash inflows from other assets or groups of assets (cash-generating units). Non-financial assets that suffered an impairment are tested for possible reversal of the impairment whenever events or changes in circumstances indicate that the impairment may have reversed.

(i) Trade and other payables

Trade payables and other payables are carried at amortised cost. They represent liabilities for goods and services provided to the company prior to the end of the financial year that are unpaid and arise when the company becomes obliged to make future payments in respect of the purchase of these goods and services. The amounts are unsecured and are usually paid within 30 days of recognition.

(j) Provisions

Provisions are recognised when the company has a present obligation (legal or constructive) as a result of a past event, it is probable that an outflow of resources embodying economic benefits will be required to settle the obligation and a reliable estimate can be made of the amount of the obligation.

When the company expects some or all of a provision to be reimbursed, for example under an insurance contract, the reimbursement is recognised as a separate asset but only when the reimbursement is virtually certain. The expense relating to any provision is presented in the income statement net of any reimbursement.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Provisions are measured at the present value of management's best estimate of the expenditure required to settle the present obligation at the balance sheet date. If the effect of the time value of money is material, provisions are discounted using a current pre-tax rate that reflects the time value of money and the risks specific to the liability. The increase in the provision resulting from the passage of time is recognised in finance costs.

(k) Employee leave benefits

(i) Wages, salaries, annual leave and sick leave

Liabilities for wages and salaries, including non-monetary benefits, annual leave and accumulating sick leave expected to be settled within 12 months of the reporting date are recognised in other payables in respect of employees' services up to the reporting date. They are measured at the amounts expected to be paid when the liabilities are settled.

Liabilities for non-accumulating sick leave are recognised when the leave is taken and are measured at the rates paid or payable.

(ii) Long service leave

The liability for long service leave is recognised and measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date using the projected unit credit method. Consideration is given to expected future wage and salary levels, experience of employee departures, and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currencies that match, as closely as possible, the estimated future cash outflows.

(l) Revenue recognition

Revenue is recognised and measured at the fair value of the consideration received or receivable to the extent that it is probable that the economic benefits will flow to the company and the revenue can be reliably measured. The following specific recognition criteria must also be met before revenue is recognised:

(i) Government grants

Government grants are recognised at their fair value when there is reasonable assurance that the grant will be received and all attaching conditions will be complied with.

(ii) Donations and fundraising

Income from donations and fundraising is recognised when received.

(iii) Interest income

Revenue is recognised as interest accrues using the effective interest method. This is a method of calculating the amortised cost of a financial asset and allocating the interest income over the relevant period using the effective interest rate, which is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset to the net carrying amount of the financial asset.

(m) Income tax

National Breast Cancer Centre has endorsement as an income tax exempt charitable entity and as such does not incur a liability to pay income tax.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

(n) Other taxes

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

- when the GST incurred on a purchase of goods and services is not recoverable from the taxation authority, in which case the GST is recognised as part of the cost of acquisition of the asset or as part of the expense item as applicable; and
- receivables and payables, which are stated with the amount of GST included.

The net amount of GST recoverable from, or payable to, the taxation authority is included as part of receivables or payables in the balance sheet.

Cash flows are included in the Cash Flow Statement on a gross basis and the GST component of cash flows arising from investing and financing activities, which is recoverable from, or payable to, the taxation authority is classified as part of operating cash flows.

Commitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to, the taxation authority.

3 FINANCIAL RISK MANAGEMENT OBJECTIVES AND POLICIES

The company's principal financial instruments comprise cash at bank.

The main purpose of these financial instruments is to raise finance for the company's operations. The company has various other financial assets and liabilities such as trade receivables and trade payables, which arise directly from its operations. It is, and has been throughout the period under review, the company's policy that no trading in financial instruments shall be undertaken.

The main risks arising from the company's financial instruments are interest rate risk and credit risk. The Board reviews and agrees policies for managing this risk as summarised below.

Details of the significant accounting policies and methods adopted, including the criteria for recognition, the basis of measurement and the basis on which income and expenses are recognised, in respect of each class of financial asset, financial liability and equity instrument are disclosed in note 2 to the financial statements.

Interest rate risk

Cash is the only financial instrument of the company subject to changes in interest rates. The company invests cash only with a recognised financial institution.

Credit risk

The company's maximum exposure to credit risk at reporting date in relation to each class of recognised financial asset is the carrying amount of those assets as indicated in the balance sheet.

Concentrations of credit risk

The trade debtors of the company are mainly comprised of Federal and State Governments in Australia. The credit risk associated with these trade debtors is considered low.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

4 SIGNIFICANT ACCOUNTING JUDGEMENTS, ESTIMATES AND ASSUMPTIONS

In applying the company's accounting policies management continually evaluates judgments, estimates and assumptions based on experience and other factors, including expectations of future events that may have an impact on the company. All judgments, estimates and assumptions made are believed to be reasonable based on the most current set of circumstances available to management. Actual results may differ from the judgments, estimates and assumptions. Significant judgments, estimates and assumptions made by management in the preparation of these financial statements are outlined below:

(i) Significant accounting judgments

There were no items requiring significant accounting judgments.

(ii) Significant accounting estimates and assumptions

Long service leave provision

As discussed in note 2, the liability for long service leave is recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at balance date. In determining the present value of the liability, attrition rates and pay increases through promotion and inflation have been taken into account.

Estimation of useful lives of assets

The estimation of the useful lives of assets has been based on historical experience as well as manufacturers' warranties (for plant and equipment) and lease terms (for leased equipment). In addition, the condition of the assets is assessed at least once per year and considered against the remaining useful life. Adjustments to useful life are made when considered necessary.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 30 JUNE 2007

	2007	2006
	\$	\$
5 REVENUE AND EXPENSES		
(a) Other Revenue		
Bank interest received	144,186	143,025
Other operating revenue	623,260	32,028
	767,446	175,053
(b) Employee benefits expense		
Wages and salaries	1,615,078	1,568,342
Workers' compensation costs	10,947	16,589
Superannuation expense	139,349	133,864
Total employee benefits expense	1,765,374	1,718,795
(c) Depreciation expense		
Depreciation of non-current assets		
Computers	15,460	9,514
Furniture and fittings	7,221	7,211
Plant and equipment	2,548	2,446
Total depreciation of non-current assets	25,229	19,171
(d) Other expenses		
Consultants & contract payment expense	993,493	523,513
Meeting costs	353,530	638,283
Printing and stationery expense	402,507	288,329
Travel expense	38,287	48,393
Professional fees	28,877	26,260
Minimum lease payments - operating lease	108,491	138,209
Other expenses	624,265	342,080
Total other expenses	2,549,450	2,005,067
6 CASH AND CASH EQUIVALENTS		
Cash in hand	850	850
Cash at bank	2,681,493	2,819,693
	2,682,343	2,820,543

Cash at bank earns interest at floating rates based on daily bank deposit rates.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 30 JUNE 2007

2007
\$

2006
\$

7 TRADE AND OTHER RECEIVABLES (CURRENT)

Trade receivables	14,989	104,451
Security deposits	8,000	8,000
Other debtors	1,952	782
Goods and services tax refund	-	20,081
	24,941	133,314

Trade receivables are non-interest bearing and are generally on 60-day terms.

8 OTHER CURRENT ASSETS

Prepayments	31,560	23,765
	31,560	23,765

9 PROPERTY, PLANT AND EQUIPMENT

Computers

At cost	135,476	60,536
Accumulated depreciation	(64,414)	(48,954)
Net carrying amount	71,062	11,582

Furniture and fittings

At cost	96,275	96,275
Accumulated depreciation	(35,020)	(27,799)
Net carrying amount	61,255	68,476

Plant and equipment

At cost	20,973	18,426
Accumulated depreciation	(9,732)	(7,184)
Net carrying amount	11,241	11,242

Total property, plant and equipment

At cost	252,724	175,237
Accumulated depreciation and impairment	(109,166)	(83,937)
Net carrying amount	143,558	91,300

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 30 JUNE 2007

2007

2006

\$

\$

9 PROPERTY, PLANT AND EQUIPMENT (CONTINUED)

(a) Reconciliation of carrying amounts at the beginning and end of the period

Computers

Balance at the beginning of the year

At cost

60,536

48,535

Accumulated depreciation

(48,954)

(39,440)

Net carrying amount

11,582

9,095

Additions

74,940

12,001

Depreciation charge for the year

(15,460)

(9,514)

Balance at the end of the year - Net carrying amount

71,062

11,582

Furniture and fittings

Balance at the beginning of the year

At cost

96,275

95,518

Accumulated depreciation

(27,799)

(20,588)

Net carrying amount

68,476

74,930

Additions

-

757

Depreciation charge for the year

(7,221)

(7,211)

Balance at the end of the year - Net carrying amount

61,255

68,476

Plant and equipment

Balance at the beginning of the year

At cost

18,426

16,857

Accumulated depreciation

(7,184)

(5,734)

Net carrying amount

11,242

11,123

Additions

2,547

3,377

Disposals

-

(812)

Depreciation charge for the year

(2,548)

(2,446)

Balance at the end of the year - Net carrying amount

11,241

11,242

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 30 JUNE 2007

2007
\$

2006
\$

9 PROPERTY, PLANT AND EQUIPMENT (CONTINUED)

Total Property, plant and equipment

Balance at the beginning of the year

At cost

175,237 160,910

Accumulated depreciation and impairment

(83,937) (65,762)

Net carrying amount

91,300 95,148

Additions

77,487 16,135

Disposals

- (812)

Depreciation charge for the year

(25,229) (19,171)

Balance at the end of the year - Net carrying amount

143,558 91,300

10 TRADE AND OTHER PAYABLES (CURRENT)

Trade payables

91,210 76,148

Other payables

292,605 133,587

Goods and services tax

18,734 -

402,549 209,735

(a) Trade payables

Trade payables are non-interest bearing and are normally settled on 30-day terms.

(b) Other payables

Other payables are non-trade payables, are non-interest bearing and have an average term of 30 days.

11 PROVISIONS

Current

Employee benefits

187,729 123,179

187,729 123,179

Non Current

Employee benefits

43,884 66,656

43,884 66,656

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 30 JUNE 2007

2007

2006

\$

\$

12 CASH FLOW STATEMENT RECONCILIATION

(a) Reconciliation of net surplus/(deficit) after tax to net cash flows from operations

Net surplus/(deficit)	(421,112)	(245,902)
<i>Adjustments for:</i>		
Depreciation	25,229	19,171
<i>Changes in assets and liabilities</i>		
(Increase)/Decrease in trade and other receivables	108,373	(76,436)
(Increase)/Decrease in other assets	(7,795)	(6,037)
(Decrease)/Increase in trade and other payables	192,814	13,583
(Decrease)/Increase in provisions	41,778	96,556
(Decrease)/Increase in other liabilities	-	-
Net cash flows from/(used in) operating activities	<u>(60,713)</u>	<u>(199,065)</u>

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 30 JUNE 2007

13 COMMITMENTS AND CONTINGENCIES

(a) Commitments

Operating lease commitments – company as lessee

The company has entered into commercial leases on the premises and certain items of plant and equipment, where it is not in the best interest of the company to purchase these assets. These leases are all due to expire during the year ended 30 June 2008, and will not be renewed. There are no restrictions placed upon the lessee by entering into these leases.

Future minimum rentals payable under non-cancellable operating leases as at 30 June are as follows:

For the year ended 30 June 2007

	2007	2006
	\$	\$
Within one year	74,633	109,305
After one year but not more than five years	-	74,633
After more than five years	-	-
Total minimum lease payments	<u>74,633</u>	<u>183,938</u>

(b) Contingencies

No contingent liabilities exist as at the date of this financial report.

14 AUDITORS' REMUNERATION

The auditor of National Breast Cancer Centre is Ernst & Young.

	2007	2006
	\$	\$
<i>Amounts received or due and receivable by Ernst & Young (Australia) for:</i>		
• an audit or review of the financial report of the entity	19,500	18,500
• other services in relation to the entity	5,500	12,000
	<u>25,000</u>	<u>30,500</u>

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 30 JUNE 2007

15 KEY MANAGEMENT PERSONNEL

(a) Compensation of Key Management Personnel

	2007	2006
	\$	\$
Short-term	212,969	201,133
	<u>212,969</u>	<u>201,133</u>

Note: Non-Executive Directors do not receive any remuneration from the company for their directorial duties.

(b) Other transactions and balances with Key Management Personnel and their related parties

Transactions with the directors of National Breast Cancer Centre

Reimbursement of Business Expenses:

Expenses are reimbursed to directors on a normal commercial practice basis in the same manner as reimbursed to employees.

Transactions with other related parties

- (i) Contract payments for project work to the value of \$19,642 (2006: \$nil) were paid to The Cancer Council of Australia, at which Ian Olver is Chief Executive Officer.
- (ii) Membership fee to the value of \$1,320 (2006: \$nil) were paid to the Research Australia, at which Rebecca James is Chief Executive Officer.

16 EVENTS AFTER BALANCE SHEET DATE

There have been no significant events occurring after balance date which may affect either the company's operations or results of those operations or the company's state of affairs.

17 ECONOMIC DEPENDENCY

A large proportion of income is received by way of grant from the Department of Health and Aged Care, which is administered and funded by the Commonwealth Government.

18 SEGMENT INFORMATION

The company operates predominantly in one industry - the control of breast cancer - and in one geographic region, being Australia.

19 MEMBERS' GUARANTEE

At 30 June 2007 the company has 10 members (2006: 11 members).

All the directors are members of the company, and the maximum number of members allowed under the company constitution is 13. The Commonwealth Government is also a member of the company.

In the event of the winding up of the company, the members of the company undertake to contribute to the company's property an amount not exceeding \$100 per member.

NOTES TO THE FINANCIAL STATEMENTS (CONTINUED)

FOR THE YEAR ENDED 30 JUNE 2007

20 FAIR VALUE AND INTEREST RATE RISK

(a) Fair values

All assets and liabilities recognised in the balance sheet, whether they are carried at cost or at fair value, are recognised at amounts that represent a reasonable approximation of fair value unless otherwise stated in the applicable notes.

(b) Interest rate risk

Financial assets consist of cash of \$2,681,493 which matures in less than three months with an interest rate of 5.75% (2006: \$2,819,613, interest rate 5.25%).

The other financial instruments of the company are non-interest bearing and are therefore not subject to interest rate risk.

21 INFORMATION AND DECLARATION TO BE FURNISHED UNDER THE CHARITABLE FUNDRAISING ACT

The company is registered under the Charitable Fundraising Act to conduct fundraising activities.

	2007	2006
	\$	\$
(a) Details of aggregated gross income and total expenses of fundraising appeals		
Gross proceeds from fundraising appeals	166,858	159,776
Total direct costs of fundraising appeals	(102,890)	(72,734)
Net surplus from fundraising appeals	<u>63,968</u>	<u>87,042</u>

(b) Statement showing how funds received were applied to charitable purposes

All funds received from fundraising appeals have been allocated to fund project work.

No funds are used for the purpose of administration.

(c) Fundraising appeals conducted during the financial period

During the period the following fundraising appeal was conducted: Pink Ribbon Breakfast.

(d) Comparison by monetary figures and percentages

	2007	2006
	\$	\$
Total cost of fundraising	102,890	72,734
Gross income from fundraising	166,858	159,776
%	62%	46%
Net surplus from fundraising	63,968	87,042
Gross income from fundraising	166,858	159,776
%	38%	54%

The purpose of the Pink Ribbon Breakfast is to raise awareness, not only donations, so all reasonable steps have been taken to ensure expenses do not exceed a fair and reasonable proportion of the gross proceeds obtained.

DIRECTORS' DECLARATION

In accordance with a resolution of the directors of National Breast Cancer Centre, I state that:

In the opinion of the directors:

- (a) the financial statements, notes and additional disclosures included in the directors' report designated as audited of the company are in accordance with the Corporations Act 2001, including:
 - (i) giving a true and fair view of the company's financial position as at 30 June 2007 and of its performance for the year ended on that date; and
 - (ii) complying with Accounting Standards and Corporations Regulations 2001; and
- (b) there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.
- (c) The financial report gives a true and fair view of all income and expenditure of the company with respect to fundraising appeals; and
- (d) The balance sheet gives a true and fair view of the state of affairs with respect to fundraising appeals conducted by the company; and
- (e) The provisions of the Charitable Fundraising Act 1991, the regulation and the conditions attached to the authority to fundraise have been complied with by the company; and
- (f) The internal controls exercised by the company are appropriate and effective in accounting for all income received and applied by the company from any of its fundraising appeals.


On behalf of the Board

Megan Keane
Director

Sydney, 10 September 2007

Independent audit report to the members of National Breast Cancer Centre

We have audited the accompanying financial report of National Breast Cancer Centre (the “company”), 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 ended on that date, a summary of significant accounting policies, other explanatory notes and the directors’ declaration.

Directors’ Responsibility for the Financial Report

The directors of the company are responsible for the preparation and fair presentation of the financial report in accordance with the Australian Accounting Standards (including the Australian Accounting Interpretations), the Corporations Act 2001 and complies with the *Charitable Fundraising Act 1991*. This responsibility includes establishing and maintaining internal controls 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

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we 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 our judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, we consider internal controls 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 controls. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

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

Independence

In conducting our audit we have met the independence requirements of the Corporations Act 2001. We have given to the directors of the company a written Auditor’s Independence Declaration, a copy of which is included in the directors’ report. The Auditor’s Independence Declaration would have been expressed in the same terms if it had been given to the directors at the date this auditor’s report was signed.

Qualification

Donations are a source of revenue for the National Breast Cancer Centre. The company has determined that it is impracticable to establish control over the collection of donations prior to its entry into its financial records. Accordingly, as the evidence available to us regarding revenue from this source was limited, our audit procedures with respect to donations had to be restricted to the amounts recorded in the financial records. We therefore are unable to express an opinion whether donations obtained by the company are complete.

Qualified Audit Opinion

In our opinion, except for the effects on the financial report of such adjustments, if any, as might have been required had the limitation referred to in the qualification paragraph above not existed the financial report of National Breast Cancer Centre is in accordance with:

- 1 (a) the *Corporations Act 2001* including:
 - (i) giving a true and fair view of the company's financial position as at 30 June 2007 and the performance of the company for the year ended on that date; and
 - (ii) complying with Australian Accounting Standards (including the Australian Accounting Interpretations); and
- (b) other mandatory financial reporting requirements in Australia.
2. the *Charitable Fundraising Act 1991* including:
 - (i) the financial report of National Breast Cancer Centre shows a true and fair view of the financial results of fundraising appeals for the year ended 30 June 2007;
 - (ii) the financial report has been properly drawn up, and associated records of National Breast Cancer Centre have been properly kept during the year ended 30 June 2007 in accordance with the *Charitable Fundraising Act 1991*;
 - (iii) money received as a result of fundraising appeals conducted during the year ended 30 June 2007, has been properly accounted for and applied in accordance with the *Charitable Fundraising Act 1991*; and
 - (iv) there are reasonable grounds to believe that National Breast Cancer Centre will be able to pay its debts as and when they fall due.

Ernst + Young

Ernst & Young

Madeleine Mattera

Madeleine Mattera

Partner

Sydney

Date: 18 September 2007

Acknowledgements

BOARD

Dr Megan Keaney (Chair)	Associate Professor Fran Boyle
Ms Rebecca James (Deputy Chair)	Professor Ian Olver
Professor Bruce Barraclough AO	The Hon. Mrs Jocelyn Newman AO
Ms Deborah Thomas	Mrs Lesley McQuire
Professor Don Iverson	
Emeritus Professor Tom Reeve AC CBE	NBCC Patron

STAFF at 30th June 2007

Helen Zorbas	Director
Alison Evans	Acting Deputy Director
Karen Luxford	Deputy Director
Melinda Seed	Business Manager
Bree Stevens	Media & Communications Coordinator
Caroline Nehill	Program Manager
Christine Hyde	Office Coordinator
David Roder AM	Advisor Population Health
Fiona Booth	Executive Assistant
Heidi Wilcoxon	Senior Project Officer
Holly Goodwin	Project Officer
Jane Francis	Program Manager
Janice O'Brien	Project Assistant
Jane Salisbury	Public Affairs Manager
Julie Thompson	GP Coordinator
Kaley Harris	Communications Assistant
Katrina Anderson	Project Officer - Research
Lucinda Matthews	Personal Assistant
Ornella Care	Senior Project Officer
Robert Cotter	Resource Assistant
Lisa Robinson	E-Communications Manager
Rosemary Vagg	Senior Project Officer - Research
Tu-Hoa Luu	Finance Officer
Vanessa Pollett	Production Coordinator

ADVISORY STRUCTURE 2006-2007

The achievements of the NBCC would not be possible without the contribution of time and expertise, both freely given, of the members of our expert advisory groups (listed below) and working groups.

International Advisors

Dr Heather Bryant	Canada
Professor Patricia Ganz	USA
Dr Susan Love	USA
Dr Maurie Markman	USA
Professor Alan Rodger	UK
Professor Jeanette Ward	Canada

Clinical Expert Advisory Panel

Professor Roger Allison	QLD
Associate Professor Michael Bilous	NSW
Dr Melissa Bochner	SA
Associate Professor Fran Boyle	NSW
Associate Professor Peter Grant	VIC
Professor Richard Kefford	NSW
Clinical Associate Professor Judy Kirk	NSW
Associate Professor Amanda McBride	NSW
Associate Professor Mary Rickard AM	NSW
Professor David Roder AM	SA
Ms Onella Stagoll OAM	VIC
Dr Jane Turner	QLD
Professor Kate White	NSW

Implementation Advisory Group

CHAIR

Dr Jane Turner	QLD
----------------	-----

MEMBERS

Associate Professor Michael Bilous	NSW
Associate Professor John Boyages	NSW
Professor Jo-anne Brien	NSW
Dr Heather Buchan	VIC
Ms Elise Davies	VIC
Professor Stewart Dunn	NSW
Dr David Ingram	WA
Ms Tish Lancaster	NSW
Mr Simon Lee	VIC
Associate Professor Amanda McBride	NSW
Professor George Rubin	NSW
Ms Lyn Swinburne AM	VIC
Professor Michael Quinn	VIC
Dr Heather Wellington	VIC
Professor Johanna Westbrook	NSW
Professor Paul Worley	SA
Professor Patsy Yates	QLD
Dr Amanda Young	TAS

BOARD MEMBERS

Professor Bruce Barraclough AO	NSW
Professor Ian Olver	NSW

Information Advisory Group

CHAIR

Associate Professor Martin Stockler NSW

MEMBERS

Professor Phyllis Butow NSW

Dr John Gullotta NSW

Professor Neville Hacker NSW

Professor Sandra Jones NSW

Dr Liz Kenny QLD

Clinical Associate Professor Judy Kirk NSW

Mr Jim Kollias SA

Ms Eugenia Koussidis SA

Ms Lee Millard-Newton NSW

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Professor Beth Newman QLD

Ms Dorothy Reading VIC

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Professor Martin Tattersall AO NSW

Dr Julie Thompson VIC

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Associate Professor Alexandra Barratt NSW

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Professor Graham Giles VIC

Professor Jane Hall NSW

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Professor John Hopper VIC

Dr Paul Jelfs NSW

Dr Anne Kricker NSW

Professor Guy Maddern SA

Ms Jennifer Muller QLD

Professor David Steel NSW

Ms Susan Timbs VIC

Dr Victoria White VIC

Dr Nikolajs Zeps WA

BOARD MEMBER

Professor Don Iverson NSW

ADVISORY STRUCTURE 2006-2007

Women's Advisory Network

CHAIR

Ms Maxine McKew NSW

MEMBERS

Ms Bronwyn Bancroft NSW

The Hon Justice Margaret Beazley AO NSW

Professor May Ann Bin-Sallik NT

Ms Yvonne Buckley TAS

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Ms Valerie Fisher AO OBE VIC

Dr Sally Goold OAM NSW

Ms Patria Jafferries WA

Ms Di Morrissey NSW

Ms Sue Neales VIC

Ms Margaret Pomeranz NSW

Ms Ann Sanders NSW

Ms Barbara Stone AM NSW

Ms Sandra Sully NSW

Ms Mary Tang NSW

Ms Vicki Wilson QLD

PRESENTATIONS AND PUBLICATIONS IN PEER REVIEWED JOURNALS 2006-2007

Presentations

Villanueva E, Nehill C, Zorbas H. *Evidence and policy do mix. The incorporation of discrete perspectives to provide coherent advice to clinical end-users: A case study focusing on the investigation of new breast symptoms.* Health Technology Assessment International Annual Meeting, Adelaide, 2–5 July 2006.

Villanueva E, Evans A, Vagg R, Zorbas H. *Incorporating new guidance in the context of extant national practice guidelines: The experience of a national policy organisation in distilling clinical recommendations for aromatase inhibitors in the management of breast cancer.* Health Technology Assessment International Annual Meeting, Adelaide, 2–5 July 2006.

Schofield P, Carey M, Love A, Nehill C, Wein S. *“Would you like to talk about your future treatment options?”* UICC World Cancer Congress 2006, Washington DC, US, 8–12 July 2006.

Zorbas H. *Investigation of a new breast symptom: what the GP should know.* Sydney University Copleston Institute Australian Dr Women’s Health Day Sydney, September 2006.

Turner J, Evans A, Luxford K, Zorbas H, Care O. *A national approach to the implementation of psychosocial care for adults with cancer.* 8th World Congress of Psychooncology, Venice, Italy, 18–21 October 2006.

Zorbas H. *Psycho social outcomes in breast cancer – guidelines for good practice.* Australasian Society for Breast Disease (ASBD) Port Douglas, October 2006.

Care O. *Ensuring equitable access to psychosocial care for all patients with cancer.* Australian Rural Nurses & Midwives 12th National Conference, Brisbane, Australia, 25 – 27 October 2006

Luxford K, Hill D, Bell R. *A matrix tool to support guideline implementation.* National Institute of Clinical Studies – Using Evidence: Using Guidelines Symposium, Melbourne, October 2006.

Zorbas H. *NBCC experience: influencing guideline uptake.* NICS Using Evidence: Using Guidelines Symposium Melbourne, October 2006

Nehill C, Evans A, Butow P, Turner J. *A national approach to the implementation of communications skills training for all health professionals working in cancer.* Clinical Oncological Society of Australia, Melbourne, Australia, November 2006.

Francis J, Kirk J, Zorbas H, Kremser T. *A simple solution to a complex issue: an on-line tool to assist health professionals estimate cancer risk for women with a family history of breast or ovarian cancer.* Clinical Oncological Society of Australia, Melbourne, Australia, November 2006

Peate M, Meiser B, Hickey M, Thewes B, Zorbas H, Saunders C, Butow P, Rovelli S, Friedlander M. *Development and evaluation of a fertility-related decision aid for young women with early breast cancer.* Clinical Oncological Society of Australia, Melbourne, Australia, November 2006

Shaw T, Barnet S, Ross J, Kumar K, Connolly G, Corcoran K, Simpkin D, Delaroche A, McJannett M, Evans A, Middleton J, Rawlin M. *Developing cancer care CPD packages for cancer professionals general practitioners and counsellors.* Clinical Oncological Society of Australia, Melbourne, Australia, November 2006

Evans A. *Maintaining guideline currency in an ever-changing world: a sustainable model for the future.* Clinical Oncological Society of Australia, Melbourne, Australia, November 2006

Kremser T, Francis J, Zorbas H. *Training workshops for Indigenous health workers – lessons from a national breast cancer training workshop.* Clinical Oncological Society of Australia, Melbourne, Australia, November 2006

Vagg R, Evans A, Zorbas H. *Magnetic resonance imaging: review of the evidence.* St Vincent’s Breast Cancer Update, Melbourne, Australia, February 2007

Kremser T, Francis J, Zorbas H. *Training for Indigenous health workers – lessons from a national breast cancer training workshop.* 9th National Rural Health Conference, Albury, Australia, March 2007

PRESENTATIONS AND PUBLICATIONS IN PEER REVIEWED JOURNALS 2006-2007

Presentations – cont'd

- Elston J, Zorbas H. *Breast cancer in Indigenous women, information about key issues for Indigenous women*. 9th National Rural Health Alliance Conference, Albury, 7 March.
- Zorbas H. *Breast cancer care: a model for change both now and into the future*. Cancer and Palliative Care Nursing Research Conference, Fremantle, March 2007.
- Zorbas H. *Training for Indigenous health workers – lessons from a national breast cancer training workshop*. 9th National Rural Health Alliance Conference COSA, Albury, March 2007.
- Wilcoxon H, Evans A, Goodwin H, O'Brien J, Zorbas H, Luxford K. *Multidisciplinary cancer care in Australia: an audit of current uptake*. RACS, Christchurch, NZ, May 2007
- Care O. *Breast specific data items*. Royal Australasian College of Surgeons, Christchurch NZ, May 2007.
- Zorbas H. *What every woman should know: the facts about breast and ovarian cancer*, the Greek Australian Women's Network, Melbourne, May, 2007.
- Mann B, Goodwin H. *Synoptic reporting of breast imaging*. Royal Australasian College of Surgeons, Christchurch NZ, May 2007.
- Roder D, Kollias J, Gillett D, Pyke C, Care O, Zorbas H. *Facilitating national consistency in breast cancer data collection*. Royal Australasian College of Surgeons Annual Scientific Congress, Christchurch, NZ, May 2007

Publications in peer-reviewed journals

- Cuncins-Hearn A, Boulton M, Babidge W, Zorbas H, Villanueva E, Evans A, Oliver D, Kollias J, Reeve T, Maddern G. *The National Breast Cancer Audit: Overview of invasive breast cancer management*. ANZ J Surgery 2006;76:745–50.
- Cuncins-Hearn A, Boulton M, Babidge W, Zorbas H, Villanueva E, Evans A, Oliver D, Kollias J, Reeve T, Maddern G. *The National Breast Cancer Audit: Ductal carcinoma in situ management in Australia and New Zealand*. ANZ J Surgery 2007;77:64–8.
- Yates P, Evans A, Moore A, Heartfield M, Gibson T, Luxford K, on behalf of the National Breast Cancer Centre Specialist Breast Nurse Steering Committee. *Competency Standards and Educational Requirements for Specialist Breast Nurses in Australia*. Collegian 2007;14(1):11–5
- Kitto S, Villanueva EV, Chesters J, Petrovic A, Waxman BP, Smith JA. *Surgeons' attitudes towards and usage of evidence-based medicine in surgical practice: a pilot study*. ANZ J Surgery 2007;77:231–6

PUBLICATIONS AND RESOURCES 2006-2007

Information for consumers

- Lymphoedema following treatment for breast cancer (May 2007)
- What every woman should know DVD (May 2007)
- Information about inflammatory breast cancer (April 2007)
- Information about locally advanced breast cancer (April 2007)
- Information about paget's disease of the nipple (April 2007)
- Information about the new MBS items for multidisciplinary care (February 2007)
- Ovarian Cancer-the facts. Arabic, Chinese, Greek, Italian and Vietnamese translations (February 2007)
- Breast cancer and younger women, fact sheet (November 2006)
- Hormonal therapies for women with early breast cancer (November 2006)
- Breast cancer in men (July 2006)

Clinical practice guidelines and recommendations

- Breast imaging: a guide for practice (April 2007)
- Recommendations for use of Trastuzumab (Herceptin(R)) for the treatment of HER2 positive breast cancer (April 2007)
- Synoptic breast imaging report (April 2007)
- Synoptic breast imaging report reference card (April 2007)
- Recommendations for aromatase inhibitors as adjuvant endocrine therapy for post-menopausal women with hormone receptor-positive early breast cancer. (July 2006)

Corporate resources

- Vision for the Future, NBCC's Strategic Plan 2007-2011 (June 2007)
- NBCC Annual Report 2005-2006

Newsletters

Breast News – the monthly newsletter of the NBCC

Clinical Update – Breast Cancer – the NBCC's bi-monthly newsletter for clinicians

Clinical Update – Ovarian Cancer – the NBCC's quarterly newsletter for clinicians

From the Source – the NBCC's quarterly insert into The Beacon

Ova@rian News – the bimonthly newsletter of the NBCC's Ovarian Cancer Program

Parliamentary Update – NBCC's regular bulletin for parliamentarians

COMMITTEE REPRESENTATION 2006-2007

Dr Helen Zorbas

- Member, National Health Committee of the NHMRC
- Chair, BreastScreen Australia Evaluation Advisory Committee
- Member, Cancer Institute NSW Board
- Member, Australian Cancer Network (ACN) Council
- Member, Cancer Screen NSW Advisory Committee
- Member, National Breast Cancer Audit, Audit Clinical Advisory Committee (ACAC) of ASERNIP-S
- Member, RACS ASERNIP-S ACAC Outliers Committee

Dr Alison Evans

- Member, Victorian Clinical Oncology Group Breast Cancer Committee
- Member, Cancer Institute NSW Breast Cancer Oncology Group
- Member, Clinical Oncological Society of Australia (COSA) Membership Committee
- Member, Border Cancer Care Co-ordination Project, External Advisory Group

Dr Karen Luxford

- Member, The Sax Institute, Guidelines Implementation Research Group
- Member, Cancer Institute NSW Quality and Clinical Effectiveness Advisory Committee
- Review Panel, National Institute of Clinical Studies Evidence Uptake Networks
- Treasurer, Executive Committee, Health Services Research Association of Australia & New Zealand
- Advisory Group member, Breast Cancer Knowledge Online Project
- Member, Medical and Scientific Committee, The Cancer Council of Australia
- Member, Guideline Implementation Steering Committee, Australian Cancer Network
- Member, Accreditation Development Steering Committee, Australian Cancer Network

SUPPORTERS AND DONORS 2006-2007

NBCC thanks all individuals and organisations who donated funds or provided pro bono support to assist our work in 2006–07 (including those who contributed anonymously).

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ADG Creative	Hunt & Hunt Lawyers
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Breast Cancer Network Australia	Maxine McKew
Buderim Meadows Learning Centre	Medicare
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Coffs Harbour Racing Club	National Breast Cancer Foundation
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Locked Bag 3 Strawberry Hills NSW 2012 Australia
director@nbcc.org.au www.nbcc.org.au

ABN 85 094 118 902