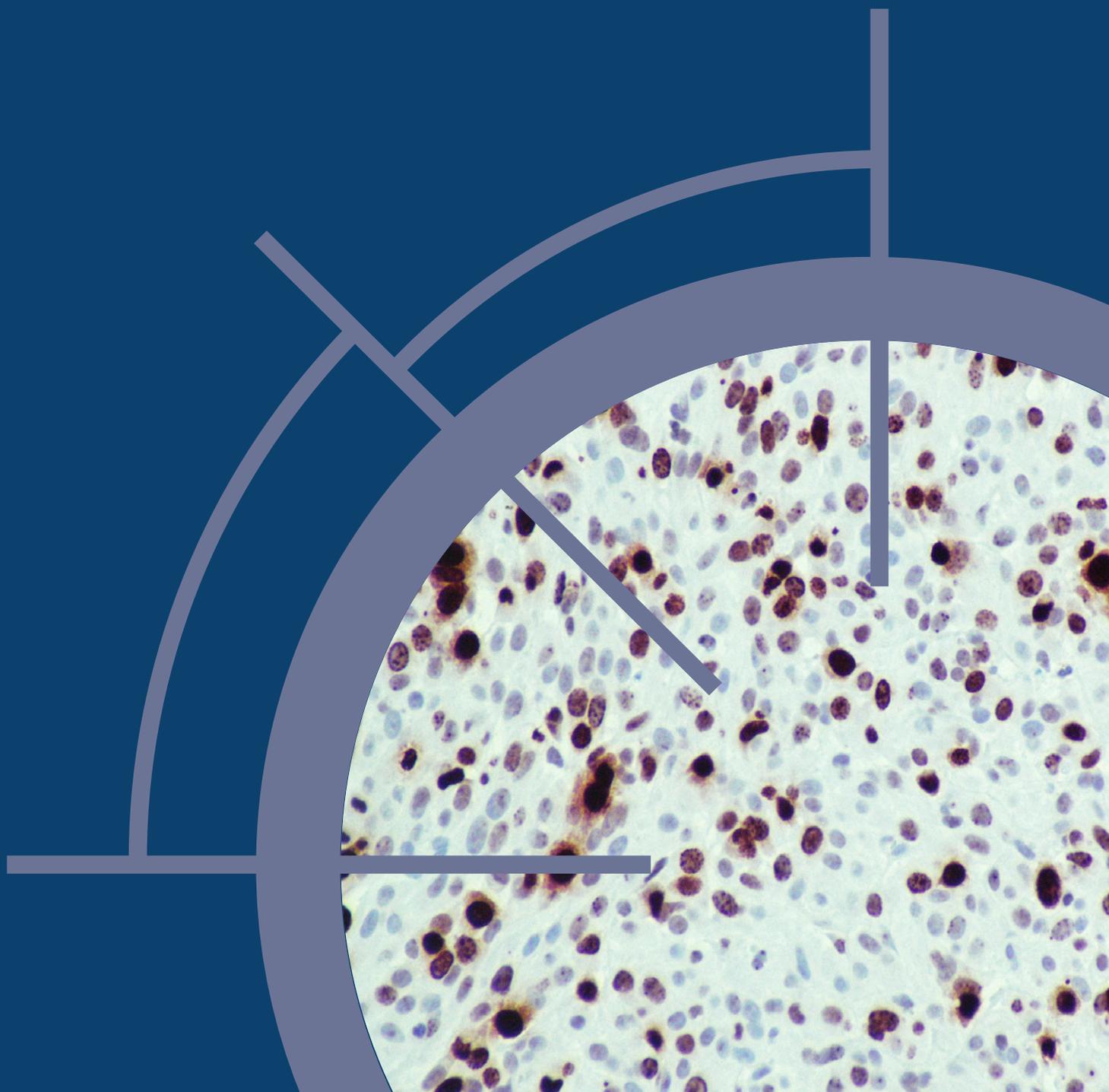


ABN 26 521 960 054

# LIONS CANCER INSTITUTE INC ANNUAL REPORT 2016 - 2017



SAVING LIVES IN YOUR COMMUNITY THROUGH RESEARCH  
AND SKIN CANCER SCREENING SINCE 1990





THE HON KERRY SANDERSON, AC, GOVERNOR OF WESTERN AUSTRALIA.

The Lions Cancer Institute has been providing, voluntarily, a much needed support to available health services. Initially this was provided in Western Australia and more recently in South Australia and New Zealand.

In addition to the top up funding allocated to PhD Students in cancer studies, the Institute has, since 1990, conducted free skin cancer screenings as a service to the public of Western Australia. This has been done with the assistance of a number of Plastic Surgeons, Dermatologists, Doctors, Dermographers, Nurses and Lions Members, all of whom provide their services free to the Institute.

The majority of these screenings are conducted in remote areas where such services are few, or non-existent. A service that has proven to save lives in our communities and will continue to do so with our support.

■ The Hon Kerry Sanderson, AC—Governor of Western Australia

**COVER PHOTO**

A mouse brain with a tumour that has been treated with drug therapy and then the cells were stained to look at tumour cell damage. (see full story page 14 - PhD student Tracy Seymour)

2016/2017 Board of Directors		5
Chairman's Report	PDG Colin Beauchamp AM JP	6
Director's Report		21
District Chairman 201 W1	Lion Mary Austin	16
District Chairman 201 W2	Lion Roger Doyle	17
Financial Reports	PDG Neil F. Saunders	20
Auditors' Review Report		33
Balance Sheet		24
Club Donations 2016/2017		35
Director's Declaration		32
Income Statement		23
Notes to Financial Statement		26
Governor of Western Australia	The Honourable Kerry Sanderson AC	3
Life Fellows of the Institute		36
Medical & Scientific Advisory Charimans Report	CEO WACOG Paul Katris	10
Nurse Practitioner Report	Lion Chris Lowings	12
Olympia Diaries		38
PhD Student. Second Report	Tracy Seymour	14
Public Relations and New Zealand Project	PDG Garry Irvine	8
Lion's Medical Research Foundation Inc.	Chairman Phillip Donato OAM	18
Screening Report (WA)	PDG Darrel Mainard	9
Screening Report (SA/NSW)	Lion Marilyn Miller	13
Webmaster		37

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**ELECTED MEMBERS**

PDG Colin C. Beauchamp AM JP	Chairman
PDG Pam Baird	Vice Chairman
PDG Garry Irvine	Director New Zealand Liaison
PDG Darrel Mainard	Director Screening Co-ordinator
Lion David Baird	Director Ass. Treasurer
Lion June Walker	Director
Lion Michael Wainwright	Director
PDG Robert Thomson	Director (Resigned)

**APPOINTED MEMBERS**

Lion Robert Bates	Director (Resigned)
Lion Mary-Anne Wolf	Director
Lion Phil Chinnery	Director
PDG Neil F. Saunders	Treasurer
Lion Dot Saunders	Secretary
Paul Katris (CEO WACOG)	Chair Medical & Scientific Advisory Committee

**EX OFFICIO MEMBERS**

DG Mike Wolf	District Governor 201W1
DG Terry Cunningham	District Governor 201W2
1 <sup>st</sup> VDG Sue Lowe	1 <sup>st</sup> VDG District 201W1
1 <sup>st</sup> VDG Grant Hewett	1 <sup>st</sup> VDG District 201W2
Lion Mary Austin	District Chairman 201W1
Lion Roger Doyle	District Chairman 201W2
Lion Leonie Getty	District Chairman elect 201W1
PDG Maxine Whitely	District Chairman elect 201W2

**CO-OPTED, NON-VOTING, MEMBERS**

Lion Marilyn Miller	South Australia
Lion Chris Lowings	South Australia
Lion Marry Gregg	West Australia

# CHAIRMAN'S REPORT



PDG COLIN C.  
BEAUCHAMP AM JP  
CHAIRMAN

2016 / 2017 has again been an extremely busy year for the Institute's skin screening project, the number of requests for a visit by the mobile units continues to increase. Until recently we have always had a problem with fully trained personnel to carry out the actual screening, however we now have three additional screeners in Board members Lion Mary Austin, PDG Garry Irvine and Lion June Walker.

For a number of years now we have had the support of Plastic Surgeon, Mr. Robert Fitzpatrick and Dermatologist Prof. Kurt Gebauer. With Prof. Gebauer's assistance we have now been able to gain support from the West Australian Chapter of Dermatology. Earlier this year Treasurer Neil Saunders and Chair of the Medical and Scientific advisor group, CEO of West Australian Clinical Oncology Group, Paul katris and I met with Dermatologist State President Dr Genevieve Sadler, and the current State Secretary Dermatologist Dr Tony Caccetta, resulting in an offer from the WA Chapter members to support the screening program and we now have Dermatologists Dr Jonathan Chan, Dr Daniel Hewitt, Dr Rob Granger, Dr Genevieve Sadler and Dr Jeremy Ng who have offered to assist with screenings. These specialists will provide a much needed greater expertise and take the pressure off the current team.

The Dermoscopy training course that had been running through the Eastern Institute of Technology in New Zealand is no longer available. Nurse Practitioner Chris Lowings and I have had several meetings with Dr Bruce Wauchope, Bedford Medical Practice in South Australia. Bruce has developed and trained a group of Melanographers who operate out of the Bedford Medical practice for some years.

The Practice has also established a training program in Dermoscopy, (the diagnosis and assessment of skin cancer lesions) for General Practitioners in South Australia; this training program has been offered to Lions through the Cancer Institute in Western Australia and the Lions Medical Research Foundation in South Australia at a cost that is well below the previous course.

The course will include face to face online discussions with the principal trainer and ongoing reviews of the standard achieved by students.

It is anticipated that the course will be available from mid July 2017, we have three students in WA and four in SA ready to undertake the course, however it will still require a considerable amount of hands on training, under supervision, at screenings before training competency is achieved.

The commercial enquiries for screenings also continue to increase and whilst the Institute is not geared to support commercial ventures at this time the Board is currently investigating the changes needed to incorporate commercial screenings into the annual program. Once again the Institute's ability to engage in commercial work will depend largely of the availability of the Institute's own trained screening personnel.

With the rest of the screening year ahead of us, and a very intense screening schedule, it is anticipated that the numbers screened in Western Australia will pass the fifty one thousand (51,000). With an average referral rate of over 25% of the number of screened persons referred to their nominated General Practitioner with lesions requiring further investigation has passed twelve thousand (12,000) with a staggering eleven hundred plus have lesions that were possibly life threatening.

We are continually receiving letters / cards from patients who have followed through with their GP's and have been give the all clear after treatment, we have on several occasions received similar comments from a number of GP's and from Specialists who have treated patients who have been referred on by the GP.

My personal thanks to all of our board members and screening staff, especially Lions Chris and Siva Lowings who offered to fill in on many occasions where we have been short of qualified screeners. To our mobile unit drivers PDG Darrel Mainard, PDG Garry Irvine and Lion

John Osborne, to PDG Neil Saunders the Institute's Treasurer and to Lion Dot Saunders who has undertaken the role of Secretary, all are Board members without whom the whole operation would not function efficiently.

Our Fund raising venture with Shows ACN and CEO Andrew Chapman has been responsible for the survival and improvement of the mobile screening program. Andrew recently organised another free 'Big Day Out' for a group of disadvantaged children who watched the release of the new Batman Lego movie, we filled a movie theatre and delighted the children attending by having Batman (Andrew), Flash, and Maloney available for photographs.

■ PDG Colin C Beauchamp AM JP—Chairman



▲ INTERNATIONAL PRESIDENT 'BOB' E CORLEW & INSTITUTE CHAIRMAN COLIN BEAUCHAMP AT BURSWOOD INSPECTING THE SCREENING COACH.

◀ FROM LEFT TO RIGHT: CHAIRMAN COLIN, BATMAN (ANDREW), SECRETARY DOT, FLASH AND TREASURER NEIL AND HARLEQUIN AT THE BIG DAY OUT IN BELMONT WA.



PDG GARRY IRVINE  
DIRECTOR NEW  
ZEALAND LIAISON

**PUBLIC RELATIONS**

Progress has been gratifying this year and much has been achieved with the ongoing exposure we enjoy with our free skin cancer screenings. We are on the road almost fortnightly and coupled with the regional areas and the city and suburban locations we are seen by both patients and the public alike.

We were very happy to have enjoyed a day at Parliament House where we able to attract a number of our State politicians to the screening van, there were a couple of serious lesions found however it was gratifying to find that most of those screened were normal – true !!!!

The website has kept all users well informed with our screenings programme advising locations and dates, albeit that some info will change as our volunteer screeners ability to be available at times will vary for many reasons including work demands and family priorities. As we continue our work and pics are taken of various events, they are placed on the website to again inform our supporters.

Our fundraising wing has also been brilliantly successful in taking our name and services out to the private and commercial entities in WA so the Institute is getting great support from that and we are hugely impressed with the hard work the group puts in.

We took our project to the national convention in Echuca and provided a “spot check” of many of the convention-

ers, naturally there was a lot of interest in the success of our Institute here in WA and many questions on how the programme might be promoted to other States were received.

With South Australia having established their programme now there is a move to have this project submitted to the next national Convention of Lions Australia with a view to all Lions Clubs in the country giving support to it and so extending similar services to other States.

Also, a new brochure was produced providing a short history around the Institute and pics of the Screening Units and some of the locations visited. An opportunity for the public to donate was also incorporated.

**NZ LIAISON**

This is developing slowly due to many of the NZ Clubs having been involved in a smorgasbord of projects in support of the Lions Clubs International Centenary Year 2017. The NZ committee has a plan to rejuvenate the idea of a free skin cancer screening programme late in this year so we plan to make contact at that time to offer our support once more.

My thanks to my fellow Board members.

■ Garry K Irvine PDG 78/79—Director, NZ Liaison



PDG DARREL MAINARD  
SCREENING  
ADMINISTRATOR

The Institute is finally getting to the bottom of the repairs of the coach. We have found things we, or the specialists we have servicing it, didn't know about and have now rectified them and the vehicle performed very well through a recent screening run in the Pilbara.

The van has been going well this year, only problem was the annex starting to wear therefore it was replaced, plus the normal run of the mill servicing that will always be required.

We now have seven people who can drive the vehicles. This will take the load off just a couple of people who have been doing it for many years, and they will be able to fill in when required. Most of these people will be trained in the use of the computer adding another string to their bow.

The reporting of each screening has now been upgraded and made a little more professional looking and on most occasions, is available to the Clubs or professional clients as the screening is finished. The screening schedule has become a live document and is changed as and when needed, and sent onto those who need to be informed. The Institute is also upgrading the statistics from the past to the present. Most has been completed. Unfortunately, due to computer failures we have lost some results of many years ago.

We have tried to ensure that both Districts are covered equally with screening venues each year. This year the actual numbers are W1 12 & W2 13. The biggest disappointment was having to cancel three venues in W1 as we couldn't arrange screeners to attend, however we are looking at fitting them into next year's schedule. Of the 1168 people screened, 179 were referred onto their GP for further investigation.

Of these, 105, or 15%, were considered Life threatening, this indicates the education that is being promoted into our communities along with the ongoing screening by the

Lions and other organisations is having an impact, when you consider that 20 years ago the percentage rate of those referred was in the 20% range, at times higher. Of the 1168 people screened nearly half (494) have never been screened before. We are still working in conjunction with Melanoma WA and have attended several of their functions around WA.

In conclusion, it goes without saying that we are grateful to all our screeners who volunteer time away from their jobs, professions and clinics to support this programme. Also, a sincere thanks to those Lions Clubs which each year make a contribution to cover the ongoing costs of the running the vehicles.

■ PDG Darrel Mainard—Screening Administrator



▲ CARNAVON.  
PEOPLE LINING UP IN  
FRONT OF THE LCI'S  
SCREENING BUS.

# MEDICAL & SCIENTIFIC ADVISORY CHAIRMAN'S REPORT



PAUL KATRIS  
CEO WACOG

Australia has the second highest rate of melanoma in the world, with more than 13,500 new cases expected to be identified in 2017 alone. That amounts to 49 cases of melanoma per 100,000 people compared to 27 cases per 100,000 people in Australia in 1982.

The Lions Cancer Institute's premier cancer control activity continues to be our skin cancer screening program. This is conducted throughout the State with a team of dedicated plastic surgeons, dermatologists, GP's, nurses and the support of our participating clubs. We feel it is important to inform our supporters on the fundamentals of the program and for contemporary purposes highlight our concerns regarding the emergence of smartphone applications designed to detect lesions suspicious of skin cancer.

Skin Cancer Screening is looking for signs of melanoma or non-melanoma skin cancer before a person has any symptoms. This can help find cancer at an early

MISDIAGNOSES OF MELANOMA COSTS MONEY AND LIVES, WITH HIGHLY VARIABLE SMARTPHONE APPS ADDING TO THE PROBLEM. ►



stage. When abnormal lesions, tissue or cancer is found early, it may be easier to treat. By the time symptoms appear, cancer may have begun to spread. Scientists and services such as our screening program are trying to better understand which people are more likely to get certain types of skin cancer. This information helps doctors recommend who should be screened for cancer, which screening tests should be used, and how often the tests should be done.

It is important to remember that finding something suspicious at a Lions Cancer Institute Skin Cancer

Screening does not necessarily mean that one has cancer. Screening tests are given when someone has no cancer symptoms. If a screening test result is abnormal, more tests may need to be done to find out if some do in fact have cancer. These are called diagnostic tests. If an area on the skin looks abnormal, a biopsy is usually done. The doctor will remove as much of the suspicious tissue as possible with a local excision. A pathologist then looks at the tissue under a microscope to check for cancer cells, because it is sometimes difficult to tell if a skin growth is benign (not cancer) or malignant (cancer). Most melanomas in the skin can be seen by the naked eye. Usually, melanoma grows for a long time under the top layer of skin (the epidermis) but does not grow into the deeper layer of skin (the dermis). This allows time for skin cancer to be found early. Melanoma is easier to cure if it is found before it spreads. If cancer is confirmed – its stage and advancement determine and what further treatment is required.

Recently throughout the world there has been an explosion of smartphone applications designed to help people work out if they have a melanoma. They have been found to be potentially harmful, getting it wrong in up to 30% of cases, according to a recent study from the University of Pittsburgh Medical Centre. Published in the Journal of the American Academy of Dermatology, Joel A. Wolf and colleagues measured the performance of four smartphone apps that evaluate photographs of skin lesions and provide the user with feedback about the likelihood of malignancy.

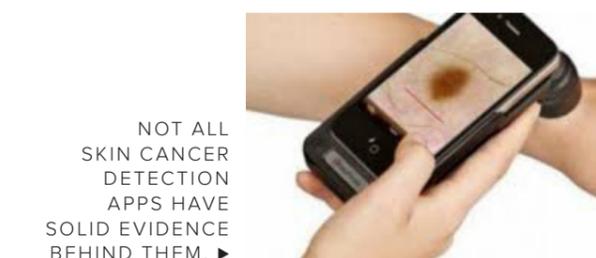
Sensitivity (If a person has a disease, how often will the test be positive, i.e., true positive rate) of the four applications tested ranged from 6.8% to 98.1%, with the highest sensitivity for melanoma diagnosis observed for an application that sends the image directly to a board-certified dermatologist for analysis, while the lowest sensitivity for melanoma diagnosis were applications that use automated algorithms to analyse images.

"Despite disclaimers that these applications are intended for educational purposes, they have the potential to harm



▲ THE SCREENING CREW AT NORTHAMPTON LIONS METING  
L TO R: PLASTIC SURGEON ROB FITZPATRICK, DIRECTOR DARREL MAINARD, NURSE/DERMOGRAPHER JUNE WALKER, CLUB PRESIDENT REG TEAKLE AND WIFE CAROL, DIRECTOR PHIL CHINNERY.

users who may believe mistakenly that the evaluation given by such an application is a substitute for medical advice," the study authors write.



NOT ALL SKIN CANCER DETECTION APPS HAVE SOLID EVIDENCE BEHIND THEM. ►

tages, particularly for people in rural and remote settings where seeing a doctor is very difficult. We are most concerned about the risk that an incorrect diagnosis could lead people into having a false sense of security, believing that no further action was needed.

In light of these findings the LCI cautions that until the use of this technology is well proven beyond doubt by solid clinical trial data, we recommend that people take the more established pathway by reporting suspicious lesions to their GP or be screened and monitored by qualified practitioners and programs.

Given that the Lions are very conscious of the health service needs of all Australians no matter where they reside, we note that there may be some possible advan-

■ Paul Katris—CEO WACOG



CHRIS LOWINGS

The past 12 months has seen some frenetic activity with the Skin Cancer Screening Units in both WA and SA. Here in SA we have completed the majority of our first year of screenings with the new mobile unit which was launched on 4th February 2017. The team has taken the unit to all points of the compass from Pt Lincoln on the SA west coast to Darwin NT in the north, Coober Pedy in central Australia, Mt Gambier in the south, out to Broken Hill in western NSW, to Mildura in Victoria and many places in between; the adventure begins and it is an exciting time.

The Lions mobile unit has been well received wherever the team has taken it. We have been met with the experience of a very warm welcome and great local hospitality by Lions all the places we have been. who have been very happy with the arrival of the service. Of course, as in WA, everyone wants the unit back, when can we book you to come back?'. The demand is enormous. PDG Colin Beauchamp has joined us on several of our trips away and we enjoy having him here.

The use of the mobile Skin Cancer Screening Unit in SA is still in it's infancy by comparison to WA. A sub-committee of the Lions Medical Research Foundation (LMRF) has been established to manage the project and oversee the day to day operation of the mobile unit in the field. The main barrier to a wider operation is the availability of screeners. As the pace of the project gains momentum the need for qualified screeners is growing to meet the demand for the services of the skin cancer screening unit. The growth in demand for the unit has been almost exponential since the commencement of the mobile unit with enquiries requesting potential visits by the unit over 2018, 2019 and 2020 coming in.

A training program is being established through a private provider here in Adelaide which holds the promise of producing screeners virtually ready to hit the ground running. Of course, while the training is being undertaken by the new candidates, the obvious remedy for the shortage of personnel is to share resources across the WA and SA operation. The tyranny of distance means that the funding of travel for screeners from WA to SA or

vice versa is expensive but it is vital that this exercise be undertaken from time to time to ensure that particular screenings are conducted and the momentum of the project doesn't slow.

The project is, and has been since its inception, another wonderful exercise in population health conducted through the generosity of time, spirit, resources and commitment by Lions clubs and individual Lions across the whole of WA and SA. The project is so important to the communities and individuals who are unable to access skin screening services due to financial and /or logistical constraints. Not only does this project raise awareness of the issues and sequelae of skin cancer and sun exposure but has a direct, demonstrable, impact on saving lives.

I would like to add a personal note of thanks to PDG Colin Beauchamp, the current Screening Team, the drivers and the individual members of the South Australian Skin Cancer Screening Project Sub-Committee for their comradery, their efforts in getting the unit on the road, and in keeping the project vibrant and exciting.

■ Chris Lowings, RN, NP—Dermographer, Adelaide SA



MARILYN MILLAR  
DIRECTOR OF  
SOUTH AUSTRALIA

The C Districts Skin Cancer Screening Project commenced 2017 with the launch of the Mobile Skin Cancer Screening Unit in February at the Torrens Parade Ground in Adelaide by the Governor of South Australia Hieu Van Le. The promotion received from the launch has been tremendous with many enquiries from Lions Clubs, Public and Corporate entities, all requesting further information on the project and unit.

The Mobile skin Cancer Screening Unit has provided the ability for screenings to be held in country and rural areas where appropriate venues were not available.

The Mobile Unit has travelled to Eyre Peninsula and screened in three towns and will travel to Darwin and screen in Katherine, Tennant Creek, Alice Springs and Coober Pedy on the way back to Port Augusta. Another trip has been planned from Port Augusta to Peterborough, Broken Hill, Mildura and Lameroo before returning to base at Mt Barker.

C Districts Skin Cancer Screenings Total Data to 30th June 2017 is as follows:

Number people screened	7711
Number of at risk lesions detected and referred for further investigation	2878
Of which Suspect "life threatening" lesions detected	982
Number of people referred to GP for further investigation	1797 23%
Number of people never screened before	2317 30%

Screenings for 2016-17 were held in Kingston S.E., Millicent S.E., Waikerie, Lucindale Field Days, Yankallila, West Lakes, Mallala, Athlestone, Port Lincoln, Cleve and Wudinna. These screenings, once again, were appreciated by the public with advertising and media releases promoting Lions Clubs and the Skin Cancer Screening

Project. Appreciation was shown by the very generous donations received that will go to funding future screenings.

Requests have been received from many Lions Clubs with 2018 booked out. The programming will commence in the new Lions year and be completed by the end of October so that Clubs can be notified and any adjustments made.

A request was received for the mobile unit to attend the ANZI Forum in Ballarat in September and plans are in motion for the unit to attend and a screening to be conducted.

Negotiations are in progress for sponsorship with the subcommittee being approached by interested corporate bodies. Sponsorship will be the secondary focus to screening for the project in the coming year.

Two members have resigned after serving on the subcommittee for three years with a very special thank you to Lion Noel O'Brien and PDG Garth Beckwith for their commitment and dedication to the Skin Cancer Screening Project. A welcome goes to PDG Rob Royal, PDG Paddy McKay and Lion Gibson Atherton who have joined the subcommittee.

Thank you to Chairman Colin and the Board of the Lions Cancer Institute for their advice, guidance and support in the realization of a Mobile Skin Cancer Screening Unit for the C Districts. This unit will travel throughout South Australia, Northern Territory, parts of New South Wales and Victoria promoting Lions Clubs International, Local Clubs and the Lions Community Health Awareness project, Lions Skin Cancer Screening Project.

■ Lion Marilyn Millar—Director of South Australia



TRACEY SEYMOUR

Currently I am researching the most common human brain tumour glioblastoma at the Telethon Kids Institute within the Brain Tumour Research Group. Glioblastoma is the most common and aggressive type of human brain tumour. Current treatment includes maximal safe surgical resection, followed by radiotherapy and chemotherapy. Despite intensive treatment, this tumour remains incurable with patients surviving only 15 months from diagnosis. Radiotherapy and chemotherapy fail to efficiently kill these tumour cells and this is partly due to the ability to repair treatment-induced damage.

The research involved in my PhD includes pre-clinical studies that focus on testing new drugs to improve the clinical outcomes and survival of those diagnosed with glioblastoma.

## CURRENT RESEARCH AIMS

- Determine whether novel therapies will interact synergistically with radiation therapy and/or chemotherapies such as temozolomide and gemcitabine.
- Examine the survival benefits of novel therapies in addition to radiation therapy and/or chemotherapies such as temozolomide and gemcitabine using animal models.
- Determine the mechanism in which these novel therapies help to enhance tumour cell death.

## AIM 1: DETERMINE WHETHER NOVEL THERAPIES WILL INTERACT SYNERGISTICALLY WITH RADIATION THERAPY AND/OR CHEMOTHERAPIES SUCH AS TEMOZOLOMIDE AND GEMCITABINE.

### Current Findings

We have tested three new drug therapies; they are inhibitors of the DNA damage repair pathway and inhibit kinases ATR, Chk1/2 and Wee1. Using several different glioblastoma cell lines, we have shown that these new drugs would cause a reduction in tumour cell growth.

Additionally, we have also combined these new drugs with radiation therapy, temozolomide or gemcitabine. From these combination treatments, we have shown that the inhibitor of kinase Chk1/2 interacts synergistically with radiation therapy, temozolomide and gemcitabine.

### Significance

This study has helped us determine which treatment combinations will act synergistically (act together), antagonistically (act against each other) and additively (work separately). For these treatment combinations, we want synergistic interaction and not antagonistic and additive interaction as these predict potential toxicity issues. Finding synergistic interactions will set the basis for which treatment combinations will be testing in our animal models (see Aim 2).

## AIM 2: EXAMINE THE SURVIVAL BENEFITS OF NOVEL THERAPIES IN ADDITION TO RADIATION THERAPY AND/OR CHEMOTHERAPIES SUCH AS TEMOZOLOMIDE AND GEMCITABINE USING ANIMAL MODELS.

### Current Findings

Using one of our glioblastoma cell lines, we implanted these cells into the brains of mice. Once tumour was established, we examined the acute effects of radiation, temozolomide or gemcitabine with/without the inhibitor of Chk1/2. The addition of inhibitor of Chk1/2 to radiation therapy significantly reduced tumour cell growth. Furthermore, the combination of inhibitor of Chk1/2 and gemcitabine significantly increased tumour cell damage and concomitantly reduced growth. Animal studies are still ongoing, and current experiments are establishing the survival benefit of the inhibitor of Chk1/2.

### Significance

These studies will establish whether the addition of these new drugs to current treatments of glioblastoma will enhance tumour cell death and most importantly improve survival. The data collected from these studies will help

to inform future clinical trials with patients.

## AIM 3: DETERMINE THE MECHANISM IN WHICH THESE NOVEL THERAPIES HELP TO ENHANCE TUMOUR CELL DEATH.

### Current Findings

Current studies are still ongoing and are in early optimisation stages.

### Significance

These experiments will help us understand how these new drug treatments are working to enhance glioblastoma tumour cells.

## CONFERENCE ATTENDANCE

Cooperative Trials Group for Neuro-Oncology (COGNO), Sydney, September 2016. Poster presentation Seymour T, Jackson M, Tat-Lai C, Nowak A, Kakulas F. Gene expression profiling reveals stem cell signatures and therapeutic targets for glioblastoma and gliosarcoma.

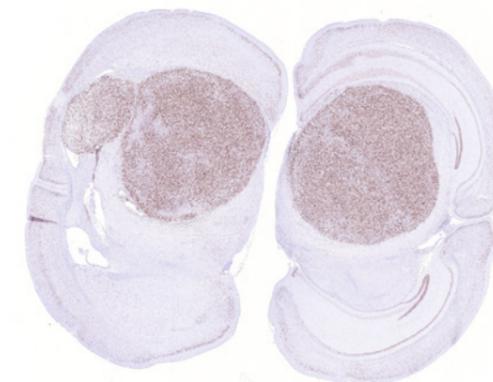
Telethon Kids Scientific Retreat, Perth, November 2016. Oral presentation Seymour T, Nowak A, Gottardo N, Endersby E. Sensitising glioblastoma to enhance cancer therapy.

Australian Society of Medicinal Research (ASMR), Perth, June 2017. Oral presentation Seymour T, Nowak A, Gottardo N, Endersby E. Sensitising glioblastoma to enhance cancer therapy.

Combined Biological Science Meeting (CBSM), Perth August 2017. Oral presentation Seymour T, Nowak A, Gottardo N, Endersby E. Sensitising glioblastoma to enhance cancer therapy.

■ Tracey Seymour—PhD student at The University of WA

"THE LIONS CANCER INSTITUTE INC. CONTINUES TO SUPPORT PHD STUDENTS INVOLVED WITH ALL TYPES OF CANCER RESEARCH. TRACEY IS OUR CURRENT STUDENT AND HAS BEEN SUPPORTED FOR NEARLY THREE YEARS. WE HAVE PREVIOUSLY SUPPORTED STUDENTS STUDYING PROBABLE CAUSES OF BOWEL CANCER AND ANOTHER STUDENT WAS STUDYING POSSIBLE CAUSES OF LIVER CANCER. WE CAN ONLY WISH THESE DEDICATED YOUNG PEOPLE EVERY SUCCESS AND HOPE THAT OUR CONTINUED FINANCIAL SUPPORT WILL ONE DAY LEAD TO A BETTER UNDERSTANDING AND POSSIBLE CURE?"



▲ A MOUSE BRAIN WITH A TUMOUR THAT HAS BEEN TREATED WITH DRUG THERAPY AND THEN THE CELLS WERE STAINED TO LOOK AT TUMOUR CELL DAMAGE.



MARY AUSTIN  
DISTRICT CHAIRMAN  
201 W1

It has been a year of change; some positive, some not so. Fundraising continues to be an issue with Club donations continuing to fall short of needs. Other sources have proven essential if we are to continue offering our much needed services.

Despite a challenge to our support from W1 it was thrilling to see that W1 clubs still want a say in the running of the Institute and many were vocal in offering support and encouragement during a worrying time.

I have the privilege of managing the provision of Sunsmudg sunscreen applicators. They are a WA invention. The owner of the business has generously supplied them to us at a discount so we are able to sell them at less than retail. They are available from both vehicles during visits. I hope that they will appear on the web site and Facebook soon.

This will be my last report as W1 Chair. It has been a gratifying few years. I have learnt a great deal and will continue to screen with the Institute when possible, and work toward making sales of Sunsmudg applicators a major source of income. I offer my thanks to all those who have supported me in my role as W1 Chair. I wish Lorraine all the best in taking over the position.

■ Lion Mary Austin RN—District Chairman 201 W1



▲ CARNAVON 2017



ROGER DOYLE  
DISTRICT CHAIRMAN  
201 W2

This year has again been very busy for the Lions Cancer Institute's screening teams. I congratulate those volunteers who put in so much of their time to help saving lives in our West Australian communities.

As detailed in the report the units visited an equal number of venues in both of our districts. Statistics show that there is little difference in the referral rate.

Later in 2017 the team is planning to take the screening coach away to the Pilbara with a number of screenings on both the trip up and the return. A full report on that trip will appear in next year's publication.

One area that I have some concerns over is that the Institute still continues to receive requests for the screening unit to attend but as is evidenced in the list provided by Treasurer Neil they have never supported the Institute financially.

Maintaining and running the units is an expensive exercise but when one considers the lives saved then the cost is well justified. We must always keep in mind that it is not only saving the life of the person diagnosed with skin cancer it's also about saving the family and friends of that patient having to care for and watch a loved one suffering un-necessarily from a lesion that if diagnosed early can be treated.

When your club next looks at supporting our foundations, all of which I agree are important, just remember that cancer can kill and any financial support will help to save lives.

■ Lion Roger Doyle—District Chairman 201 W2



▲ 46 YEAR OLD MALE  
BASAL CELL CARCINOMA  
BEHIND THE EAR



PHILLIP DONATO OAM  
CHAIRMAN

It is my pleasure to present on behalf of the Board of Trustees the Annual Report of the Foundation (LMRF) for the year ending June 30th 2017. The LMRF remains a joint project initiative of the Lions 201C1 and 201C2 Districts

Greetings, fellow Lions members of Districts C1 and C2 as well as our Lioness and LEO members. The just completed year has seen some great strides forward for our Foundation, Districts and ultimately for the public we serve.

The Foundation's activities for this past year have centered between the skin cancer screening project and the ongoing provision and funding of PhD scholarships/grants for medical research. As you are aware, each and every year, millions of men and women worldwide, die as a result of conditions that are for the most part, significantly preventable. Our quest is to pursue that meaningful search for further relevant research and to pursue preventative strategies and education

Of course, the major development has been the successful commissioning of the new mobile skin cancer screening unit, with the coordinated efforts of many devoted Lions and other volunteers. The unit was officially launched on the 4th February by His Excellency Hieu Van Le AC Governor of SA. This came about as a result the Foundation receiving both an LCIF grant and an ALF grant which assisted greatly with the funding of the unit. Additional funding has been received from member clubs and this has ensured the financial future of the program for at least the next 3 years.

Many screenings have already taken place using this new mobile unit. It was in attendance at the Lucindale field days for 3 days and recently undertook a lengthy

and very successful trip through the Northern Territory and parts of SA. Plans are being made for the unit to be available at the upcoming ANZI forum.

Members will, I'm sure, be aware of the fact that some teething problems occurred with the new unit but these all appear to have been resolved and we are looking forward to even more success. The availability of screeners continues to be a challenge but plans are to hand for the development of a new training program to be hosted in Adelaide as well as being available on line.

With regard to other new initiatives, as a Foundation, we recently supported a travel grant application for the attendance of a PhD student within the Centre for Heart Rhythm Disorders (Adelaide Uni initiative) to attend the 2017 Heart Rhythm Society conference in Chicago and are currently considering a similar application for a Rehabilitative Neurological Music Therapist to attend further training in Toronto.

Plans are well advanced for the delivery of a "Big Day Out" type event for disadvantaged children. This will assist with corporate fund raising however it is hoped that by the time this event takes place the Foundation will have received a Donor Gift Recipient status thus enabling corporate sponsors and others to secure tax relief on deductions made for this activity.

## FINANCIAL MATTERS

Regular contributions from member clubs and other sources continue to be gratefully received. Our funds remain invested and along with dividends and interest earned from invested monies provide an ongoing source

of income. These funds are well managed by our investment advisors.

Securing spectacular returns from investments is not our policy. Trustees prefer to follow a sensible path of ensuring that at all times we can meet the obligations for which, as a Board of Trustees, we have been elected. The financial support shown by member clubs and individual members as well as corporate identities is greatly appreciated. As a Foundation, we are obliged to ensure that a minimum of 4% of monies held are distributed per annum. Our ability to grant Scholarships and meet other initiatives as mentioned above more than covers this obligation.

Audited financial statements of our Foundation are attached and in doing so I express my sincere thanks to our treasurer Graeme Pascoe for all his hard work in this role and to our Auditor Hayden Edwards who has truly served our Foundation in a most professional manner over many years.

## TRUSTEES

During the past year Lion Denis Edwards from the Mt. Barker Club was replaced as a trustee by Lion Mick Millar from the Noarlunga-Morphett Vale Lions club. Lion Mick has had a lengthy association with the Foundation through his wife Marilyn who has been the main stay in the administration of the skin cancer screening program.

## THANKS

Your Foundation has been well served by its elected representatives during the past year. My thanks and appreciation to all trustees for their unwavering diligence and commitment. Our Secretary Bryan Hearn combined

his C2 District Governor duties with those of our Foundation without any obvious problems. Our appreciation to the Lions Cancer Institute (WA) and Colin Beauchamp AM for all their assistance. My thanks to Marilyn Millar for her leadership with the skin screening project committee. C1 IPDG Paddy McKay and PDG Rob Royal have both joined the skin cancer screening subcommittee and they bring with them a great deal of experience and proven ability.

I have to express my thanks to our 2 Foundation advisors, Dr Bob Coulthard AM and PDG Bob Dewell OAM. Both these individuals have served the foundation well over the years in various roles and it is with some regret that we had to accept the recent resignation of Dr Bob.

## IN CONCLUSION

I thank all Lions members and member clubs of Lions Districts C1 and C2 for their ongoing support of our Foundation and the work undertaken by the members of our skin cancer screening subcommittee. The success of our mobile skin cancer screening unit is creating more and more work both "hands on" and administratively. Every effort is being made to meet club requests for screenings but it may not always be possible to meet these requests in the time frames anticipated.

■ Lion Dr Phillip Donato OAM—Chairman, Board of Trustees Lions Medical Research Foundation Inc.



NEIL SAUNDERS  
TREASURER

I am happy to report that despite a very busy twelve months screening the Institute has finished the financial year with a surplus.

Our base income from Club and Corporate sources is down by \$17,000.00 on the previous year. However we managed to reduce our expenses by \$24,100.00, reducing our operating loss by \$13,100.00 on the previous year.

Our investment Portfolio, which we commenced last financial year, has shown a growth of nearly \$34,500.00. This result has justified the Board's decision to take financial advice and open a Portfolio. Further funds are being allocated as, and when, available.

Our Telemarketing, while still not popular with some Lions, is keeping the Institute in a viable financial position. Because of this viability the Board approved a budget of \$25,000.00 for an extended screening trip into the North West.

We visited seven towns, some for two and three days, including Three Springs, Northampton and Exmouth, where we have not visited for several years. Our previous

visits to the North West were funded by the Royal Flying Doctor "On the Road" programme. After this programme was stopped by the RFDS, we were not in a financial position, until now, to continue these visits.

We managed to come in under budget, thanks to some forward planning by the Screening Team.

For the first time in the last five years, that I am aware of, the Board has approved an interim budget for 2017-2018 financial year, prior to the screening roster for 2018, being released.

The Board is also giving consideration to extending the allocation of funds for cancer research, with the possibility of offering "Top Up" amounts to a second Phd student each year. Again something we have not been able to do in the past.

I would like to thank the Lions Clubs for their ongoing support when our teams are 'on the road'. Support, both financial, and physical, helps to make our efforts worthwhile.

■ PDG Neil F Saunders—Treasurer

Your Directors present their report on the Institute for the financial year ended 30 June 2017. The names of the Directors in office at the date of this report are:

**ELECTED MEMBERS**

- PDG Colin C. Beauchamp AM JP—Chairman
- PDG Pam Baird—Vice Chairman
- PDG Garry Irvine—Director New Zealand Liaison
- PDG Darrel Mainard—Director Skin Screening Administrator
- Lion David Baird—Director Ass. Treasurer
- Lion June Walker—Director
- Lion Michael Wainwright—Director
- Lion Mary-Anne Wolfe—Director

**APPOINTED MEMBERS**

- PDG Neil F. Saunders—Treasurer
- Lion Dot Saunders—Secretary
- Paul Katris—(CEO WACOG) Chair Medical & Scientific Advisory Committee

**EX OFFICIO MEMBERS**

- DG Mike Wolf—DG District 201W1
- DG Terry Collinson—DG District 201W2
- VDG Sue Lowe—1<sup>st</sup> VDG District 201W1
- VDG Grant Hewett—1<sup>st</sup> VDG District 201W2
- Lion Leonie Getty—District Chairman 201W1
- PDG Maxine Whiteley—District Chairman 201W2

**CO-OPTED, NON-VOTING, MEMBERS**

- Lion Marilyn Miller—South Australia
- Lion Chris Lowings—South Australia
- Lion Marry Gregg—West Australia

**CHANGES IN DIRECTORS DURING THE 2016/2017 FINANCIAL YEAR**

- PDG Robert Thomson—Director (Resigned)
- Lion Robert Bates—Director (Resigned)
- Lion Mary-Anne Wolf—Director (Appointed February 2016.)
- Lion Leonie Getty JP—Director (Appointed January 2017)
- Lion Phil Chinnery Director (Appointed January 2017)

The net surplus of the Institute for the financial year after providing for income tax amounted to \$84,607.04

No significant changes in the Institute's state of affairs occurred during the financial year.

The Lions Cancer Institute Inc. is a "Not for Profit " medical research institution. The Institute holds endorsements for the Australian Taxation Office as an Income Tax exempt Charitable Entity (ITEC) and is a Deductible Gift Recipient (DGR). The Institute is also registered with Australian Charities and Not for Profits Commission (ACNC)

The Institute holds a current West Australian Charitable Collections Licence under the provisions of the Charitable Collections Act 1946.

**Lions Cancer Institute Inc**  
**ABN 26 521 960 054**

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

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Institute, the results of those operations, or the state of affairs of the economic entity in future financial years.

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

Director 

Director 

Place: Mandurah.

Dated: 14/10/2016

**Lions Cancer Institute Inc**  
**ABN 26 521 960 054**  
**Income Statement**  
**For the year ended 30 June 2017**

	Note	2017 \$	2016 \$
Donations	2	36,033.47	53,042.79
Show account income		778,803.95	563,022.06
Other income	3	67,182.25	26,382.34
Administration expenses		(23,402.45)	(17,295.59)
Staff expenses		(1,756.95)	(1,235.38)
Change in net market value of investments		1,150.12	(11,393.35)
Depreciation and amortisation expenses	4	(56,619.88)	(57,971.00)
Fundraising expenses		(1,150.91)	(117.73)
Public relation expenses		(130.91)	(267.27)
Screening expenses		(37,054.64)	(19,362.96)
Show account expenses	5	(624,758.95)	(454,215.62)
Skin cancer screening unit		(44,237.97)	(70,251.88)
Scholarship and award expenses		(6,000.00)	(28,000.00)
Other expenses	6	(3,450.09)	(15,034.07)
<b>SURPLUS FROM ORDINARY ACTIVITIES BEFORE INCOME TAX</b>		<u>84,607.04</u>	<u>(32,697.66)</u>
Retained surplus at the beginning of the financial year		910,553.02	943,250.68
<b>TOTAL AVAILABLE FOR APPROPRIATION</b>		<u>995,160.06</u>	<u>910,553.02</u>

The accompanying notes form part of these financial statements.

## BALANCE SHEET

## STATEMENT OF CASH FLOWS

**Lions Cancer Institute Inc**  
**ABN 26 521 960 054**  
**Balance Sheet**  
**As at 30 June 2017**

	Note	2017 \$	2016 \$
<b>CURRENT ASSETS</b>			
Receivables	7	10,096.00	7,610.00
Cash assets	8	222,631.11	437,819.02
Other assets	9	7,632.60	147.10
<b>TOTAL CURRENT ASSETS</b>		<b>240,359.71</b>	<b>445,576.12</b>
<b>NON-CURRENT ASSETS</b>			
Property, plant and equipment	10	197,637.17	253,215.48
Financial assets	11	658,364.19	296,572.81
<b>TOTAL NON-CURRENT ASSETS</b>		<b>856,001.36</b>	<b>549,788.29</b>
<b>TOTAL ASSETS</b>		<b>1,096,361.07</b>	<b>995,364.41</b>
<b>CURRENT LIABILITIES</b>			
Payables	12	100,484.75	84,706.04
Credit card liabilities		307.17	43.05
GST accrued		409.09	62.30
<b>TOTAL CURRENT LIABILITIES</b>		<b>101,201.01</b>	<b>84,811.39</b>
<b>TOTAL LIABILITIES</b>		<b>101,201.01</b>	<b>84,811.39</b>
<b>NET ASSETS</b>		<b>995,160.06</b>	<b>910,553.02</b>
<b>EQUITY</b>			
Accumulated surplus		995,160.06	910,553.02
<b>TOTAL EQUITY</b>		<b>995,160.06</b>	<b>910,553.02</b>

**Lions Cancer Institute Inc**  
**ABN 26 521 960 054**  
**STATEMENT OF CASH FLOWS**  
**For the year ended 30 June 2017**

	Note	2017 \$	2016 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Receipts from customers		838,584.33	609,271.85
Payments to suppliers and employees		(733,038.75)	(567,341.51)
Dividends received		37,175.03	9,517.81
Interest received		3,774.31	16,134.53
Net cash provided by operating activities	13	146,494.92	67,582.68
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Purchase of property, plant and equipment		(1,041.67)	(29,057.82)
Purchase of investments		(361,791.38)	(296,572.81)
Net cash provided by investing activities		(362,833.05)	(325,630.63)
<b>CASH FLOWS FROM FINANCING ACTIVITIES</b>			
Net increase in cash held		(215,187.91)	(269,440.54)
Cash at the beginning of year		437,819.02	707,259.56
Cash at end of year		222,631.11	437,819.02

The accompanying notes form part of these financial statements.

These statements should be read in conjunction with the attached compilation report.

**Lions Cancer Institute Inc**  
**ABN 26 521 960 054**  
**Notes to the Financial Statements**  
**For the year ended 30 June 2017**

2017	2016
\$	\$

**NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES**

**(a) Basis of Preparation**

This financial report is a special purpose financial report prepared in order to satisfy the requirements of Board members to prepare a financial report. The Board members have determined that the Association is not a reporting entity. The financial report has been prepared in accordance with the requirements of Association Incorporation Act 2015 (WA), association regulations .

The financial statements have been prepared on an accruals basis and are based on historic costs and do not take into account changing money values or, except where specifically stated, current valuations of non-current assets.

The following material accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of the financial statements.

**(b) Cash and Cash Equivalents**

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short term highly liquid investments with original maturities of three months or less.

**(c) Property, Plant and Equipment**

Leasehold improvements and office equipment are carried at cost less, where applicable, any accumulated depreciation.

The depreciable amount of all PPE is depreciated over the useful lives of the assets to the association commencing from the time the asset is held ready for use.

Leasehold improvements are amortised over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

**(d) Impairment of Assets**

At the end of each reporting period, the committee reviews the carrying amounts of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, an impairment test is carried out on the asset by comparing the recoverable amount of the asset, being the higher of the asset 's fair value less costs of disposal and value in use, to the asset 's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised in the income and expenditure statement .

**(e) Accounts Receivable and Other Debtors**

Accounts receivable and other debtors include amounts due from members as well as amounts receivable from donors. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

**(f) Revenue and Other Income**

Revenue is recognised when the amount of the revenue can be measured reliably, it is probable that economic benefits associated with the transaction will flow to the entity and specific criteria relating to the

**Lions Cancer Institute Inc**  
**ABN 26 521 960 054**  
**Notes to the Financial Statements**  
**For the year ended 30 June 2017**

2017	2016
\$	\$

type of revenue as noted below, has been satisfied.

Revenue is measured at the fair value of the consideration received or receivable and is presented net of returns, discounts and rebates. For this purpose, deferred consideration is not discounted to present values when recognising revenue.

Interest revenue is recognised using the effective interest method, which for floating rate financial assets is the rate inherent in the instrument. Dividend revenue is recognised when the right to receive a dividend has been established.

Grant and donation income is recognised when the entity obtains control over the funds, which is generally at the time of receipt.

If conditions are attached to the grant that must be satisfied before the association is eligible to receive the contribution, recognition of the grant as revenue will be deferred until those conditions are satisfied.

Other revenue is recognised when the institute is entitled to the funds.

All revenue is stated net of the amount of goods and services tax.

**(g) Leases**

Leases of PPE, where substantially all the risks and benefits incidental to the ownership of the asset (but not the legal ownership) are transferred to the association, are classified as finance leases.

Finance leases are capitalised by recording an asset and a liability at the lower of the amounts equal to the fair value of the leased property or the present value of the minimum lease payments, including any guaranteed residual values. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for that period.

Leased assets are depreciated on a straight-line basis over the shorter of their estimated useful lives or the lease term. Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the periods in which they are incurred.

**(h) Goods and Services Tax (GST)**

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the statement of financial position.

**(i) Financial Assets**

**Lions Cancer Institute Inc**  
**ABN 26 521 960 054**  
**Notes to the Financial Statements**  
**For the year ended 30 June 2017**

	2017	2016
	\$	\$
Investments in financial assets are initially recognised at cost, which includes transaction costs, and are subsequently measured at fair value, which is equivalent to their market bid price at the end of the reporting period. Movements in fair value are recognised through an equity reserve.		
<b>(j) Accounts Payable and Other Payables</b>		
Accounts payable and other payables represent the liability outstanding at the end of the reporting period for goods and services received by the association during the reporting period that remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.		
<b>(k) Provisions</b>		
Provisions are recognised when the association has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions are measured at the best estimate of the amounts required to settle the obligation at the end of the reporting period.		
<b>(l) Income Tax</b>		
Lions Cancer Institute Inc. is exempt from income tax and registered as deductible gift recipient.		
<b>NOTE 2: DONATIONS</b>		
Donations - Lions Clubs	24,750.00	33,065.00
Donations- corporate	4,382.28	5,284.70
Donations- private	655.00	6,078.00
Donations- screening unit	4,824.60	4,209.85
Jesse Martin cash tin	395.00	2,092.60
Karen & Joshua Chinnery scholarship	1,000.00	2,000.00
Miscellaneous income	26.59	312.64
	<u>36,033.47</u>	<u>53,042.79</u>
<b>NOTE 3: OTHER INCOME</b>		
Westpac term deposit Interest	3,305.01	15,117.12
Distribution - Colonial First State	37,175.03	9,517.81
Corporate screening	18,440.91	-
Raffle income	6,000.00	-
Fuel tax credits	862.00	730.00
Sun Smudge income	930.00	-
Westpac bank interest	469.30	1,017.41
	<u>67,182.25</u>	<u>26,382.34</u>

**Lions Cancer Institute Inc**  
**ABN 26 521 960 054**  
**Notes to the Financial Statements**  
**For the year ended 30 June 2017**

	2017	2016
	\$	\$
<b>NOTE 4: DEPRECIATION AND AMORTISATION EXPENSES</b>		
Depreciation - plant and equipment	56,619.88	57,971.00
<b>NOTE 5: SHOW ACCOUNT EXPENSES</b>		
Show account expenses	623,629.58	451,775.32
Show account bank fee	<u>1,129.37</u>	<u>2,440.30</u>
	624,758.95	454,215.62
<b>NOTE 6: OTHER EXPENSES</b>		
Advisor fees	1,533.77	1,551.65
Sun Smudge expenses	949.75	-
South Australia set up-net expenses	769.43	427.92
New Zealand set up	-	170.66
Training	197.14	927.87
Echuca 2016-Travelling	-	9,588.88
Awards	<u>-</u>	<u>2,367.09</u>
	3,450.09	15,034.07
<b>NOTE 7: RECEIVABLES</b>		
Fuel tax receivable	134.00	404.00
GST refundable	2,462.00	3,906.00
Trade debtors	<u>7,500.00</u>	<u>3,300.00</u>
	10,096.00	7,610.00
<b>NOTE 8: CASH ASSETS</b>		
Westpac # 3738	89,916.03	30,396.30
Business cash reserve 8557	10,281.07	44,071.66
Community solution account 0011	122,434.01	111,503.80
Term deposit	-	-
Term deposit - short term	-	250,000.00
Interest accrued	<u>-</u>	<u>1,847.26</u>
	222,631.11	437,819.02
<b>NOTE 9: OTHER ASSETS</b>		
Bank card	-	147.10
Credit Card- other	-	-
Credit Card - D Mainard	<u>7,632.60</u>	<u>-</u>
	7,632.60	147.10

**Lions Cancer Institute Inc**  
**ABN 26 521 960 054**  
**Notes to the Financial Statements**  
**For the year ended 30 June 2017**

	2017 \$	2016 \$
<b>NOTE10: PROPERTY, PLANT AND EQUIPMENT</b>		
UHF Radio	452.73	452.73
Less accumulated depreciation	(452.73)	(452.73)
Photo Finder	24,110.00	24,110.00
Less accumulated depreciation	(24,110.00)	(22,212.00)
Generator	14,200.00	14,200.00
Less accumulated depreciation	(9,131.54)	(7,102.36)
Dermalite 11 multispectral	6,681.82	6,681.82
Less accumulated depreciation	(6,681.82)	(6,681.82)
Screening equipment	3,298.14	3,298.14
Less accumulated depreciation	(1,550.68)	(451.41)
Coach 1EFV 432	305,754.62	305,754.62
Less accumulated depreciation	(155,255.41)	(117,035.98)
Molecam	1,813.64	1,813.64
Less accumulated depreciation	(1,723.19)	(1,360.46)
Van 1TNK 399	83,965.46	83,965.46
Less accumulated depreciation	(49,417.04)	(38,921.36)
Notebook computer	559.09	559.09
Less accumulated depreciation	(559.09)	(559.09)
iPhone 4	390.00	390.00
Less accumulated depreciation	(390.00)	(390.00)
Coach 1EFV432 -Sat. phone	4,698.00	4,698.00
Less accumulated depreciation	(1,745.53)	(179.69)
Van 1TNK 399 -Sat. phone	2,220.45	2,220.45
Less accumulated depreciation	(818.94)	(78.86)
Tvs - Van and Coach	580.87	580.87
Less accumulated depreciation	(277.18)	(83.58)
Lumino Screening Lamps	1,041.67	-
Less Accumulated Depreciation	(16.17)	-
	197,637.17	253,215.48
<b>NOTE11: FINANCIAL ASSETS</b>		
Colonial First State	658,364.19	296,572.81
<b>NOTE12: PAYABLES</b>		
Trade creditors	98,484.75	84,706.04
S/INT Donations	2,000.00	-
	100,484.75	84,706.04

**Lions Cancer Institute Inc**  
**ABN 26 521 960 054**  
**Notes to the Financial Statements**  
**For the year ended 30 June 2017**

	2017 \$	2016 \$
<b>NOTE13: CASH FLOW INFORMATION</b>		
For the purposes of the statement of cash flows, cash includes cash on hand and in at call deposits with banks or financial institutions, investments in money market instruments maturing within less than two months, net of bank overdrafts		
<b>a. Reconciliation of Cash</b>		
Cash at the end of the reporting period as shown in the statement of cash flows is reconciled to the related items in the statement of financial position as follows:		
Cash on hand	222,631.11	437,819.02
<b>b. Reconciliation of Cash Flow from Operations with Profit from Ordinary Activities after Income Tax</b>		
Surplus after income tax	84,607.04	(32,697.66)
Depreciation	56,619.88	57,971.00
Change in market value of investments	(1,150.12)	11,393.35
(Increase) / Decrease in trade and other receivables	(2,486.00)	(7,523.00)
Increase / (Decrease) in trade and other payables	8,904.12	38,438.99
Increase / (Decrease) in taxes payable	-	-
Cash flow from operations	146,494.92	67,582.68

**Lions Cancer Institute Inc**  
 ABN 26 521 960 054

**Associations Incorporation Reform Act 2012**  
 ss 94(2)(b), 97(2)(b) and 100(2)(b)

Annual statements give true and fair view of financial position and performance  
 Of Incorporated Association

We, PDG Colin C. Beauchamp AM JP. and PDG Neil F. Saunders , being members of the board of directors of Lions Cancer Institute Inc , certify that:

The statements attached to this certificate give a true and fair view of the financial position and performance of Lions Cancer Institute Inc during and at the end of the financial year of the association ending on 30 June 2017

\_\_\_\_\_  
 Chairman

*NF Saunders*  
 \_\_\_\_\_  
 Treasurer

Dated:

**Lions Cancer Institute Inc**  
 ABN 26 521 960 054

**INDEPENDENT AUDITOR'S REPORT**  
**TO THE MEMBERS OF**  
**Lions Cancer Institute Inc**

**Report on the Audit of the Financial Report**

**Opinion**

We have audited the financial report of Lions Cancer Institute Inc (the association), which comprises the assets and liabilities statement as at 30/06/2017, the income and expenditure statement for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the certification by members of the board of directors on the annual statements giving a true and fair view of the financial position and performance of the association.

In our opinion, the accompanying financial report gives a true and fair view of the financial position of Lions Cancer Institute Inc as at 30/06/2017 and of its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements, and the requirements of The Associations Incorporation Act 2015 (WA).

**Basis for Opinion**

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the association in accordance with ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110: *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

**Emphasis of Matter - Basis of Accounting**

We draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared to assist the association to meet the requirements of The Associations Incorporation Act 2015 (WA). As a result, the financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

**Responsibilities of the Board of Directors for the Financial Report**

The board of directors is responsible for the preparation and fair presentation of the financial report in accordance with the financial reporting requirements of The Associations Incorporation Act 2015 (WA) and for such internal control as the board of directors determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the board of director is responsible for assessing the association's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the board of directors either intends to liquidate the association or to cease operations, or have no realistic alternative but to do so. The board of directors is responsible for overseeing the association's financial reporting process.

**Auditor's Responsibilities for the Audit of the Financial Report**

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists.

**Lions Cancer Institute Inc**  
**ABN 26 521 960 054**

Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

· As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

· Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

· Obtain an understanding of internal control relevant to the audit 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.

· Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the board of directors.

· Conclude on the appropriateness of the board of directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the association's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the association to cease to continue as a going concern.

· Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the board of directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

**Audit Accountants**  
**Chartered Accountant**

**Dharam Ghangas**  
**Director**

Place: Perth  
 Dated: / / 2017

DATE	CLUB	RECEIPT #
18/10/2016	Atwell Lions Club	1792
10/06/2017	Bencubbin Lions Club	2485
08/08/2016	Booragoon Lions Club	1787
10/06/2017	Bridgetown Lions Club	2486
04/04/2017	Busselton Lions Club	3303
10/06/2017	Capel Lions Club	2484
04/05/2017	Cowaramup Lions Club	2472
21/03/2017	Dardanup Lions Club	3127
09/06/2017	Duncraig Lions Club	3458
08/08/2016	East Fremantle Lions Club	1788
10/06/2017	Hannans Goldfields Lions Club	2482
07/04/2017	Hyden Lions Club	1800
08/06/2017	Kalamunda Lions Club	2479
09/07/2016	Kojonup Lions Club	2465
07/05/2017	Leeming Lions Club	13299
07/07/2016	Mandurah Lions Club	2464
20/03/2017	Margaret River Lions Club	3123
02/06/2017	Margaret River Lions Club	3386
07/06/2017	Mt. Barker Lions Club	2480
20/06/2017	Narrogin Lions Club	2483
13/03/2017	Newman Lions Club	3122
07/07/2016	Noranda Lions Club	2463
28/06/2017	Noranda Lions Club	2488
04/05/2017	Ocean Reef Lions Club	2475
02/08/2016	Pinjarra Lions Club	2468
14/06/2017	Prt Kennedy Lions Club	3459
06/06/2017	Rockingham Lions Club	2478
28/07/2016	Serpentine-Jarrahdale Lions Club	2467
19/07/2016	Stirling Lions Club	2466
12/10/2016	Toodyay Lions Club	1791
07/03/2017	Waroona Lions Club	1795
04/05/2017	Whitfords Lions Club	2471

**Total Donated by Lions Clubs**  
**\$24,750.00**

Mr Alister Turner MBBS FRCS FRACS  
 Mr Robert Fitzpatrick MBBS FRCS FRACS  
 Mr Barrie Lykke MBBS FRACS FRACS (Retired)  
 Professor Kurt Gebauer MBBS FACD  
 Dr Lester Cowell MBBS  
 Mrs Monika Cowell  
 Lion Susan Goddard BA APP. Sc. FRCNA (Retired)  
 PDG Colin Beauchamp AM.JP  
 PDG RON VAUGHAN (Deceased)  
 Mr DON PHILLIPS (Deceased)

PLASTIC SURGEON  
 PLASTIC SURGEON  
 PLASTIC SURGEON  
 PROFESSOR OF DERMATOLOGY  
 PRIMARY CARE SKIN CANCER PRACTITIONER  
 DERMOGRAPHER  
 REGISTERED NURSE  
 DERMOGRAPHER



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