



ANNUAL REPORT
LIONS CANCER INSTITUTE INC.

09-10

(ABN 26 521 960 054)



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Our Patron

As a professional cricketer I've spent most of my life outdoors either playing or coaching, I understand and have witnessed problems that can be caused by excessive exposure to the sun.

Skin Cancer is avoidable if you are prepared to take the necessary precautions. As Patron I would urge you all to support the work that our Lions Cancer Institute is doing in the areas of early detection and the search for better treatments.

DENNIS LILLEE





Lions Cancer Institute Inc. Annual Report

A project of Lions Clubs International Western Australia

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Past District Governor Colin Beauchamp

Past District Governor Arthur Bushe-Jones

Past District Governor Darrel Mainard

District Chairman (W2) Mary Gregg

District Chairman (W1) Dale Thomson

Vice District Governor Terry Gray

Lion Judy Forsyth

The Lions Cancer Institute is a 'Not for Profit' medical research Institute. The Institute holds endorsement from the Australian Taxation Office as an income tax exempt charitable entity (ITEC) and is a deductible gift recipient (DGR).

The Institute holds a license issued under the provisions of the Charitable Collections Act 1946.

Auditor: Owen & Plaistowe



Screening in progress

Chairman's Report

May I say that compiling this Report on behalf of the Board is just a little different this year inasmuch as it is happening from Nanaimo, Vancouver Is., Canada where we are enjoying a truly wonderful holiday.

As always it is a privilege to have served another year in this capacity and to have enjoyed the Lions and non Lions who make up our Board; each of them have contributed to the valuable work of your Lions Cancer Institute.

My special thanks to PDG Bob Huey and to Graeme Winters for their support in the areas of Secretary and Treasurer respectively, each has been spontaneous in their help. To PDG Colin Beauchamp and wife Lion Sue who once again have co-ordinated our Screening Programme so professionally.

Finally to the members of the Board thank you for your contribution this year.

RESEARCH

As you all know we have the Karen & Joshua Chinnery Scholarship Fund which continues to support PhD Students who carry out research particularly in the areas of liver cancers.

Also you may recall that last year the Board supported a motion to provide a Research Grant in association with the Cancer Council in WA, as I reported at that time this Grant would go to a WA Researcher who would be recognized by the NHMRC and his fellow researchers, as a leader in his or her field.

I am most delighted to report to you that the recipient of the Lions Cancer Institute Research Grant went to Prof. George Yeoh from the UWA.

Both PDG Colin and I attended the luncheon at which all of the Grants and Awards were presented and whilst the moment was all too brief both Colin and I were able to grab a photo opportunity with the Prof. And simultaneously invite him to address the upcoming W2 Convention in Northam, an invitation he was delighted to accept.

Not only has the Grant been a bold decision by the Board in that \$70,000 is a large amount for us to invest in research, but most importantly, it has achieved two areas for us. The first is that it has placed the Lions Cancer Institute at the front edge of research grants in WA, and to a smaller extent nationally, but also it has created a new and valuable association with the Cancer Council here in WA and that



has allowed us to access the services of the Council. One benefit is that we now hold our Board meetings on their premises at nil cost but more importantly we have been able to invite one of their Executive Officers in Paul Katris to take on the role of Medical Director.

CONSTITUTIONAL CHANGES

At this years District Conventions you will see a few amendments proposed by the Board which it is hoped will be carried by Delegates so that we can better manage the work and take the Institute forward in the future. These amendments are also going before District W1's Coonvention

RFDS & LIONS CANCER INSTITUTE

Once again we have been successful in promoting the Institute throughout the State with our Screening Program, none more so than the association which we have with the Royal Flying Doctor Service and the "On the Road Programme".

May I say at this juncture that there is a lot of preparatory work for this venture and with Trish Slee at the RFDS end and PDG Colin at the other they have once again done us proud, but more importantly they have together and with their Teams, provided a most valuable and much appreciated, health service to the communities of the north of our State. No doubt PDG Colin will cover this years venture in his Screening Report.

GENERAL

You will recall that last year we had discussed within the Board that it might be worthwhile to take the work of the

Chairman's Report (Cont.)

Lions Cancer Institute to the National Lions Convention in Mildura. I am extremely proud to report that this was a superb decision by the Board because the exposure which resulted was simply unbelievable.

With the tireless efforts of our Screening Chairman and his support team who drove the truck and trailer to Mildura from Perth, sometimes on just 3 trailer wheels, we were able to demonstrate the screening system and methodology which has proven to be so successful here in WA to all of the Lions who attended the invitations for free skin cancer tests. We enjoyed the support also Chris Lowings and his wife Siva, both skin Specialists from Adelaide, who volunteered their time during the Convention.

From a marketing perspective it was more than a huge success. Both Lions and non Lions were screened and each time I appeared at the van there was always a queue waiting to be screened, plus the local media gave us air time and publicity in the local papers.

The expenses incurred in this undertaking were by well and truly justified, and such costs were covered from a personal grant the Institute received some years ago from a benefactor who still insists on remaining anonymous.

To cap it off we were given time on the Convention floor and PDG Colin and I gave a presentation with power point, on the results of the weekend which stunned many of the delegates with the number of serious lesions found.

PDG Colin and his team were recognized and soundly applauded for what they had contributed to the Convention.

Many Delegates sought information on how similar programs might be established in their Districts and we will follow those up.

To conclude, this has been a most enjoyable year, one which has seen the Institute grow in stature and that has been achieved by the Board and it's decisions and I thank the Directors and non Directors for that.

Lions we need your Club's continuing financial support in order that we can do more in the years ahead.

**GARRY K IRVINE PDG 78/9
CHAIRMAN**



Two of our helpers

Skin Cancer Screening Report

**PDG COLIN BEAUCHAMP AM JP
SCREENING CHAIRMAN**

The skin screening unit has been extremely busy again this year, by the time this goes to print the unit will have visited Geraldton, Binningup Waters, Dalyellup, West Arthur, Northam and two screenings

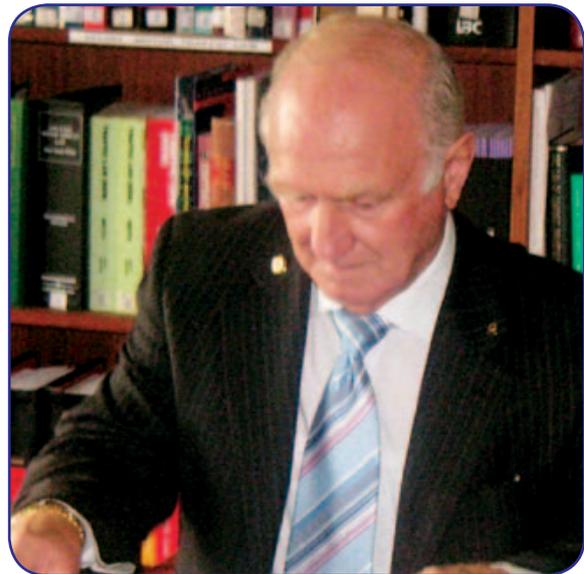
For Westrac. We will be visiting Augusta, Jerramungup, Esperance, Kalgoorlie, and Collie/Wellington before the year is finished.

The Team has just completed a six week, joint venture run with the Royal Flying Doctor 'On the Road,' service throughout the Pilbara visiting Newman, Paraburdoo, Port Hedland, Marble Bar, Nullagine, Wickham, Karratha/Dampier, Pannawonica, Exmouth and Onslow.

A summary of the results from the JV project are below and has again highlighted the problem that persons living in remote areas such as those visited where specialist services are not readily available have an urgent need for such a service.

The trip from Perth to Onslow was funded by Bhp Billiton and the Exmouth section by Woodside, This is the first time that the Lioness Club of Exmouth has had an opportunity to work with the team.

Our thanks to all of those Lions who assisted and to Karratha/Dampier Lions for their generous donation.



In May this year we took the Cancer van to Mildura for the MD Convention. The Institute, has since inception had the intention to promote this Unique service to Lions in all other 201 Districts as Australia has the highest skin cancer death rate in the World and this project is saving lives through early diagnosis.

Whilst in Mildura PDG Bob Korotkoff arranged for the team to conduct a two day screening at one of the shopping centres. The results were a wake-up call for local residents resulting in front page articles in both local newspapers and television coverage, even the local Mayor commented on the need for such a facility at a public meeting.

2011 PROGRAMS

The demand for the screening van to visit areas continues to grow and we are now receiving numerous requests from Corporate and Regional Health groups to provide screenings and whilst we would like to accept all of these invitations we are limited by the availability of specialists.

Your screening project is only able to continue to operate with the dedicated support of the regular volunteer staff such as Life Fellows of the Institute Plastic Surgeons Robert Fitzpatrick, Barrie Lykke and Alister Turner, Dermatologist Dr Kurt Gebauer, Dr Lester Cowell and Monika Cowell, Nurses Judy Forsyth, June Walker, Chris and Siva Lowings who fly over from Adelaide to assist and Life Fellow

ALARMING RESULTS FROM THE PILBARA REGION

Person screened by the Team	2644
Number referred for further investigation by GP	630 = 23.82%
Number of possible life threatening problems in above	353 = 56.03%

These figures do not include those persons who displayed sun damaged or Children checked.

A WAKE-UP CALL FOR MILDURA RESIDENTS

Persons screened by the Team over two days	228
Number referred for further investigation by GP	69 = 30.26%
Number of possible life threatening problems in above	31 = 44.92%

These figures do not include those persons who displayed sun damaged or Children checked.

Sue Goddard who has now retired from Nursing. We have other Plastic Surgeons and Dermatologists who have assisted on an adhoc basis over the previous years.

For the 2011 program we have received twenty two requests from Lions Clubs to visit. One of the areas of concern is that at least two of these are from Clubs who will not support the fund raising by the Institute having sent back raffle ticket books, these Clubs, by direction of the Board will receive low priority for future programs

BOOKING THE SCREENING VAN

The question is often asked as to how the program is set for each year. The locations attended are subject to a number of controlling factors; (a) when the facility was last in the area, (b) whether specialist facilities are readily available within a reasonable distance to the locations, (our Specialists will not attend in an area that is well serviced) the weather, we cannot afford to have the team trapped in an area when weather prevents the aircraft from taking off.

We had an instance where we had to impose on three different Lions groups to ferry the Specialists back from the South West, having them arrive in Perth after 2100hrs raised the question about whether they would volunteer again.

Clubs wishing to access the facility should ensure that they have their request in writing to the Institutes Secretary PDG Bob Huey before the end of August prior to the following year.

The program is set taking into consideration all of the above factors after which we will write to all of the Specialist and Nurses seeking support for the selected locations, it is only when we receive such support confirmed that the particular Club involved will be notified.

The screening event kit which includes booking forms, copy of suggested ad and notes for the program chairman

is not normally sent to the club until two months prior to the event.

THE FACTS

Cancer is the leading cause of death, accounting for 28.7% of all Australian deaths in 2004, 38,489 Australians died of cancer, that's more than 700 persons per week. This is followed by heart disease, cerebralvascular disease, respiratory disease and accidents.

In 2006, there were 9,692 new cases of cancer diagnosed in Western Australia. 56% males and 44% Females

THE LIONS CANCER SCREENING VAN

Many of you have seen the mobile unit and some have even been recipients of the service, for those who have not been inside, the unit is equipped with three rooms and an office area. Rooms provide both audio and visual privacy for those being screened, the unit has special lights, is fully air conditioned has its own generator and hot water service.

No diagnosis or treatment recommendations are given, persons with suspect areas of skin requiring further investigation are handed an information form with a skeletal drawing showing the suspect area to take to their nominated GP.

Part of the documentation used, a release form allows the Institute to contact that GP later and request details of the treatment modality and any pathology results. This is the data referred to as being used by three of our Honours students

The screening van is equipped with a Photo imaging machine, two Dermalite hand held scopes that both provide polarised light to the suspected area and thanks to the generosity of you the Mandurah Lions we now have a Hybrid Dermalite which allows us to switch between polarised and non-polarised light source vastly improving the optical ability for some types of lesions.



On site with the RFDS

Medical Director

PAUL KATRIS

Cancer affects people at all ages with the risk of most types increasing with age. Cancer caused about 13% of all human deaths in 2008 (7.6 million). In Australia the number of new cases for 2010 is projected to be in excess of 115,000 with 43,700 deaths being forecast by years end. The number of new cases projected for 2010 is up 10% since 2006 and nearly double the number in 1986. In Western Australia alone in 2007 there were 9,572 cases of cancer resulting in 3,697 cancer deaths. Sobering and dramatic statistics such as these highlight to us all the continued need for strategic investment of limited cancer research dollars throughout the world.

Australia needs a visionary national research strategy for cancer research, built on innovation, foresight and improved coordination of existing resources. Australians not unlike all societies on the planet require the concerted fund raising efforts of organisations such as the LCI. The decision in early 2010 by the Lions Cancer Institute Board to allocate funds to the Cancer Council WA 2010 research grants funding is one such example of vision. This nationally recognised research organisational process that follows closely the stringent markers of scientific rigour endorsed by the National Health and Medical Research Council has added considerable value to the limited funds available to the LCI. The exemplary peer reviewed methodology that is employed to select the research proposals of the highest quality being undertaken by the most suitably experienced and credentialed individuals affording a high chance of success – is not only a logical but responsible approach by the LCI Board.

All supporters of the LCI and in particular the Lions Clubs of WA should feel a sense of collective pride and appreciation that part of the monies raised for the Institute were in 2010 allocated to fund a research proposal submitted by UWA Professor – George Yeoh. A progress report is presented elsewhere by Prof. Yeoh for the project titled: Establishing the cellular and molecular mechanisms which link liver progenitor cells, inflammation and liver cancer.

Our Ph.D scholar for The Karen & Joshua Chinnery Top-up Scholarship in 2010 is Mr Terry Boyle from the Western Australian Institute for Medical Research/ School of Population Health, UWA. Mr Boyle is conducting



research investigating the potential protective value that vigorous physical activity may have on the development of colorectal cancer. His progress report including personal reflections on what this scholarship means to him appears elsewhere in the annual report.

Finally we inform readers of the 2010 LCI annual report that we are currently considering ways in which the LCI can foster partnerships with relevant groups where we can enter the WA continuing medical and health professional education market – in a cost effective manner. This would see the LCI providing limited educational opportunities to relevant medical practitioners on a chosen cancer topic – most likely this would be on skin cancer/melanoma to compliment our long standing and very significant local, national and international well established reputation as a provider and research funding body in the field of early detection and screening for cancers of the skin.

As an advisor on medical and scientific matters to the LCI Board I look forward to continuing to support and serve the institute in a capacity relevant to my skills and abilities that I not only enjoy but that I am also proud to report.

Lions Cancer Institute Project

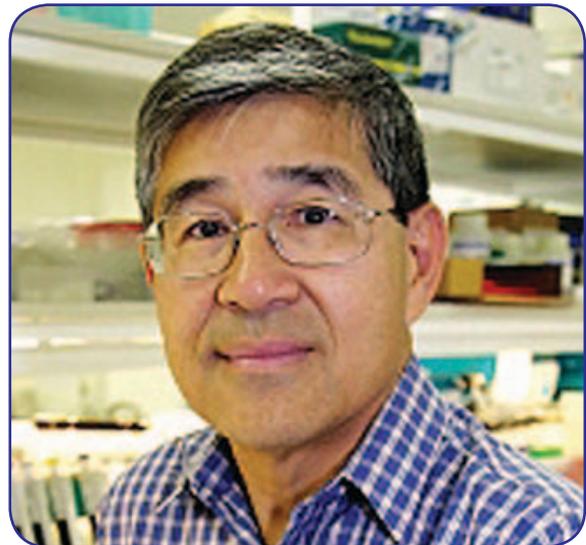
CANCER COUNCIL WA 2010 RESEARCH GRANTS – LIONS CANCER INSTITUTE REPORT

PROJECT GRANT TITLE

Establishing the cellular and molecular mechanisms which link liver progenitor cells, inflammation and liver cancer

RECIPIENT

Professor George Yeoh

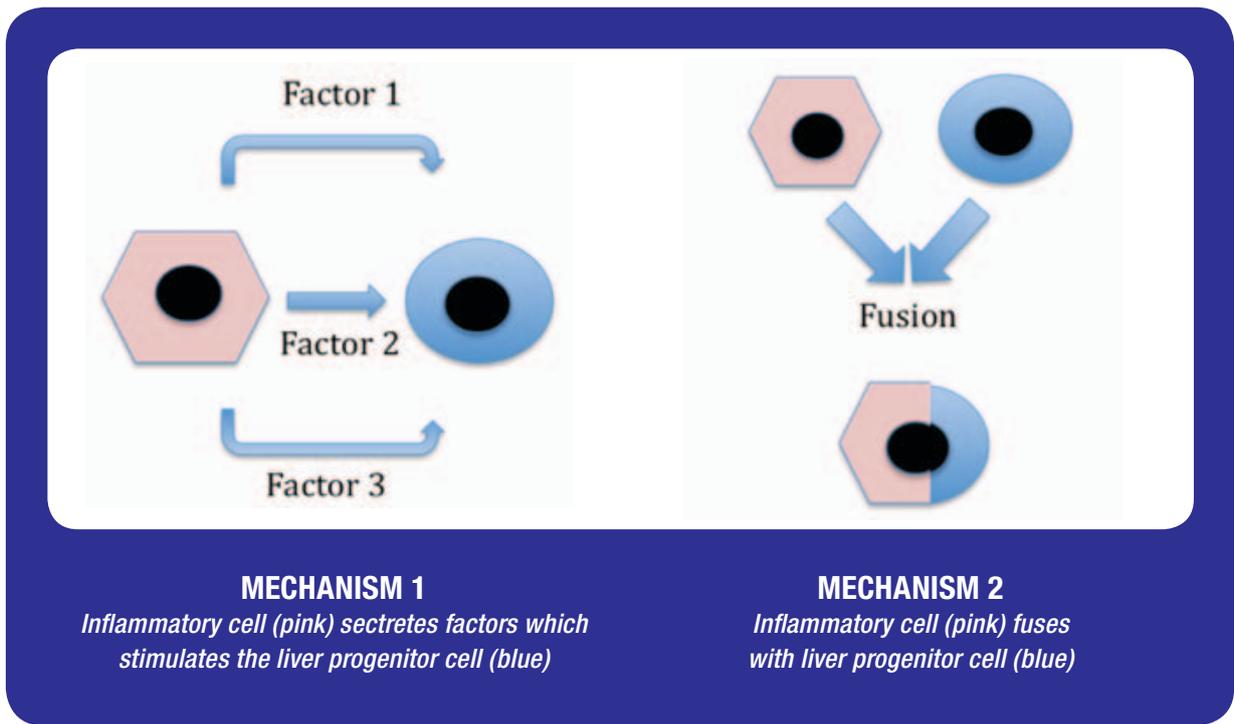


BACKGROUND

The underlying cause of liver cancer is unknown. The cells that become cancerous have not been identified. We have developed a mouse model in which liver cancer develops. In this model the early cellular changes include proliferation of inflammatory cells and liver progenitor cells. This leads us to propose that the progenitor cells are the source of liver cancer and that they become cancerous as a result of prolonged interaction with the inflammatory cells.

We suggest two mechanisms by which the inflammatory cells can change the liver progenitor cells (see below).

First they provide substantial amount of factors which drive growth of the progenitor cells; excessively so that they accumulate genetic changes which make them cancerous. Second a sub-population of inflammatory cells, macrophages are known to fuse with other cells. In this instance, we propose that they fuse with liver progenitor cells, thereby produce cells with an unusual chromosome makeup. Such cells suffer from chromosome instability and this can lead to the production of cancerous cells. It should be emphasised that the mechanisms are not mutually exclusive.



PROGRESS TO DATE

We have made progress using two different approaches. One approach is to document the spatial relationship between the two in the liver at early stages in the process of cancer development. We show these cells lie very close to one another (Figure 1). Therefore growth factors produced by inflammatory cells have to travel only a short distance to act on liver progenitor cells. We also have evidence of fusion between the two cells (Figure 1). This is an exciting but preliminary result which needs to be rigorously tested using different methods which need to arrive at the same conclusion before we can state unequivocally that this really happens in this condition.

The other approach is to show that by forcing interaction between the two cell types, we can produce cancerous liver progenitor cells. We have forced fusion between the cells by adding a cell fusion agent, polyethylene glycol to a mixed culture of the cells. From this we have established that cells with a tumour characteristic is obtained. This is their ability to grow into colonies in soft agar (Figure 2).

In summary, we have made good progress towards documenting the relationship between liver progenitor cells and inflammatory cells. We also have obtained preliminary evidence that this interaction can transform the liver progenitor cells in vitro.

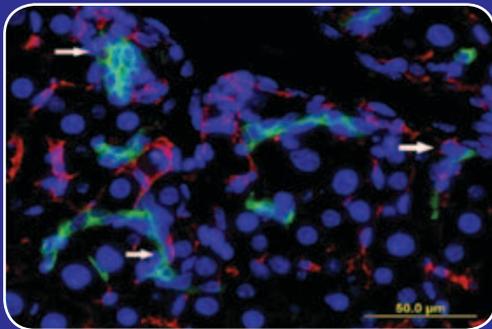


FIGURE 1

In liver sections liver progenitor cells (LPCs) and inflammatory cells (ICs) locate close to each other. Cells are stained as follows: LPCs (pan-cytokeratin - green) and macrophages (F4/80 - red) with nuclei (DAPI - blue). In many instances, the two cell types are closely juxtaposed (arrows). In some instances cells show co-staining (top left arrow).

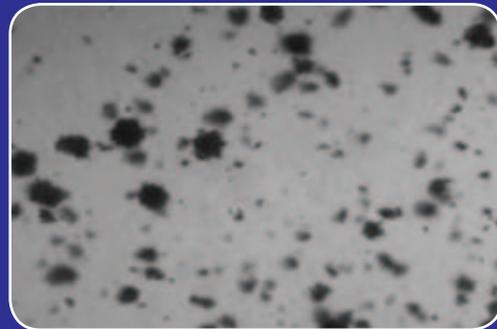


FIGURE 2

LPCs and ICs which have been forced to fuse with polyethylene glycol then cultured will produce colonies when grown in soft agar. This is a characteristic of transformed cancer cells.

Research in Patterns of Skin Tumours

DR LESTER C COWELL MBBS ACCAM

The Lions Cancer Institute has a proud record of community service. It has been gratifying for us both to contribute to this cause from 2008. The Lions Institute also distributes donations to researchers working towards understanding and treating cancer. In response to my grant application in early 2009, the Lions Cancer Institute made an award of \$5000 towards the purchase of equipment (video dermoscope) used for my post graduate research studying early skin cancer development.

The clinical melanoma guide of "ABCD", which has recently been revised to the "ABCDE", will identify the majority of established, invasive melanomas. Importantly there are some melanomas, particularly early melanomas, which go unrecognised by this scheme. A promising line of investigation for early recognition is the character of the tumour's edges. As a single characteristic, abrupt edges are present in 77% of melanoma. In 2003 Andrew Morris published a series of melanomas for which 40% lacked typical features. A pattern was observed however, the outlines were all simple symmetric geometric shapes. This is remarkable because the first indication in the ABCD is A for Asymmetry.

My study commenced in 2006 and I have observed the evolution of both benign and malignant lesions with the video dermoscope confirming this feature. The abrupt

edges when present show a strong tendency to forming straight lines but in borderline "dysplastic" lesions as well as melanoma. Morris's observation of whole polygons in early featureless melanoma can be extended to benign lesions which display a partial polygonal form. Observation reveals an association between the linear abrupt edges and the curved diffuse edges across the spectrum of benign to malignant lesions. The relation of an enclosing polygonal boundary to the lesion's contours correlates with the character of the lesion. This relationship has been termed the "Boundary of Benignity".

The geometrical properties identified with these specific enclosing polygons are compatible with recent mathematical discoveries in the theory of tiling patterns. In 1974 Roger Penrose overturned a principle that has stood nearly 400 years with his quasiperiodic tiling. The tiling pattern is based upon pentagons and shapes which are fragments of pentagons. The signature of this quasiperiodic tiling can be identified in the range of naevi (moles) from benign to malignant. Naevi are not static but evolve and this mathematical principle accounts for the sequence of shapes observed over the development of naevi. Other forms predicted by the Penrose tiling have been observed as seen below, the "spade", "club", "diamond" & "heart".

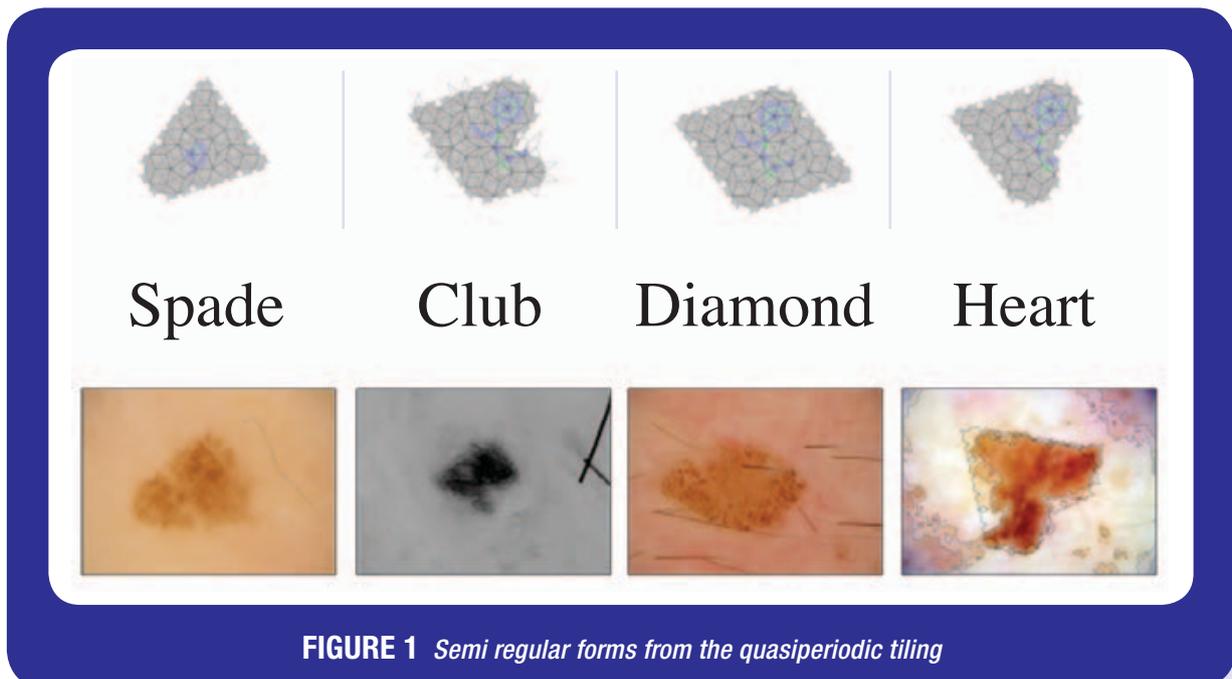


FIGURE 1 *Semi regular forms from the quasiperiodic tiling*

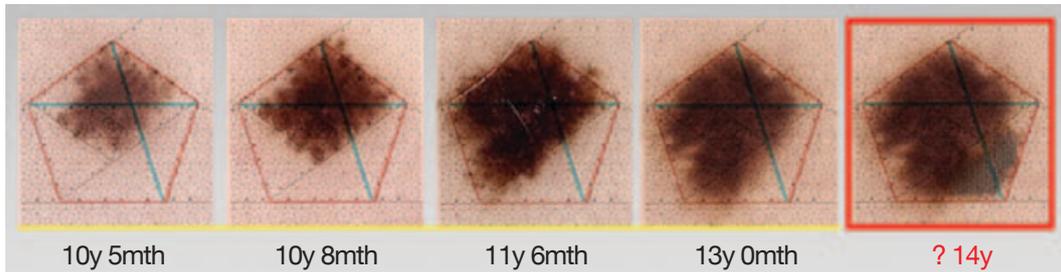


FIGURE 2 *Main sequence of contour development. Normal Evolution of a naevus involves a specific sequence predicted by the Quasiperiodic model. In the final panel areas predicted to grow have been filled in as grey. Naevi have a plan by which they grow!*

Based upon pigmented (melanocytic) lesions, these mathematical patterns have been found in skin tumours other than melanoma and importantly in other published work at the microscopic commencement of tumours. The progress of this research was presented at the 2009 Barcelona 2nd World Dermoscopy Congress.

Further work aims to develop a computer model for predicting growth patterns of benign and early malignant lesions which may allow earlier recognition of risk lesions.

This research offers an entirely new approach to the understanding of the development of pattern in the spectrum of tumours and clues to the recognition of earlier more treatable stages.



FIGURE 3 *Main sequence of contour development. Normal Evolution of a naevus involves a specific sequence predicted by the Quasiperiodic model. In the final panel areas predicted to grow have been filled in as grey. Naevi have a plan by which they grow!*

Terry Boyle

The Karen & Joshua Chinnery Top-up Scholarship is of enormous importance to me, and I am extremely grateful to be receiving it. It gives me financial stability - most PhD scholarships are at or below the poverty line, so the extra money from this scholarship is really important. The travel part of the scholarship gave me the opportunity to present my research at two conferences in the US in June. Without this scholarship I wouldn't have been able to do that.

The broad aim of my PhD is to investigate the association between physical activity and colorectal cancer. I started my PhD in 2009, and plan to submit my thesis in early 2012. Here is a brief update of what I've been working on this year.

I have just completed a paper about the effect of sedentary work on colorectal cancer. Sedentary behaviour (too much sitting) is an emerging risk factor for several chronic diseases, and in my study I found that long-term sedentary work may lead to an increased risk of colorectal cancer. Thanks to the Chinnery scholarship from the Lions Cancer Institute I was able to present these results at an international conference in Minneapolis in June this year. The presentation received a lot of interest and was nominated as one of the top three student presentations at the conference.

I am currently working on a journal article looking at the effect that physical activity has on the risk of colorectal cancer. The results of this research suggest that performing vigorous activity is the best way to reduce your risk of colorectal cancer. The results also indicate that physical activity performed later in life (over the age of 51 years) may actually be more beneficial than physical activity performed in early-adulthood, which suggests that it really is never too late to start being physically active. I gave a poster presentation on this research at a conference in Seattle in June, again thanks to the Chinnery scholarship from the Lions Cancer Institute. I also presented this research at a national conference in Sydney in September.

Next year I'll be conducting a study looking at whether physical activity performed before colorectal cancer diagnosis increases your chance of survival, as well as writing up a small study about measuring physical activity.

TERRY BOYLE

PhD Candidate

Cancer Epidemiology

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Chris Lowings

RGN, MHN(CREDENTIALLED), BNG, GRADDIP (RURAL & REMOTE MENT HLTH NURS) MASTER OF SPECIALIST NURSING, CERT IN PRIMARY CARE MEDICINE (SKIN CANCER), ADV CERT IN DERMOSCOPY & DIGITAL IMAGING, NURSE PRACTITIONER (CANDIDATE,) MRCNA, MACMHN

I and my wife Siva have been privileged, over the last three years, to be involved in the mobile skin cancer screening work with the Lions Cancer Institute (LCI) of Western Australia (WA). This work has been led by PDG Colin Beauchamp AM JP and his lovely wife Sue with the support of the LCI Board and Mr Gary Irvine, Chairman. Colin and Sue have been providing a mobile screening program since 1989, giving the people of regional, rural and remote WA with a unique and essential service. Their continued commitment, dedication and passion will enable the LCI to expect provide this important service into the foreseeable future.

We first worked with LCI in July 2008 when we were invited to be part of the team that undertook a skin screening program with Colin and Sue to the Pilbara region of WA. This was followed in 2009 by a program through the Goldfields region of WA and then back to the Pilbara in 2010. The experience has been extraordinary.

The service delivers a mobile screening service and primary health information to the people it serves. Providing a mobile skin cancer screening service to the more remote population centres is expensive and the service has been conducted by volunteers and supported financially by LCI through donations from the Lions Clubs and the wider community and industry. Many volunteers including a plastic surgeon and a dermatologist have provided regular support for the Lions mobile Skin Cancer Screening Program. The sustainability of the program into the future is important to the people of WA whom it currently serves. With this in mind the LCI Board generously provided me a \$10,000 study grant in August 2009 to support me in undertaking Nurse Practitioner studies in order to enable me to gain experience and knowledge through study and mentorship with experienced skin cancer professionals and in this way assist LCI to provide a continuing professional primary health skin cancer screening service. The LCI grant paid for tuition fees and study materials and helped too towards the cost of attending the International Dermoscopy Society conference in Barcelona, Spain in November 2009. I will complete the Nurse Practitioner program at Flinders University in South Australia in June



2011 and I plan to continue with the mobile skin screening work alongside the LCI Skin Cancer Screening team in WA.

The continuing presence of the mobile skin cancer screening program cannot be understated. Indeed many of the people we have seen in the past three years have not had access to skin cancer screening before and many had skin lesions that required urgent follow up and management. Australia is a tourist destination and in the Pilbara region we may see many tourists and the 'grey nomads' who travel for months away from home. These travellers often come in to be screened as they have had no other opportunity to access a service and are attracted by the flyers and radio announcements about our service. Many of the people who had been screened on our last visit to the Pilbara in 2008 returned to see us and appeared eager to provide feedback. Often we don't get feedback which in general is difficult to get because of the nature of the service in referring people back to the care of their GP. One Pilbara woman reported that the referral to a specialist in Perth by our team in 2008 had resulted in her having a melanoma removed; she was unaware of its presence before the screening. There are numerous similar incidents. The results of the mobile screening work in terms of the referral rate to follow up care are very significant and provide evidence of the continued need for this particular service in remote areas.

It is important to realise too that many people coming in to be screened come along as a family. This means that we see many children in our travels and engage them in the skin screening activity. This interaction with the children provides an important opportunity for the team to engage our young people in skin cancer education and primary health care. Both I and Siva would like to acknowledge Colin Beauchamp's drive and passion and thank both Colin and Sue for the opportunity to work with the LCI Mobile Skin Screening team. It continues to be a wonderful and fulfilling experience for me and I look forward to many more years of spending time with the LCI team providing this unique and valuable mobile skin cancer screening program.

District Chairman's Report 2010

MARY GREGG - DISTRICT CHAIRMAN DISTRICT 201W2

The last year or so has seen a considerable decline in donations by Clubs. Clubs seem willing to donate to the Cancer Council, Leukaemia Foundation and the like, but appear unwilling to donate to their own Institutes and Foundations.

This has not restricted your own Cancer Institute in its very considerable screening programme both in the corporate and Clubs areas.

The 6 week screening programme this year to the mining towns and areas again saw a far too high referral rate, particularly some severe cases, indicating the need for regular screenings in such areas. Costs for this programme are borne by the mining companies, Development Commissions and other businesses. Such trips cost in the vicinity of \$250,000. It is quite obvious it would be impossible to continue this without the support of the business sector.

Clubs receive our services as and when they can be accommodated, taking into account availability of specialists staff. Costs for these screenings - vehicle and van costs – are borne by your Institute.

PLEASE REMEMBER ALL WHO WORK ON THIS PROGRAMME ARE VOLUNTEERS. HOWEVER THE TRUCK AND VAN COST MONEY TO RUN.

Your Institute continues to fund research and recently made a grant to Prof George Yeoh of RPH. He will be addressing this Convention to explain the work he is undertaking.

As your District Chairman, I appeal to you and your Club to remember your institute when making Club donations.



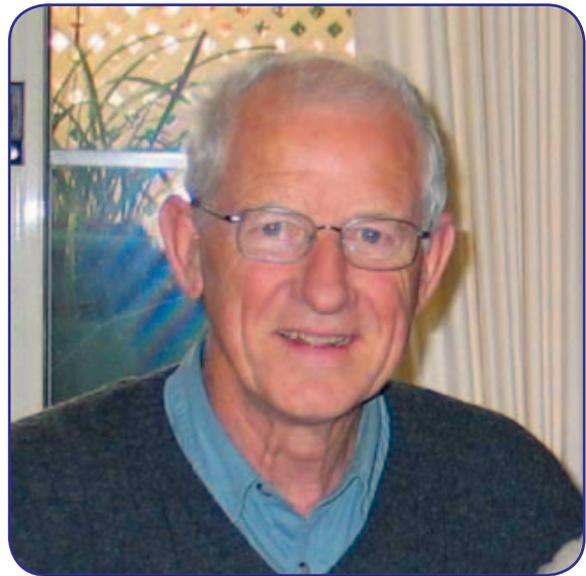
Some of the Primary School children in Salmon Gums

Annual Financial Report

FOR 30TH JUNE 2010

The results for this year are significantly different to those reported last year and for the following reasons:

- Donations received from Clubs during the year were over \$10000 less
- Interest received was reduced by over \$7000 owing to reduced funds and lower rates than last year.
- A decision was made to provide a research grant of \$70000 to the Cancer Council
- While Administration costs were reduced as were screening costs major repairs were necessary to our vehicle during the year
- It should also be recognized that our results for year ended June 2009 included a Grant for the Pilbara project and the income from our raffle and Corporate donations. In total over \$115000



Our grateful thanks to our new Auditor Hugh Plaistowe of Owen and Plaistowe who undertook our audit this year following the death of Rod Broughton in June 2010

**GRAEME WINTERS TREASURER
SEPTEMBER 2010**

LIONS CANCER INSTITUTE INC

A.B.N. 49 158 959 834

DIRECTOR'S REPORT

Your directors submit this report on the entity for the financial year ended 30 June 2010.

Directors

The names of directors throughout the year and at the date of this report are:

Mr G Irvine
Mr B Huey
Mr G Winters
Mr D Mainard
Mr C Beauchamp JP
Mr N Saunders
Ms M Gregg
Ms D Thomson
Mr P Katris
Ms J Forsyth
Mr A Bushe-Jones

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

Principal Activities

The principal activities of the association during the financial year were to provide social facilities to members of the association.

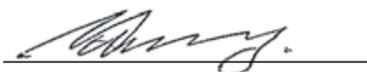
Significant Changes

No significant change in the nature of these activities occurred during the year.

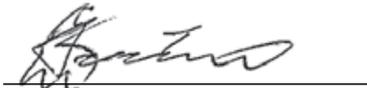
Operating Results

The net loss of the entity is \$144,391.

Signed in accordance with a resolution of the Board of Directors.



Director



Director

Dated: 15.9.2010

Perth, Western Australia

Statement Of Comprehensive Income

AS AT 30 JUNE 2010

		2010	2009
INCOME	NOTE	\$	\$
Donations - Lions clubs		36,318	46,477
- Screening unit		4,134	6,147
- Private		2,445	7,959
- Corporate		1,500	27,290
Pilbara screening grant		-	64,901
Karen & Joshua Chinnery scholarship		-	4,000
Fund raising raffle		-	24,987
Interest		21,301	39,943
Miscellaneous		2	3,624
TOTAL INCOME		\$65,700	\$225,328
EXPENDITURE			
Administration		11,505	19,099
Fundraising		-	5,000
Screening		23,247	65,382
Skin cancer screening unit		46,270	23,270
Scholarship awards		20,000	25,333
Research grant		83,000	5,000
Public relations		-	148
Depreciation		23,028	30,146
Training		3,041	-
TOTAL EXPENDITURE		\$210,091	\$173,378
TOTAL COMPREHENSIVE INCOME (LOSS) FOR THE YEAR		(\$144,391)	\$51,950

Balance Sheet

AS AT 30 JUNE 2010

		2010	2009
		\$	\$
CURRENT ASSETS			
Cash at bank		18,065	56,909
Term deposit		451,849	544,573
Deferred GST benefit		-	1,671
GST recoverable		5,775	3,844
Amounts recoverable		-	1,000
TOTAL CURRENT ASSETS		\$475,689	\$607,997
NON-CURRENT ASSETS			
Property and equipment at cost	2	184,819	185,607
Less accumulated depreciation	2	(156,250)	(136,130)
TOTAL NON-CURRENT ASSETS		\$28,569	\$49,477
TOTAL ASSETS		504,258	657,474
CURRENT LIABILITIES			
Trade Creditors		8,019	-
Loan		-	17,294
Less unmaturred interest		-	(450)
TOTAL CURRENT LIABILITIES		\$8,019	\$16,844
TOTAL LIABILITIES		\$8,019	\$16,844
NET ASSETS		\$496,239	\$640,630
EQUITY		\$	\$
Accumulated surplus at 1 July 2009		640,630	588,680
Add/(less) surplus (deficit) for the year		(144,391)	51,950
TOTAL EQUITY		\$496,239	\$640,630



The rig on site

Notes To The Financial Statements

FOR THE YEAR ENDED 30 JUNE 2010

NOTE 1. STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The directors have prepared these financial statements as a special purpose financial report as they have determined that the Lions Cancer Institute Inc. ("Institute") is not a reporting entity. Accordingly they are not required to apply Accounting Standards and other mandatory professional reporting requirements in the preparation and presentation of these financial statements.

The special purpose financial statements are prepared to satisfy the reporting requirements of the Associations Incorporation Act (WA), Charitable Collections Act (1946) and the Charitable Collections Regulations (1947).

The financial statements have been prepared on the accruals basis using historical costs. They do not take into account changing in money values.

The following specific accounting policies have been adopted in the preparation of these financial statements.

INCOME TAX

The Institute, an incorporated body, is an exempt body for income tax purposes and accordingly the financial statements do not account for income tax.

PLANT AND EQUIPMENT

Property plant and equipment are included at cost. All items of property and equipment are depreciation over their useful lives, as determined by the directors, commencing from the time the item is held ready for use.

INTEREST RECEIVED

Interest is brought to account when received or credited to the related bank/investment account. Interest earned but not received at balance date has not been brought to account at that date.

DONATIONS AND OTHER FUND RAISING ACTIVITIES

The Directors have determined that it is not practicable to establish adequate and effective control over monies received from these sources. Accordingly, income from these sources is brought to account on the basis of amounts actually recorded in the Institute's books.



Property and Equipment

FOR THE YEAR ENDED 30 JUNE 2010

NOTE 2	2010	2009
DESCRIPTION	\$	\$
Mobile screening unit at cost	58,776	58,776
Less accumulated depreciation	58,776	58,229
	-	547
Generator at cost	10,000	10,000
Less accumulated depreciation	4,000	3,500
	6,000	6,500
Computer system at cost	-	2,905
Less accumulated depreciation	-	2,905
	-	-
Video project and laptop at cost	6,102	6,102
Less accumulated depreciation	4,947	4,337
	1,155	1,765
Toucan display system at cost	1,980	1,980
Less accumulated depreciation	1,980	1,980
	-	-
Hino truck at cost	79,535	79,535
Less accumulated depreciation	67,574	55,650
	11,961	23,885
Dermalite11 multispectral at cost	1,975	1,975
Less accumulated depreciation	1,604	946
	371	1,029
Computer equipment at cost	2,239	2,239
Less accumulated depreciation	1,573	1,013
	666	1,226
Screen equipment at cost	22,095	22,095
Less accumulated depreciation	15,502	7,570
	6,593	14,525
Dermalite	2,117	-
Less accumulated depreciation	294	-
	1,823	-
	28,569	49,477

LIONS CANCER INSTITUTE INC

A.B.N. 49 158 959 834

**STATEMENT BY THE BOARD OF DIRECTORS
FOR THE YEAR ENDED 30 JUNE 2010**

The directors have determined that the Association is not a reporting entity and that this special purpose financial statements should be prepared in accordance with the accounting policies described in Note 1 to the financial statements, solely for the use of the Board of Directors in accordance with the Association's constitution, so as to comply with the provisions of the Charitable Collections Act 1946.

In the directors opinion the financial report set out from page 3 to page 8:

1. Presents a true and fair view of the financial position of Lions Cancer Institute Inc. as at 30 June 2010 and its performance for the year ended on that date.
2. At the date of this statement, there are reasonable grounds to believe that Lions Cancer Institute Inc. will be able to pay its debts as and when they fall due.

This statement is made in accordance with a resolution of the Board of Directors and is signed for and on behalf of the Board of Directors by:



Director



Director

Dated: 15.9.2010

Perth, Western Australia

LIONS CANCER INSTITUTE INC
A.B.N. 49 158 959 834

**INDEPENDENT AUDIT REPORT
TO THE MEMBERS OF
LIONS CANCER INSTITUTE INC**

Report on the Financial Report

We have audited the accompanying financial report, being a special purpose financial report, of Lions Cancer Institute Inc, which comprises the statement of financial position as at 30 June 2010, and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, a summary of significant accounting policies, other explanatory notes and the Directors declaration.

The Responsibility of Directors for the Financial Report

The Directors of the association are responsible for the preparation and fair presentation of the financial report and have determined that the accounting policies described in Note 1 to the financial statements which form part of the financial report are appropriate to meet the financial reporting requirements of the Institute and are appropriate to meet the needs of the members. The Directors responsibility also 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

Our responsibility is to express an opinion on the financial report based on our audit. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to meet the needs of the members. 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 the auditor's 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, the auditor considers internal control relevant to the association'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 association's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by Directors, as well as evaluating the overall presentation of the financial report.

The financial report has been prepared for distribution to members for the purpose of fulfilling the Directors financial reporting under the Institute. We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

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

Independence

In conducting our audit, we have complied with the independence requirements of Australian professional accounting bodies.

Qualification

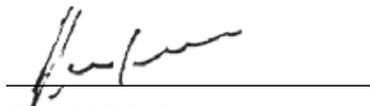
The directors have determined that it is not practicable to establish satisfactory control over monies received from donations and other fund raising activities prior to recording in the Institute's financial records. Hence my audit procedures relating to income from those sources have been restricted to the amounts recorded in the Institute's financial records. I am therefore unable to express an opinion whether revenue from donations and other fund raising activities, included in the accompanying financial report, is complete.

Auditor's Opinion

In my opinion, except for the effect on the financial statements of the matter referred to in the qualification paragraph, the attached financial report presents fairly, in all material respects the financial position of the Institute at 30 June 2010 and of the financial performance for the year then ended, in accordance with the accounting policies described in Note 1 to the financial statements.

Owen & Plaistowe

Certified Practising Accountants



Hugh M E Plaistowe

Partner

Dated: 15 September 2010

Perth, Western Australia

Appendix A

SOURCE(S) OF VOLUNTARY REVENUE

The sources of voluntary revenue received by the licence holder during the financial year were as follows:

- Cash donations received directly from people (including street and door-to-door collections, postal collections, collection boxes and organised fundraising appeals).

Appendix B

SIGNIFICANT CONTROL REQUIREMENTS

The financial management and fundraising activities of the licence holder should be conducted in accordance with, but not limited to, the following provisions of the Regulations:

Financial Management

- Monies received should be banked within seven (7) days of receipt in accordance with regulation 11(a);
- An asset register should be maintained in accordance with regulation 11(c);
- Every bank account should be operated by two (2) officers of the organisation in accordance with regulation 11(d);
- Investments should be in accordance with regulation 16 of the Charitable Collections Amendment Regulations (1998).

Fundraising

- Monies received from collectors and fundraisers should be paid to the licence holder within fourteen (14) days of receipt in accordance with regulation 11(b) of the Regulations;
- Receipts should be completed for all monies received;
- The Statement of comprehensive income should be sufficiently detailed to enable identification of all charitable collections received and the manner in which the collections have been dealt with;
- Fundraising expenses (i.e. salaries, wages, commissions and any professional fundraising fees) should be disclosed separately in the accounts;
- The licence holder should be collecting monies and goods, and should be disbursing those monies and goods, in accordance with the organisation's objectives.

RFDS Report

For the past four years, the Royal Flying Doctor Service (Western Operations) through its 'RFDS on the road' Primary Health Care Program, a partnership with BHP Billiton, has facilitated free skin cancer screening for people living in remote communities in the Pilbara and Goldfields regions.

This initiative has been made possible by working in partnership with the Lions Cancer Institute and its association with the WA Society of Plastic Surgeons.

The regional community skin screening initiatives have received significant local support from the Pilbara Development Commission, BHP Billiton Iron Ore, BHP Billiton Nickel West, local shires, Rio Tinto Iron Ore, Skippers Aviation, and the Pilbara Health Network,

Through this innovative partnership the RFDS and LCI have provided free skin cancer screenings and delivered one-on-one skin cancer awareness and prevention education to more than 7,500 people at 25 remote Pilbara and Goldfields community locations.

This partnership has seen the screening team of Lions Cancer Institute screening volunteers, RFDS staff and Lions International volunteers spend more than 16 weeks 'on the road' in regional WA visiting a total of 40 locations in weather ranging from 'wet, wild and windy' to scorching hot!

In 2010 the partnership skin screening team returned to the Pilbara visiting 11 communities and screening 2,370 people, resulting in 573 referrals for further investigation of suspicious lesions.

This year's Pilbara community screening project was assisted by generous in-kind support from BHP Billiton Iron Ore, the Pilbara Health Network, Shire of Port Hedland, Rio Tinto Iron Ore and the Shire of East Pilbara.

Our visits to the larger towns were booked out before we arrived, so we responded by extending our screening hours where possible at these locations, and also offering some screening appointments in the evening.

In Marble Bar, the referral rate was 105 per cent, with many community members presenting with more than one suspicious lesion requiring further investigation – a truly alarming statistic from any perspective.

Weather conditions, less than adequate sun protection practices and long term sun damage were attributed as potential causes of this concerning trend.

'RFDS on the road' aims to provide people living in regional and remote locations with access to disease prevention



education and training. The LCI shares this educational approach; so we're delighted that together we've been able to focus on providing regional community members with information and education about the importance of prevention and early detection of skin cancer.

Following a request from Woodside Energy, we also made a visit to Exmouth on our return trip to Perth and screened another 300 people over three days. This inaugural visit was well supported by Woodside Energy, the Shire of Exmouth, Exmouth Hospital and the Exmouth Lioness Club.

TRICIA SLEE PROGRAM MANAGER

'RFDS on the road' Primary Health Care Program
RFDS Western Operations

Do You Need To Be Checked?



Life Fellows Cancer Institute Inc

MR ALISTER TURNER MBBS FRCS FRACS

PLASTIC SURGEON

MR. ROBERT FITZPATRICK MBBS FRCS FRACS

PLASTIC SURGEON

MS. SUSAN GODDARD BA App.Sc FRCNA

REGISTERED NURSE

MR. KURT GEBAUER MBBS FRCS FRACS

PLASTIC SURGEON

MR. BARRIE LYKKE MBBS FRCS FRACS

PLASTIC SURGEON

PDG COLIN BEAUCHAMP AM. JP

MR. DON PHILLIPS

PDG RON VAUGHAN



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LIONS CANCER INSTITUTE INC. (ABN) 26 521 960 054

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