

ABN 26 521 960 054

# LIONS CANCER INSTITUTE INC ANNUAL REPORT 2013 - 2014



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



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## COVER PHOTO

The Lions Cancer Institute skin screening coach parked in the centre of Victoria Square opposite the Hilton Hotel in Adelaide South Australia during the 2014 ANZI forum

<b>PDG Colin C. Beauchamp AM JP</b>	Chairman
<b>Lion Mary Austin</b>	Vice Chairman
<b>PDG Neil Saunders</b>	Treasurer
<b>PDG Dora E. Bushe-Jones</b>	Secretary
<b>Paul Katris</b>	Chair Scientific & Medical Advisory Committee, (CEO WACOG)
<b>PDG Garry Irvine</b>	Director (New Zealand Liaison)
<b>PDG Darrel Mainard</b>	Skin Screening Administrator
<b>PDG Pam Baird</b>	Director
<b>Lion David Baird</b>	Director
<b>District Governor Alan Hawkins</b>	201W2 (Ex Officio Officer)
<b>District Governor Colin Heap</b>	201W1 (ex Officio Officer)
<b>Lion Margaret Bradford-Seeley</b>	Director
<b>Lion June Walker</b>	Director
<b>Lion Mary Gregg</b>	District Chairman 201W2
<b>Lion Mary Austin</b>	District Chairman 201W1
<b>Lion Marilyn Millar</b>	Director SA (Co-opted)
<b>Lion Chris Lowings</b>	Director SA (Co-opted)

The Lions Cancer Institute Inc. Is a 'Not for Profit' medical research institution. The Institute holds Endorsement from the Australian Tax 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 19

**Auditor Accountants : Auditax Accountants.**

## CHAIRMAN'S REPORT



*PDG Colin C. Beauchamp AM JP*  
CHAIRMAN

2013/2014 has been a busy but successful year for the Institute. The Skin Cancer Screening project which was launched in 1990 with an ad hoc screening in Mukinbudin is now a recognised life saving Community service throughout Western Australia, South Australia and the Northern Territory.

The State has seen an explosion in the number of GP Skin Clinics and whilst some most certainly appear to display the expertise required in that field, reports received from more than one of our volunteer specialists would suggest that many of these are dollar driven.

It has been reported that one particular GP Clinic, in a remote town, charges \$150.00 for the first visit, a further \$90.00 per biopsy, plus another visit to get the results and back again for any surgery. A cost between \$400 & \$500.

The costs per patient at the Lions screening, when the project is operated at an average of 500Klms from base, is \$27.50 per person, excluding donations by clubs. When we consider that in the 2012/2013 calendar year the team screened 990 patients in the South of the State (W2 areas) at a cost of \$27.50 = \$27,225-00 and 1985 patients in the North (W1 areas) at \$27.50 = \$54,587-00. The total costs of the screening, excluding

depreciation on equipment, were \$81,812-00.

Donations from clubs during the above period equalled \$37,150.00 plus the amount received from W1 RAZZ-MA-TAZZ of \$12,000.00, which helped with the costs, leaves the project operating at a shortfall of \$32,662.00 pa. In order to maintain this life saving service to the public of Western Australia the Institute had to seek funding sources outside of Lions Clubs.

The demand on the screening service, particularly in the outer metropolitan and remote areas, continues to grow. We now have the facility to meet some of that increased demand with the commissioning of the screening coach, the need to ensure funding for these increases, as detailed in previous paragraph, is what prompted the Board to accept an offer from the telemarketing group, Children's Operations, to raise funds for the screening project.

Our District Chairpersons, Lions Mary Gregg and Mary Austin, [Mary Austin is also Vice Chairman of the Board], have been very active. Their attendance at shows and expos providing information about the Institute, the support the Institute provides for PhD students and about cancer in general is much appreciated.

The C1 & C2 screenings, which cover all of South Australia and the Northern Territory, are expanding

rapidly thanks to the hard work of the sub-committee formed there. Headed up by Institute Board member Lion Marilyn Miller and supported by Nurse Practitioner Lion Chris Lowings, also a member of the Board. The Committee has received financial support from the Lions Medical Research Foundation to assist with the training of screeners taking the Dermoscopy course at Flinders University. (Reports from both Marilyn and Chris appear later in this publication.)

The joint venture project with the Royal Flying Doctor "On the Road" service has now finished. We understand that the 'On the Road' project is under review by the new Management team and that the screening, joint venture program will not be continued at this time.

As a result of this, and the evidence of increased need to have such a service available to those remote areas, the Institute's Board is currently looking at providing such a service independently from the free screenings conducted to date. Sufficient funding to cover all expenses for each trip will be sought from Mining companies or other major employers.

We have been most fortunate again this year in that we still have the regular full support of Plastic Surgeons Mr. Robert Fitzpatrick, Mr. Barrie Lykke (retired), Mr. Alister Turner, Dermatologist, Ass. Prof Kurt Gebauer,

Dr. Lester and Dermographer Monika Cowell, NP Lion Chris Lowings and four Nurses all of whom have completed courses in Dermoscopy providing staff needed to cover the screening rosters.

More recently two new GP's, Dr. Glen Parham and Dr. Chesna Heydenrck have offered to assist. Glen has already attended screenings and Chesna will be returning to Perth from the country shortly having volunteered for the coming screenings. However we still need more volunteer screeners and drivers to meet the ever growing demand on the service.

My personal thanks to all Lions, who this year have supported the Institute, both financially and physically, especially my fellow Board members.

A special thanks to Clyde Jones who designed and maintains the Institute's web site.

**PDG Colin C. Beauchamp AM JP  
CHAIRMAN**

**Clyde Jones**  
Webmaster

[www.lionscancerinstitute.org.au](http://www.lionscancerinstitute.org.au)





*Dr. Clare Harvey (NZ & SA)  
Research Report*

## **The Hawke's Bay Opportunistic Identification of Skin Lesions by Non-Medical Professionals**

**New Zealand Team:** Associate Professor Clare Harvey, Associate Professor Rachel Forrest, Dr Susan Jacobs, Dr Rachael Vernon, Ms Claire Zachan, Ms Helena O'Connor, Ms Jewelle Lloyd, Ms Natasha Ashworth, Ms Annatjie Pretorius, Ms Sheryl-Lee Judd, Ms Theresa Styles, Dr Hugh Findlay, Dr Hannes Meyer.

**Australian Team:** Mr Colin Beauchamp, Mr Chris Lowings, Mr Paul Katris.

### **Project overview**

The decision to expand the current Australian study to New Zealand was made in 2012, and with funding from the Eastern Institute of Technology (EIT) and the Hawke's Bay Medical Research Foundation Inc., a proposal was developed and ethics approval from the Research and Ethics Committee of Eastern Institute of Technology obtained.

The aims of the EIT study are to undertake longitudinal research that focuses on what the research team has identified as four essential, inter-related pillars for enhancing public awareness, improving the knowledge of skin cancer, and to provide free access to early identification of suspicious skin lesions, whilst collecting data that will contribute to the existing body of knowledge.



The overarching philosophy of the research is not to have a finite end to the work being undertaken, but rather to allow it to evolve and develop over time with the major focus on building a sustainable community service. It is anticipated that the collective data from the four pillars will contribute towards the currently paucity of epidemiological data that has been highlighted. The vision of the research team is to be able to contribute to the national development of cost effective and timely pathways to treatment and management of skin cancer in New Zealand.

### **Specific objectives are to:**

1. Develop, implement and offer a short course training certification programme at EIT that prepares nurses and allied health professionals who are working in areas where they have the opportunity to identify suspicious skin lesions in their daily work, to advise further medical investigation of skin lesions as appropriate and to provide education on sun smart care. Examples of professionals in industry are massage therapists, hairdressers, beauty therapists, and nurses and allied health professionals in occupational health and general practice settings.
2. Develop regular free-to-public identification of skin lesion clinics at EIT (Taradale and Tairāwhiti) for the purposes of:
  - a. Raising the awareness of skin cancer,
  - b. Providing a free service to those members of the community who may not be able to afford the cost of skin screening, and
  - c. Providing a training environment for students who

- are undertaking the short course through EIT.
3. Collect data over a five year period on the uptake and outcomes of identification of skin lesions by non-medical professionals who themselves, and have clients that consent to take part in the study.
  4. Work with skin cancer specialists and government authorities to develop a pathway that supports early detection, early identification and early treatment of cancerous skin lesions.

#### **Progress to date**

The online course has been developed and completed. It is ready to be offered and is entirely online. The cost of the course is nominal, with the view being that costs are covered only and any profit goes into supporting the clinics. The course follows the work done by the Lions Cancer Institute. In spite of wide media coverage, the response to the course has been very disappointing. In addition to this, the clinics have not run due to the reticence of our supportive medical colleagues in respect of the already long waiting lists for follow up consultations. Following some discussion with the New Zealand team it was acknowledged that we re-initiate the clinic implementation in the New Year. Encouraged by the support of the Lions Cancer Institute, we will progress with the discussion around following the same approach to that which has been undertaken in Australia, using the Lions clubs as our supportive conduit in running the screening days.

#### **The Australian Study A Nurse Led Skin Cancer Screening Program – Contributing to Health Reform**

**Researchers:** Dr Clare Harvey, Mr Christopher Lowings, Mr Colin Beauchamp, Mr Paul Katris

The progress in this study has been extremely encouraging with ongoing clinics being held throughout the South Australian region. In addition there are plans to extend the clinics into Northern Territory and other states. Being the principal researcher away from the locations, it has been difficult in terms of data collation; however Chris Lowings and I are working through this and how to come to a better arrangement for 2015.

#### **Dr Clare Harvey RN, BA(Cur), MA, PhD Associate Professor, Postgraduate Programmes Coordinator**

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Eastern Institute of Technology  
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<http://www.eit.ac.nz/staff/dr-clare-harvey/>

Lecturer, School of Nursing and Midwifery  
Flinders University of South Australia  
<http://www.flinders.edu.au/people/clare.harvey>



Faculty of Health Sciences  
Te Manga Pūtaiao Hauora

# SKIN CANCER SCREENING (WA) REPORT



*PDG Darrel Mainard*  
SCREENING ADMINISTRATOR

The Institute has been very busy again on two fronts this last year. Firstly there were the finishing touches on the Coach, as we kept finding little things that needed to be improved. The most important has been the lighting in rooms. We had teething problems with the generator that have now been fixed. There are still a couple of minor problems which will be fixed as we go along. The Coach is starting to come together as planned.

The Institute will be taking the coach over to South Australia for the ANZI Forum at the end of August 2014 by the time this goes to print it will have been over and back. Having an International Director here for the W1 Convention last year, plus the fact that the Institute has been doing a few screenings in South Australia, prompted a request to have the unit on display for the rest of the Lions International Board to view at the forum, including Immediate Past International President, Barry Palmer.

Lions Clubs International Foundation assisted with the funding of the unit and this was a great opportunity to show how we have used their funds.

Our core project, which is our normal run of screenings, has kept us very busy with going out nearly every other weekend somewhere in WA. Since District W1 Lions Clubs became a part of the Institute this year to date we have been in the North of the State to seven venues with one more to go plus the Convention to attend. As the southern part of our State starts to dry out we will concentrate on that area. We have also been involved with several of the clubs who wish us to attend their annual fairs. The problem with these types of functions is that they don't really show a proper screening report because people

attend on an ad hoc basis and many don't fit the criteria giving an incorrect reading as to what is happening in those communities. The screening side of the Institute will be looking at putting together the schedule for next year (2015) in the next few months and they already have a number of requests.

During the last 12 months we have screened approximately 989 people in Western Australia with an average referral of 26.8%. We continue to find that screenings in controlled areas have a higher % of referrals than those carried out at fair type ad hoc venues. It has also been noted that where the Institute screenings have been carried out previously the referral rate is slightly lower. The Institute Chairman will no doubt have something to say about what is happening over the border in South Australia, and in New Zealand, all very exciting extensions of the screening project

The Institute has been able to find another driver for both vehicles, another person who has shown interest in becoming a driver. Qualified screening staff is still a problem however we now have four Nurses/Lions members who have completed the necessary courses but more are needed. This time next year the Institute should be able to report that the two vehicles are on the road more often and working well.

**PDG Darrel Mainard**



# CHAIR MEDICAL & SCIENTIFIC ADVISORY COMMITTEE



Paul Katris  
CEO WACOG

As reported by Chairman Colin Beauchamp – Lions Cancer Institute Inc. I made a submission to the recent senate enquiry into skin cancer. Major themes presented included funding calls for early detection programs, enhanced rural access and emphasis on older men where melanoma death rates remain the highest.

Twice as many men die of melanoma than women 2010 national stats 993 Males vs. 459 Females.

\* Persons aged 55 or over account for two-thirds of melanoma diagnoses.

\* Melanoma incidence rates are one third higher in rural men than men in urban areas

The inquiry also revealed the priorities of other major stakeholder groups that also tended to generate independent media exposure. Charities such as the State Cancer Council's around the country emphasised investment in prevention programs, research groups focused on improved facilities to conduct cutting edge programs into better understanding the biology of skin cancer/melanoma, whilst patient advocate and clinicians groups raised major concerns about the high costs and equity of access to the new immunotherapy based treatment approaches the majority of which are not at this stage listed for approved public use by the Pharmaceutical Benefits Scheme. The Royal Australian College of GPs

took an aggressive stance against the emergent skin cancer clinics throughout Australia highlighting that there is no evidence that clinical practice and outcomes at such clinics are better than 'random' GP clinics.

## 2012 WA Cancer Statistics

The latest cancer incidence and mortality figures for WA are located on following Pages.

## Vitamin D

"There has been considerable debate recently regarding concerns that some Australians maybe increasing their skin cancer risk due to being Vitamin D deficient. The sun's ultraviolet (UV) radiation is both the major cause of skin cancer and the best source of vitamin D. In Australia, we need to balance the risk of skin cancer from too much sun exposure with maintaining adequate vitamin D levels. Current best evidence indicates that: "Sensible sun protection does not put people at risk of vitamin D deficiency".

Scott Kirkbride Melanoma Research Centre  
2nd National Melanoma Conference,  
October 9-11 Rendezvous Hotel, Scarborough.

**Paul Katris**  
**Chair Medical & Scientific Advisory Committee**  
**(CEO WACOG)**



Screening and doing the Paperwork



IP Joe & PIP Barry - ANZI



*Chris Lowings  
Director (Endorsed Nurse Practitioner)*

In South Australia the extension of the Skin Cancer Screening program has been approved through to June, 2017. We have conducted a number of screenings, across the district, over the last two years, from Kangaroo Island to Mt Gambier.

These screenings have been very successful, not only for those individuals referred to their doctor for follow up, but also for Lions as an organisation which continues to demonstrate its commitment as a valuable community service. In October the team is off to Darwin to conduct a screening under the supervision of the Lions Cancer Institute Chairperson Colin Beauchamp.

As has been the case wherever we have screened in SA, many people at the ANZI conference in August had very positive comments from senior Lions members from across the region regarding the value of such a screening program. It is clear from such comments and from the outcomes of the screenings that this is a valuable service being provided by Lions Clubs.

One of the challenges over time will be to develop a team of qualified volunteers to expand the footprint of the project here in SA and ensure that the program continues into the future. In WA the program has been in place for some 20 plus years.

The nature of dermoscopy is that the skill is a technical one and requires some time and commitment to develop. Volunteers undertake a formal training program which incorporates both technical training and then some 'hands on' under supervision over a number of screenings to enhance the ability to recognise those

lesions that need to be followed up. Programs are available for non-medical volunteers.

Our Region has allocated funds for the training of volunteers and our first local volunteer, an Adelaide GP, Dr Eben Viljoen, has commenced a formal dermoscopy training program through an on-line program at the University of Cardiff. Once the training is complete he will join us on the road as our first locally recruited and trained Lions volunteer screener.

When you see the statistics elsewhere in this report to the Board it becomes very clear that the screening program is essential to save lives. A significant proportion of people screened by our volunteers have never been screened before, ever, and a significant number of people screened are referred for follow up. Put those two facts together and the expenditure of funds allocated to this program is given a clear context. I for one am very proud to be associated with the program, to be seen as a Lion's volunteer and to work alongside the team of very dedicated people who are part of a very dedicated organisation. I would like to, again, acknowledge the huge contribution of Colin Beauchamp who has historically been, and remains, the major driving force for this program.

**Chris Lowings, (Endorsed Nurse Practitioner)  
Director  
Lions Cancer Institute**



Philip Hardy  
Senior Scientist and Researcher and Laboratory Manager at Cyto Labs

Currently I am developing my PhD in liver cancer research. Working with a research group at the University of Western Australia. Part-time I provide chromosomal analysis for pathology testing. Developed and ran laboratory classes for 2<sup>nd</sup> year students in cytogenetics. Master of Clinical Cytogenetics, 2002-2006. Grade: Won best post-graduate student at Edith Cowan University. Bachelor of Business, Marketing and Management double major, 1998-2001.

## Publications

- *Is monosomy 21 rare? Seven early miscarriages including one mosaic 45,XX,-21/44,X,-21 in a single study population* (American Journal of Medical Genetics, August 2012)  
Authors: Philip Hardy, Jennifer Bryan, Roderick Hardy, Patrick A. Lennon, Kathy Hardy  
Reviews and discusses the occurrence of monosomy 21 noting that it may not be as rare as previously believed.
- *Cytogenetic Studies of First Trimester Spontaneous Miscarriage. What relevance to PGD/PGS?*  
(Reproductive Biomedicine Online, April 2008)  
Authors: Philip Hardy, Kathy Hardy, Marilyn Bennett-Chambers  
Discusses the data from first trimester miscarriages and how it relates to PGD/PGS.

## Update for Lions Cancer Institute

- Identified increased chromosomal instability and tumour formation in normal oxygen conditions compared to low oxygen conditions. This has implications not only to reactive oxygen species (a problem in many cancers) but to all cell culturing.
- Identified increased chromosomal changes in cells when treated with various factors relating to liver disease. In particular, Insulin growth factor 2, Epidermal growth factor and Insulin, which supports other current scientific research and data.
- Identified the correlation of telomere loss to chromosomal instability and cancerous cells.
- We are currently examining the role of a gene BARD1 (known for its relationship with the much publicised BRCA1;Breast Cancer gene) and its various forms in chromosomal damage/stability in our liver derived models.
- I am also starting to write up my research, which will be my main focus for the next 6 months.

## Philip Hardy

Three year, research grant recipient, from the Lions Cancer Institute

# 201W2 DISTRICT CHAIRMAN'S REPORT



Mary Gregg  
201W2 DISTRICT CHAIRMAN

In 24 years your Lions skin cancer Institute has screened over 36,000 people and, in that time referred approximately 27.4% for further follow up by their nominated GP's.

Your Cancer Institute does not provide any formal diagnoses or prognosis it advises there could possibly be a suspicious lesion. This is very important because not all the screeners are dermatologists, or cancer specialists.

It is however, important to realise all the screeners have full professional training, the minimum requirements are a certificate in Dermoscopy and a number of screenings under supervision.

Donations from Clubs have varied over these years they reduce when Lions at District, Multiple District and International level introduce new projects which all require finances. Clubs have only so much money and more foundations and institutes mean lower donations to the existing ones. In order to keep this life saving project going we need ongoing support from the Clubs.

Recently the programme was established in South Australia and has proved very successful. In fact, at the

recent ANZI Forum in Adelaide, over 600 Lions and public were screened, the average referral rate in SA is 29.8% quite high for "no at risk criteria applied" screening. Goes to prove there are a great number of people with skin cancers who may never be screened that means better public education.

I have been your District Chairman for 12 years and I think the highlight of these years was the acceptance of Lions Cancer Institute as a dual District project; W1 had been very supportive over all the previous years and became part of the official project at the Moora Convention.

Coordinating the cash raffles was both very rewarding and frustrating, particularly having to contact Clubs who seemed to always need reminding. There was a pleasant side though, I "met" people who I may never have known and they seem to remember me in a good light, I hope.

To your new District Chairman, Roger, may you enjoy the work and friendliness of all on the LCI Board?

**Mary Gregg**  
**District 201 W2**



Altered Basal Cell Carcinoma



IP Joe ANZI

## 201W1 DISTRICT CHAIRMAN'S REPORT



Mary Austin  
201W1 DISTRICT CHAIRMAN

My goals this last year were to involve the Clubs in awareness programs and greater involvement in skin cancer screenings.

The awareness programs are currently sun protection for bus travellers and sun protection over playground equipment.

I would wish that every Club Member, while driving or walking, notes when they see people standing at bus stops unprotected.

The sheltering of playground equipment is essential. Councils spend many thousands having them built, but some are useless most of the summer due to the lack of shade and the temperature of the equipment in full sun.

Take the information back to your club and compile a list of bus stops needing shelters; and playgrounds needing cover. If this is passed on to council as a request for shelters and covers, the councils will respond and more protection may be built. I would like to hear from clubs who intend on being involved in the community support program. Involvement in screenings include organising an appropriate place for the coach or caravan to park, providing sustenance for the workers, providing members to help promote the Institute.

The goals are ongoing. We all need to be aware of our community needs. There is no cost to us, and great benefit to those around us.

**Lion Mary Austin,  
District 201W1 Cancer Chairperson.**



*Cold Morning in Collie*



*Squamous Cell Carcinoma*

### THE MYTHS ABOUT SKIN CANCER

5 common reasons why people don't think they will have Skin Cancer

#### 1. Cancer only appears where you get the sun.

**'WRONG'** it can appear anywhere including the mouth, tongue, head, between the toes, under the nails, in or behind your eyes, inside the nose and the most intrusive and most aggressive skin cancer is under the soles of your feet.

#### 2. Only those people who spend time in the sun can get melanoma.

**'WRONG'** It certainly increases the risk but you do not need direct sun exposure to have UV damage.

#### 3. Only older people get melanoma.

**'WRONG'** The life time risk factors for 20-40 year old in Australia is 1 in 18.

#### 4. I was checked recently and given the all clear, I don't need another check.

**'WRONG'** Skin cancer is dynamic it can evolve rapidly, you need to have regular ongoing checks and if you have had even a BCC (a minor non life threatening cancer) then you are at risk of getting more and possibly more dangerous cancers

#### 5. Melanoma lesions are always black & raised

**'WRONG'** They can be any colour, Red, White, Blue, Grey or a combination of colours and most start flat

**Lions Cancer Institute Inc.**  
**ABN 49 158 959 834**

**Directors' Report**

Your directors present their report on the Institute for the financial year ended 30 June 2014.

The names of the directors in office at the date of this report are:

PDG Colin C. Beauchamp AM JP  
Lion Mary Austin  
PDG Neil Saunders  
PDG Dora Bushe-Jones  
Paul Katris  
PDG Garry Irvine  
PDG Darrel Mainard  
PDG Pam Baird  
Lion David Bird  
District Governor Colin Heap  
District Governor Alan Hawkins  
Lion June Walker  
Lion Mary Gregg  
Lion Meg Bradford-Seeley

The net surplus of the Institute for the financial year after providing for income tax amounted to \$28,114.18.

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.

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

Dated: 13-9-2014

Place: NORTHAM

# TREASURER'S REPORT



Neil F. Saunders  
TREASURER

For the year ending 30th June 2014.

I am happy to report an increase in the support from the Lions Clubs of Western Australia. A very generous \$48,700.00 was donated by numerous clubs in the last twelve months. As part of the financial reports I have included a list of these clubs. I also sincerely thank all the Clubs, our Corporate and Private Sponsors whose generosity helps the Institute keep the screening units on the road.

I would also mention that the Armadale-Kelmscott Club is the only supporter of the Karen and Joshua Chinnery Scholarship Fund.

As part of the Institute's obligations, financial support is provided to select Phd. Students to allow them to continue their research into causes, and possible cures, for Cancer related disease. You can read of their achievements in another part of this Annual Report.

Following last year's cash deficit of \$106,588.66, the Institute's Financial Statements show a surplus of \$28,114.18 for this financial year.

The institute made the final, one off, \$45,000.00 payment that was due for the refurbishment of the Coach. There were also additional payments totalling \$7,975.45, for the sign writing, a replacement driver's seat and two Handy Scope units as part of the Coach set up.

Our Bank Interest, earned, was \$3,906.00 less than the previous financial year. This was caused by having to terminate the fixed term deposit before the due date to give us sufficient funds to complete the Coach and New Van. When we reinvested the balance the interest rates

on offer from the banks were lower than what we had been previously receiving.

The members of the Board are keenly aware of the many requests made to our Lions Clubs for financial support for their own communities as well as Lions projects and Foundation support. The Board Members are also aware that clubs are finding it more difficult to raise funds, especially in smaller communities. With this in mind, rather than ask Clubs to increase their support, the Board approved the instigation of a telemarketing fund raising venture.

I appreciate that this decision has caused consternation amongst some members of the Lions community. However at the end of the 2013/2014 Financial Year this scheme has made a net return of \$56,287.11 for the Institute. Plus provided over 400 disadvantaged children with a free day out at the movies, with Easter eggs, drinks and lollies.

As previously mentioned the partnership with the RFDS has come to an end. The Institute screening team is still keen to visit the remote areas of West Australia and is looking to attract corporate sponsorship to assist with the funding of these future trips.

**PDG Neil F Saunders**  
Treasurer



# INCOME STATEMENT

**Lions Cancer Institute Inc.**  
**ABN 49 158 959 834**  
**Income Statement**  
**For the year ended 30 June 2014**

	Note	2014 \$	2013 \$
Other revenues from ordinary activities	2	84,759	77,396
Administration expenses		(18,092)	(16,281)
Fundraising expenses		-	(1,804)
Screening expenses		(14,807)	(9,930)
Skin Cancer Screening Unit		(28,978)	(20,988)
Public relation expenses		(560)	(530)
Scholarship and award expenses		(13,200)	(12,000)
Staff wages and expenses		(543)	(679)
Depreciation and amortisation expenses	3	(54,620)	(27,344)
Other income	4	307,289	175,561
Other expenses	5	(233,133)	(11)
<b>PROFIT FROM ORDINARY ACTIVITIES BEFORE INCOME TAX</b>		<u>28,114</u>	<u>163,391</u>
Retained profit at the beginning of the financial year		<u>883,001</u>	<u>719,610</u>
<b>TOTAL AVAILABLE FOR APPROPRIATION</b>		<u>911,115</u>	<u>883,001</u>

# BALANCE SHEET

**Lions Cancer Institute Inc.**  
 ABN 49 158 959 834  
**Balance Sheet**  
 As at 30 June 2014

	Note	2014 \$	2013 \$
<b>CURRENT ASSETS</b>			
Receivables	6	2,335	-
Cash assets	7	598,680	541,080
<b>TOTAL CURRENT ASSETS</b>		<b>601,015</b>	<b>541,080</b>
<b>NON-CURRENT ASSETS</b>			
Property, plant and equipment	8	339,615	341,010
<b>TOTAL NON-CURRENT ASSETS</b>		<b>339,615</b>	<b>341,010</b>
<b>TOTAL ASSETS</b>		<b>940,630</b>	<b>882,090</b>
<b>CURRENT LIABILITIES</b>			
Payables	9	30,257	-
Tax liabilities	10	(742)	(911)
<b>TOTAL CURRENT LIABILITIES</b>		<b>29,515</b>	<b>(911)</b>
<b>TOTAL LIABILITIES</b>		<b>29,515</b>	<b>(911)</b>
<b>NET ASSETS</b>		<b>911,115</b>	<b>883,001</b>
<b>EQUITY</b>			
Retained earnings		911,115	883,001
<b>TOTAL EQUITY</b>		<b>911,115</b>	<b>883,001</b>

# NOTES TO FINANCIAL STATEMENTS

**Lions Cancer Institute Inc.**  
**ABN 49 158 959 834**  
**Notes to the Financial Statements**  
**For the year ended 30 June 2014**

2014	2013
\$	\$

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## NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

**(a) Basis of Preparation**

The financial statements are special purpose financial statements prepared in order to satisfy the financial reporting requirements under the ACNC Act of Lions Cancer Institute Inc. The board of directors of the institute has determined that the institute is not a reporting entity.

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**

Property, plant and equipment are carried at cost, independent or directors' valuation. All assets excluding freehold land, are depreciated over their useful lives to the institute.

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

**(d) 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 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.

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

**Sale of Goods**

Revenue is recognised on transfer of goods to the customer as this is deemed to be the point in time when risks and rewards are transferred and there is no longer any ownership or effective control over the goods.

**Interest Revenue**

Interest is recognised using the effective interest method.

**Rendering of Services**

Revenue in relation to rendering of services is recognised depends on whether the outcome of the services can be measured reliably. If this is the case then the stage of completion of the services is used to determine the appropriate level of revenue to be recognised in the period.

If the outcome cannot be reliably measured then revenue is recognised to the extent of expenses recognised that are recoverable.

# NOTES TO FINANCIAL STATEMENTS

**Lions Cancer Institute Inc.**  
**ABN 49 158 959 834**  
**Notes to the Financial Statements**  
**For the year ended 30 June 2014**

	2014	2013
	\$	\$
Other Revenue		
Other revenue is recognised when the institute is entitled to the funds.		
<b>(e) Goods and Services Tax (GST)</b>		
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.		
<b>NOTE 2: OTHER REVENUE</b>		
Donations - Lions Clubs	48,700	37,150
Donations- Corporate	21,219	25,189
Donations- Private	674	330
Donations- Screening Unit	7,631	3,498
Fuel Tax credit	796	481
Jesse Martin Cash Tin	1,911	3,087
Karen & Joshua Chinnery Scholarship	1,000	4,000
Miscellaneous income	65	-
Pin Sales	-	375
RFDS Screening	2,148	3,285
Training rebates	615	-
	84,759	77,396
<b>NOTE 3: DEPRECIATION AND AMORTISATION EXPENSES</b>		
Depreciation - Plant and equipment	54,620	27,344
<b>NOTE 4: OTHER INCOME</b>		
Proceeds from sale of property, plant & equipment (Clearing)	-	3,056
Show account income	288,790	-
Corporate Screening	2,000	-
Grants- private	-	100,000
Replacement Screening Van	-	27,200
Westpac Bank Interest	16,499	20,405
Insurance refunds	-	24,900
	307,289	175,561
<b>NOTE 5: OTHER EXPENSES</b>		
Show Account expenses	232,503	-
South Australia set up	630	-
Transfer account	-	11
	233,133	11

# NOTES TO FINANCIAL STATEMENTS

**Lions Cancer Institute Inc.**  
**ABN 49 158 959 834**  
**Notes to the Financial Statements**  
**For the year ended 30 June 2014**

	2014	2013
	\$	\$
<b>NOTE 6: RECEIVABLES</b>		
Fuel Tax receivable	135	-
Trade debtors	2,200	-
	2,335	-
<b>NOTE 7: CASH ASSETS</b>		
Cheque account	69,951	113,911
Business Cash Reserve 8557	8,772	17,322
Community Solution Account 0011	37,646	-
Term deposit -8688	433,240	404,905
Term Deposit - Short Term	45,000	-
Interest Accrued	4,072	4,942
	598,680	541,080
<b>NOTE 8: PROPERTY, PLANT AND EQUIPMENT</b>		
UHF Radio	453	453
Less accumulated depreciation	(159)	(68)
Photo Finder	24,110	22,670
Less Accumulated Depreciation & Impairment	(10,157)	(4,251)
Generator at Cost	14,200	14,200
Less Accumulated Depreciation & Impairment	(3,044)	(1,015)
Dermalite 11 multispectral at Cost	6,682	6,682
Less Accumulated Depreciation & Impairment	(3,526)	(1,299)
Coach 1EFV 432	287,494	236,658
Less Accumulated Depreciation & Impairment	(44,401)	(11,093)
Molecam	1,814	1,814
Less Accumulated Depreciation & Impairment	(635)	(272)
Van 1TNK 399	83,965	83,965
Less Accumulated Depreciation & Impairment	(17,930)	(7,434)
Notebook computer	559	-
Less accumulated depreciation	(135)	-
iPhone 4	390	-
Less Accumulated Depreciation & Impairment	(65)	-
	339,615	341,010
<b>NOTE 9: PAYABLES</b>		
Trade creditors	30,257	-
<b>NOTE 10: TAX LIABILITIES</b>		
GST paid	(742)	(911)

# INDEPENDANT AUDIT REPORT

## Lions Cancer Institute Inc. ABN 49 158 959 834

### Independent Auditor's Review Report

To the members of Lions Cancer Institute Inc.

#### Report on the Financial Report

We have reviewed the accompanying financial report of Lions Cancer Institute Inc., which comprises the statement of financial position as at 30 June 2014, income statement for the year ended on that date, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

#### Directors' Responsibility for the Financial Report

The directors of the Institute are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards and the Corporations Act 2001/ACNC Act and for such internal control as the directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

#### Auditor's Responsibility

Our responsibility is to express a conclusion on the financial report based on our review. We conducted our review in accordance with Auditing Standard on Review Engagements ASRE 2415 Review of a Financial Report of Lions Cancer Institute Inc Reporting under the ACNC Act, in order to state whether, on the basis of the procedures described, we have become aware of any matter that makes us believe that the financial report is not in accordance with the Corporations Act 2001/ACNC Act including: giving a true and fair view of the company's/entity's financial position as at 30 June 2014 and its performance for the year ended on that date; and complying with the Australian Accounting Standards. ASRE 2415 requires that we comply with the ethical requirements relevant to the review of the financial report.

A review of a financial report consists of making enquiries, primarily of persons responsible for financial and accounting matters, and applying analytical and other review procedures. A review is substantially less in scope than an audit conducted in accordance with Australian Auditing Standards and consequently does not enable us to obtain assurance that we would become aware of all significant matters that might be identified in an audit. Accordingly, we do not express an audit opinion.

#### Independence

In conducting our review, we have complied with the independence requirements of the Corporations Act 2001. We confirm that the independence declaration required by the Corporations Act 2001, which has been given to the directors of Lions Cancer Institute Inc. would be in the same terms if given to the directors as at the time of this auditor's report.

#### Conclusion

Based on our review, which is not an audit, we have not become aware of any matter that makes us believe that the financial report of Lions Cancer Institute Inc. is not in accordance with the Corporations Act 2001 including:

- (a) Giving a true and fair view of the Institute's financial position as at 30 June 2014 and of its performance for the year ended on that date; and
- (b) Complying with Australian Accounting Standards and Corporations Regulations 2001.

Auditax Accountants  
Chartered Accountants

Dharam Ghangas  
Director

Dated this.....day of.....2014

## CLUB DONATIONS 2013/2014

Date	Memo/Payee	Date	Memo/Payee
3/09/2013	Albany Sth Coast Rct 2092	18/06/2014	Harvey L.C. Rct. 1759
8/12/2013	Albany. Rct 2255	13/12/2013	Hyden L.C. Rct 2259
30/06/2014	Armadale-Kelmscott LC Rct. 1774	6/06/2014	Jandakot Lakes L.C. Rct 1752
18/03/2014	Australind LC Donation	19/11/2013	Jerramungup Rct 2245
29/07/2013	Australind Rct 2265	10/06/2014	Kalamunda L.C. Rct 1758
28/05/2014	Baldivis Lions Club Rct 1744	29/07/2013	Kalamunda Rct 2268
3/09/2013	Baldivis Lions Club Rct 2091	14/05/2014	Kalgoorlie Rct 1736
10/06/2014	Bassendean L.C. Rct 1754	21/05/2014	Kellerberrin L.C.
10/06/2014	Bencubbin L.C. Rct 1755	27/06/2014	Kingsley Woodvale L.C. Rct. 1769
24/04/2014	Binninup Waters LC	16/08/2013	Kojonup Rct 2246
20/06/2014	Boddington L.C. Rct 1763	19/11/2013	Kulin Rct 2097
16/07/2013	Boddington Rct 2262	14/05/2014	Kwinana Rct 1737
24/05/2014	Booragoon L.C. Rct 1742	19/11/2013	Lake Grace Rct 2098
29/07/2013	Booragoon L.C. Rct 2266	14/05/2014	Lancelin Rct 1738
10/03/2014	Brunswick Junction	18/06/2014	Leeming L.C. Rct. 1762
28/05/2014	Bull Creek L.C. Rct 1745	12/03/2014	Leeming LC Donation
29/07/2013	Bull Creek L/C 201W2 Rct 2267	20/09/2013	Leeuwin Rct 2273
25/10/2013	Bull Creek Rct 2275	1/08/2013	Mandurah Rct 2272
22/07/2013	Bunbury Wollaston Rct 2271	3/09/2013	Manjimup L.C. Rct 2248
28/05/2014	Canning City L.C. Rct 1746	29/07/2013	Manning Rct 2269
19/11/2013	Canning City Rct 2100	19/11/2013	Margaret River Rct 2099
14/05/2014	Cowaramup Rct 1732	27/06/2014	Mt Barker L.C. Rct. 1768
8/12/2013	Cunderdin L.C. Rct 2256	10/03/2014	Newman
29/08/2013	Denmark Rct 2089	3/06/2014	Northampton L.C. Rct 1748
14/05/2014	Dongara-Denison Rct 1734	18/06/2014	Ocean Reef L.C. Rct. 1760
3/09/2013	Donnybrook LC Rct 2247	16/07/2013	Ocean Reef Rct 2264
10/06/2014	Duncaig L.C Rct 1756	14/05/2014	Perth-Darling Range LC Rct 1733
27/06/2014	East Fremantle Lions Club	20/06/2014	Port Kennedy L.C. Rct 1765
16/07/2013	East Fremantle Rct 2263	6/06/2014	Rockingham L.C. Rct 1751
14/05/2014	Eaton Rct 1735	28/05/2014	Scarborough Lions Club Rct 1747
19/05/2014	Ellenbrook Rct 1739	16/09/2013	Serpentine-Jarrahdale L.C. Rct 2251
10/06/2014	Fremantle L.C. Rct 1757	29/07/2013	Stirling Inc. Rct 2270
20/06/2014	Geraldton L.C. Rct 1764	18/06/2014	Victoria Park L.C. Rct. 1761
18/02/2014	Geraldton LC Receipt 1729	27/06/2014	Whitford L.C. Rct. 1772
21/05/2014	Gingin-Chittering L.C. 201W1	27/06/2014	Yanchep Two Rocks L.C. Rct. 1770
24/05/2014	Girrawheen LC Rct 1743		

Donations Lions Clubs  
\$48,700.00

## 2009-2012 DR. BOYLE RESEARCH UPDATE



*DR. Terry Boyle*

Dr. Terry Boyle has been recognised in 2014 as the Early Career Cancer Council Researcher. Dr. Boyle is now with the Harry Perkins Institute of Medical Research

Dr. Terry Boyle is an Early Career Researcher whose PhD research was on the relationship between physical activity and bowel cancer. One of the outcomes of the research was a published article in the prestigious American Journal of Epidemiology.

This was one of the first articles to show that long term sedentary work may increase the risk of bowel cancer, and it received extensive media coverage. It has also been used in health promotion materials produced by several organisations (e.g. ComCare, British Heart Foundation). Terry received the 2011 UWA postgraduate Publication Prize for this article.

More recently Dr. Boyle wrote a review article, based on the current evidence around physical activity and the risk of cancer in the two sections of the bowel. It was the first systematic review of this literature, and Dr. Boyle found that physical activity has a similar protective effect on cancers in both parts of the bowel, a result which has clarified a somewhat controversial topic.

This article was published in the highly ranked Journal of the National Cancer Institute and has received two recommendations on the Faculty of 1000 website, which identifies and recommends the most important article in medical research. Dr. Boyle received the 2013 Raine Research Prize for this paper.

Dr. Boyle is a previous recipient of a Cancer Council WA Early Career Investigator grant for his 2013 project looking at reliably measuring physical activity and sedentary time among non-Hodgkin Lymphoma survivors and comparing this with measures of health and well-being.

Since being awarded Early Career Researcher of the year Dr. Boyle has gone on to receive two prestigious fellowships to spend some time furthering his research in Vancouver Canada

*(Dr. Terry Boyle was a recipient of a Lions Cancer Institute 3 year top up grant whilst obtaining his PhD)*



**Mr. ALISTER TURNER MBBS FRCS FRACS** PLASTIC SURGEON

**Mr. ROBERT FITZPATRICK MBBS FRCS FRACS** PLASTIC SURGEON

**Mr. BARRIE LYKKE MBBS FRCS FRACS (RETIRED)** PLASTIC SURGEON

**Dr. KURT GEBAUER MBBS FACD** ASS. PROFESSOR

**Dr. LESTER COWELL MBBS** PRIMARY CARE SKIN CANCER PRACTITIONER

**Mrs. MONIKA COWELL** DERMোগRAPHER

**Ms. SUSAN GODDARD BA App. Sc FRCNA (retired)** REGISTERED NURSE

**PDG COLIN BEAUCHAMP AM JP** DERMোগRAPHER

**PDG RON VAUGHAN (deceased)**

**Mr. DON PHILLIPS**

# ANZI PUBLIC RELATIONS REPORT



*PDG Garry Irvine*

The decision by the Board of the Lions Cancer Institute to support a team to attend with the screening coach turned out to be an excellent decision – the resulting public relations exercise was in a word SPECTACULAR.

PDG's Darrel Mainard and Garry Irvine drove the coach and arrived with the usual layer of 'bugs' covering the wind-screen and so headed off to the prescribed truck wash organized for us. Peppers Truck Wash, owned by a man who used to be a Lion, they very kindly washed the unit and evened blackened the tyres all at no cost!! From there we travelled into the city and the ANZII Committee had arranged for us to park right opposite the Hilton Hotel on Victoria Square – perfection personified – the buses, the trains and the cycling and walking public all could hardly have missed us.

With Colin, wife Sue and Meg we set up the free skin cancer screening over the 3 days of the Forum ( stats below.) We were busy and screened both Lions and members of the public, Lions from Europe, Indonesia, New Zealand and the USA all went through – however the prize for us was International President Joe and his wife who were greatly impressed and both queried why they didn't have such a Lions project in their country. IP Barry ensured that the President got to visit and we were grateful for his participation.

Thanks to a Lion who runs a radio programme in Victoria, she interviewed Colin and we were advised that her talk with Macca on Sunday morning where she gave us a huge wrap was heard Australia wide.

We moved off to Port Pirie on the Monday morning and screened there for the next 2 days (stats below). Whilst there we had a visit from the ABC 's 7.30 Report crew and Simon Royal did an interview and shot film from inside and outside the coach and we were told that it will go to air Friday 12th Sept as part of the 7.30 Report. In addition the local TV station put us to air that night and Colin starred during the news.

The Wednesday and Thursday were spent in Port Augusta where another highly successful screening was carried out, very well organized again by the local Lions Club. At both the venues the local Clubs hosted us brilliantly.

So many times we were quizzed with "so when are you coming back?" "sadly, unlikely but with the excellent work done in South Australia by Lions like PDG Marilyn husband PDG Mike, PDG Garth Beckwith and their committee they will have their own screening facility eventually and we will continue to support them as they develop the project in their State. Also inquiries came from Delegates from the other States so our attendance generated some very valuable attention.

Thanks to everyone who helped make this happen – money couldn't buy the public relations benefit we achieved. Not just for the Institute but for Lions generally.

**PDG Garry K Irvine**

# ANZI PUBLIC RELATIONS REPORT



Anzi Public Relations Report

## SUMMARY OF SCREENINGS DURING ANZI TRIP TO SA

Location	No. Screened	N. Referred	No. Lesions	No. Suspect Life threatening	No. Never screened before
ANZI	287	42	60	37	162
Pt. Pirie	158	37	54	42	99
Pt. Augusta	207	32	41	20	126
Totals	652	111	155	99	387



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