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# ANNUAL REPORT 2014 - 2015

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VICTORIAN  
COMPREHENSIVE  
CANCER CENTRE



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# VCCC JOINT VENTURE ANNUAL REPORT 2014 - 2015

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# VCCC VISION

The Vision for the Victorian Comprehensive Cancer Centre (VCCC) is to save lives through the integration of cancer research, education and patient care.

Through innovation and collaboration, the VCCC, in conjunction with others, will drive the next generation of improvements in the prevention, detection and treatment of cancer.



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# THE ROLE OF THE VCCC

The role of the VCCC is to improve the collaboration between partner organisations and to develop a strategic program of work that integrates research, education and clinical care to substantially improve outcomes for patients with cancer.

Through our work, the VCCC aims to provide three key benefits to the community:

**Benefit 1:** Improve survival of cancer patients and their experience.

**Benefit 2:** Create a world-class Centre of Excellence in cancer.

**Benefit 3:** Increase the funding and support for cancer research.



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# VCCC FACTS

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## RESEARCH



# \$110M

TOGETHER, THE VCCC PARTNERSHIP IS AWARDED OVER \$110M PER YEAR IN FUNDING FOR CANCER RESEARCH



# + 1,400

## SKILLED CANCER

RESEARCHERS WORK ACROSS OUR PARTNER ORGANISATIONS

ACROSS THE VCCC PARTNERSHIP, CANCER RESEARCH UNDERTAKEN HAS **TWICE THE IMPACT OF THE WORLD AVERAGE** AND **30% GREATER THAN THE AUSTRALIAN AVERAGE**



EACH YEAR, OVER 20% OF VCCC CANCER RESEARCH PUBLICATIONS ARE IN THE **TOP 10% MOST CITED ARTICLES** WORLD-WIDE

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## LIVING WITH CANCER



THE VCCC PARTNERS PERFORMED THE FIRST STATE-WIDE PATIENT REPORTED OUTCOME MEASURES **SURVEY TO UNDERSTAND IMPACT ON PATIENTS SURVIVING CANCER**

## RESEARCH COLLABORATIONS

VCCC PARTNERS LEAD THE WAY IN DEVELOPING MULTI-SITE RESEARCH COLLABORATIONS AND HOST A NATIONAL PSYCHO-ONCOLOGY CONFERENCE, PROMOTING CONSUMER ENGAGEMENT ACROSS OUR PARTNERS

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## AWARENESS & PREVENTION



THE VCCC SUPPORTED PROGRAMS **TO PROMOTE CANCER RISK ASSESSMENT** IN GENERAL PRACTICE AND IN CANCER SCREENING

## EDUCATION & TRAINING



THE VCCC SUPPORTS LEADERSHIP DEVELOPMENT AND IMPROVED **TEACHING SKILLS** ACROSS OUR PARTNERS TO BETTER **SUPPORT THE CLINICIANS** AND **RESEARCHERS OF THE FUTURE**

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## CLINICAL IMPACT & QUALITY

### CLINICAL CARE

THE VCCC HAS INITIATED CLINICAL AUDITS IN PATIENT EXPERIENCE AND IN LUNG CANCER ACROSS PARTNERS TO BENCHMARK THE QUALITY OF OUR CLINICAL CARE

# 2

## MILLION

THE VCCC PARTNERS HAD 2 MILLION OCCASIONS OF SERVICE IN RELATION TO CANCER OVER 5 YEARS AND THIS NUMBER IS INCREASING



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# CHAIRMAN'S REPORT



This year has been an important year of consolidation, innovation and achievement for the Victorian Comprehensive Cancer Centre (VCCC) partnership. We have welcomed Austin Health including the Olivia Newton-John Cancer and Wellness Centre to our partnership this year. From July 1st 2015 the Murdoch Childrens Research Institute will also join the partnership.

These and our established partner organisations together provide considerable depth in cancer research and education as well as high quality cancer care. Our aim is to link these great strengths further so that we substantially accelerate improvement in the results of treatment for our patients and contribute to control cancer more effectively in our community.

During the year we have welcomed or better supported a number of new cancer researchers of international standing to the partnership with consolidation of research excellence in melanoma, leukaemia research, medical genomics, cancer nursing, general practice and other research leaders under active recruitment by our partners. Our partners have well established high performance research in breast cancer, lung cancer, bowel cancer and key other cancers and research disciplines. We have supported Australia's first Molecular Tumour Board bringing new genomic techniques directly to patient care. We are establishing a new Clinical Proteomics Centre with the Australian Cancer Research Foundation.

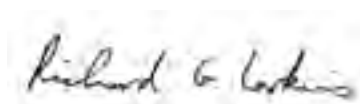
Our partners have successfully established the Melbourne Genomics Health Alliance and the Research Excellence (Rex) initiative for more efficient clinical trials that has direct benefit to improving the outcomes for our cancer patients. These include a number of new, first-in-human, cancer therapy trials that are world leading.

Our first cancer patient experience survey has provided new, critical insight directly from patients and their families. This evidence from patients tells us what we must do to improve our service provision. We have started a number of clinical improvement programs based on this survey and commissioned a further patient experience survey to chart our progress of improvement. We have completed a state-wide review of post-treatment cancer patient experience. Much of this work has been achieved in collaboration with the Western & Central Melbourne Integrated Cancer Service (WCMICS).

We have continued to work with general practice to identify patients at risk of cancer or those in need of cancer screening with a particular emphasis on bowel cancer screening. To begin our work on monitoring clinical progress and actual outcomes for our patients we have begun to formally audit our clinical results starting with lung cancer.

We aim to train the next generation of cancer specialists, clinicians and researchers to be well equipped to reduce the burden of cancer. We have assisted our staff to upgrade their teaching skills. We have developed leadership skills training to improve our ability to effectively manage this important program.

The VCCC partnership has developed a number of important clinical and research collaborations to benefit our patients and the community. Our plans for next year are to further develop our strategy of integrated care for the next five years 2016-2020 as the new VCCC facility opens in mid-2016.



**Professor Richard Larkins AO**  
Chairman, Victorian Comprehensive Cancer Centre

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# EXECUTIVE DIRECTOR'S REPORT



**Professor Jim Bishop AO**

Executive Director, Victorian Comprehensive Cancer Centre

## A year of achievement and consolidation

In its sixth year of operation, the Victorian Comprehensive Cancer Centre (VCCC) is well established as a multi-site, multi-disciplinary partnership program linking the work of nine leading Melbourne-based institutions to provide a critical mass of cancer programs and experts all dedicated to transforming and improving the approach to cancer control.

The VCCC Cancer Program is a partnership linking the Peter MacCallum Cancer Centre, Melbourne Health (including The Royal Melbourne Hospital), The University of Melbourne, the Walter and Eliza Hall Institute of Medical Research, The Royal Women's Hospital, The Royal Children's Hospital, Western Health, St Vincent's Hospital Melbourne and Austin Health.

The vision for the VCCC Partnership is to save lives through the better integration of cancer research, education and patient care across our sites. Through innovation and a higher level of collaboration the VCCC partnership uses new research discoveries to accelerate the next generation of high priority improvements to more quickly benefit those affected by cancer and reduce the impact of cancer in our community.

The VCCC aims to accelerate the improvement in cancer outcomes in Victoria by integrating world's best clinical care with new research evidence and better education. All VCCC partners have agreed to address the benefits expected and the Key Performance Indicators set by government and accepted in the original Parkville CCC Business Plan. These benefits and KPIs are:

### **Benefit 1: Reduce the burden of cancer by:**

- Increasing survival.
- Improving the living with cancer experience.

### **Benefit 2: Build a Centre of Excellence in Cancer by:**

- Integrating clinical care, research and education.
- Translating key research evidence into clinical trials, improved care and population programs.

## **Benefit 3: Increase medical research investment.**

2014/2015 has been a year of outstanding achievement for the VCCC, ensuring that when the VCCC building program is complete, VCCC partners will already have a substantial record of collaboration in clinical service improvement, research and education, which will place the VCCC at the forefront of innovation with other comprehensive cancer centres in the world.

## **Benefit 1 – Reduce the burden of Cancer**

Our actions that directly improve cancer survival include rapidly building cancer research capability through the VCCC Leaders in Cancer Program, the VCCC Cancer Genomics and Personalised Medicine program, support for the clinical trials initiative, facilitation of new multi-institutional research grant applications and action on the audit of the actual outcomes of patient care and experience.

The VCCC Living with Cancer Program has been further consolidated this year to deliver outcomes for the key performance indicator 'reducing the burden of cancer'. A representative VCCC working group oversees the Living with Cancer Program, which includes Western & Central Melbourne Integrated Cancer Service (WCMICS) representation. A key achievement this year was to implement service improvements from the VCCC's first Cancer Patient Experience Survey. While acting on the findings of our first survey, a second survey of patient reported experience has been initiated.

A further survey has been completed on Patient Reported Outcomes Measures (PROMs) that assessed the overall quality of life and experience of cancer survivors across Victoria with different cancer types and at different time points since treatment. This survey across Victoria has identified these patients more at risk of ongoing symptoms and poor quality of life post treatment. The VCCC partnership is now developing specific programs that will address the findings of the survey with the aim to improve patient outcomes. These surveys allow the VCCC partners to review and to benchmark their clinical care against world's best practice and to actively improve their services.



## Benefit 2 – Build a Centre of Excellence in Cancer

In 2014-15 many collaborations and accomplishments within the Victorian Comprehensive Cancer Centre's (VCCC's) partner organisations have focused on building a centre of excellence in cancer. Further academic research chairs in cancer have been established. Chairs in cancer medicine, primary care cancer research, medical genomics, melanoma and skin cancers and leukaemia research provide a national and international focus in these areas. A new professorial post in cancer nursing has been established this year. Additional international standard research leaders are currently being recruited in translational proteomics, psycho-oncology, palliative medicine, surgical oncology and cancer research. These new leaders will in turn accelerate the research discoveries within our group and that will improve the results for our patients.

A number of multi-partner collaborative research grants have been written, facilitated or supported by the VCCC partnership this year. The VCCC supported the successful Academic Health Research Centre application by Melbourne Health Care Partners to NHMRC. VCCC supported the successful re-funding of the CRC in Cancer Therapeutics and facilitated the ACRF grant in translational proteomics. The BUPA Foundation has supported our health services research using data linkage. The VCCC partnership has initiated a further review of the success and impact of the partner's research programs.

To improve the quality of clinical care, the VCCC partners have begun a clinical audit program in collaboration with WCMICS. This work will benchmark our clinical progress in lung cancer in the first instance and identify where our program can be further improved.

New research platforms are being identified for use by multiple partners. This includes the new ACRF Translational Proteomics Platform and the establishment of key research platforms in the VCCC building. A new data platform for health services research is being created to underpin our new Health Services Research group that is being created. This platform uses existing data and the BioGrid data infrastructure.

The VCCC Cancer Education Program has supported clinical and university teaching skills and leadership skills in cancer research. In addition, the VCCC Partners have initiated intensive leadership skills training program for our future leaders in collaboration with the Melbourne Business School. Scientific meetings and conferences have been more fully supported this year with six new National Conferences supported and a further successful National Psycho-oncology conference completed.

## Benefit 3 – Increase Medical Research Investment

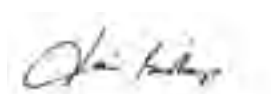
A major component of the work of the VCCC partners will be to increase the number of patients offered clinical trials to improve the standard of care and provide access to the newest cancer therapies. The VCCC Partners have supported the Parkville and Partners Initiative for streamlining clinical trials. This initiative will reduce the time to obtain high quality Ethics Committee Review. A further initiative is developing an optimal cancer clinical trials unit for the Parkville site. These innovations will increase the competitiveness of the VCCC Partners in obtaining the highest priority clinical trials with the best therapeutics to benefit our patients and increase industry support.

The VCCC Partners have initiated a further review of research income to further benchmark and improve our research competitiveness and income.

## Concluding comments

This important program has been achieved because of the positive and collaborative attitude brought to the Board, and its subcommittees and working parties by all the participants. Much work remains to be done, but the vision of achieving a cancer centre undertaking world-class research at all levels, resulting in reduction of the burden of cancer in our community, will be realised. The research will lead to prevention of many cases of cancer, better diagnosis and treatment with more cures and better management of the survivors of cancer. Education will ensure that our health workforce is well equipped to take full advantage of advances in cancer management and that the community is properly informed. Clinical care is being monitored to provide the highest quality, benchmarked against the world's best, and coordinated between member institutions so that it is cost-effective and efficient for the patients.

We thank the Victorian and Australian governments for their support for the VCCC and look forward to ongoing commitment for the next five years and beyond.



**Professor Jim Bishop AO**  
Executive Director, VCCC

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# WE WELCOME OUR NEWEST PARTNER – AUSTIN HEALTH



Austin Health is thrilled to have joined the VCCC and to be part of an exciting collaboration. The VCCC is an opportunity to strengthen links with other building partners through collaboration and partnerships; and a chance to participate in some joint academic appointments with The University of Melbourne. Our own comprehensive cancer centre, The Olivia Newton-John Cancer & Wellness Centre, will work more synergistically with the VCCC with these strong links in place.

Austin Health is the major provider of tertiary health services, and health professional education and research in the northeast of Melbourne. Austin Health is renowned for its specialist work in cancer, liver transplantation, spinal cord injuries, neurology, endocrinology, mental health and rehabilitation including a number of state-wide services. Austin Life Sciences brings together internationally-renowned research institutes and over 800 Austin Health researchers, with a focus on cancer, diabetes, respiratory disease, liver disease, heart disease, stroke, epilepsy and psychiatry. The Olivia Newton-John Cancer & Wellness Centre opened in July 2013 bringing Austin Health's cancer services from 11 different buildings across two sites, all under the one roof. The Centre brings together three elements: treatment, research and an important focus on wellness.



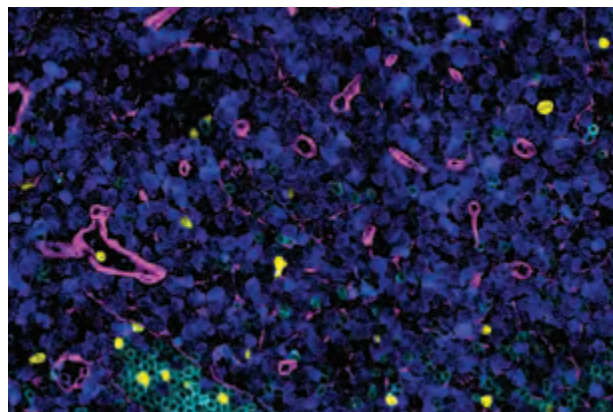


# VCCC MEMBERS



## University of Melbourne

Of the rich and complex networks of research and clinical partners the University of Melbourne is privileged to work with, the work we undertake with our cancer partners delivers some of the strongest social benefits. We have over 400 researchers currently engaged in cancer specific research projects, and many working in adjacent areas that inform, underpin or amplify the value of more focused investigations. We are also engaged across the VCCC network in building the next generation of clinicians and researchers through our medical and health professional teaching and research training programs. This image was taken by Gabriela Segal, who completed her PhD on the mechanisms that underlie effective adoptive T cell therapy against B cell lymphoma in 2014. This image tells the story of a killer T cell that cannot 'see' or kill a tumour and shows the lymphoma (blue), CD3 (cyan), specific killer T cells (yellow) and laminin structure (pink). Since Professor Sir Peter MacCallum, as Dean of the Faculty of Medicine, lobbied for the creation of the cancer centre that now bears his name, we have sought to train the finest health research and clinical workforce and to collaborate with other leading researchers on improvements in the diagnosis, treatment and care of patients with cancer.



## Peter MacCallum Cancer Centre

Peter MacCallum Cancer Centre is Australia's only public hospital solely dedicated to caring for people with cancer, cancer research and education. Peter Mac's mission is to provide the best in cancer care, accelerating discovery, translating to cures. Each year Peter Mac cares for more than 30,000 patients across five locations in Victoria. Their 2,500-strong team is the largest specialised cancer workforce in the country. It includes more than 500 laboratory-based researchers, clinician-researchers, research nurses, allied health professionals and support staff. Peter Mac works together and with local and international partners to minimise the impact of cancer in our communities.



## The Walter and Eliza Hall Institute

The Walter and Eliza Hall Institute is Australia's oldest medical research institute, celebrating its centenary in 2015. Improving the understanding, diagnosis and treatment of cancer has been a research focus since the institute's establishment. Today, more than 350 institute researchers focus on cancer, with multidisciplinary research programs specialising in cancers of the blood, brain, breast, bowel, lung, ovary, stomach and pancreas. These programs bring together expertise in genomics, proteomics, structural biology, medicinal chemistry, clinical translation and personalised medicine. Through affiliations with other VCCC partner organisations, the institute's clinician-scientists are working directly with patients to see this research translated to real clinical outcomes. Institute discoveries have already benefited more than 20 million cancer patients worldwide, and institute research forms the basis of current clinical trials aimed at improving the detection and treatment of cancers.





## Royal Melbourne Hospital

Melbourne Health through The Royal Melbourne Hospital brings high quality cancer treatment programs, strong translational research, extensive surgical and medical expertise built on its strong foundation as a university teaching hospital. As one of the partner organisations in the Melbourne Brain Centre, the largest renal transplant service in the State and one of only two adult trauma centres in Victoria, The Royal Melbourne Hospital also brings high quality medical speciality services and other key support services to cancer patients such as critical care and emergency medicine.

## Royal Children's Hospital

The Royal Children's Hospital including the Murdoch Childrens Research Institute provides depth and expertise in children's cancers with links to adult cancer programs enhancing the management of both children's and adult cancer.

## Royal Women's Hospital

The Women's is Australia's first and largest specialist public hospital for women. It leads the way in women's healthcare and has advocated and advanced the issues of women's health in Australia for almost 160 years. As a tertiary level hospital and one of Australia's major teaching hospitals, they are committed to excellence and innovation to improve the health and wellbeing of women and newborns.

The Royal Women's Hospital provides more than 200,000 episodes of care annually for women from 187 countries who speak 85 different languages and follow 69 different faiths. Located in Parkville and Sandringham, they are the largest provider of gynaecology services in Victoria, delivering 30% of the State's public gynaecology admissions.

The Women's cares for women through all stages of life, with services ranging from maternity to menopause. As a full service facility across the social model of health we provide clinical expertise, leadership in maternity and gynaecology, health promotion, women's cancer services, mental health and specialist care for newborns. More than just a hospital, we are a centre of excellence in women's health and wellbeing.







## St Vincent's Hospital

St Vincent's Hospital Melbourne is a university teaching hospital with expertise across the continuum of cancer care, research and education. Recognised for excellence in complex cancer surgery, it also manages 30 per cent of the state's lung cancer patients and is the number one treatment centre in Victoria for sarcoma. St Vincent's is a leader in palliative care practice and research and understanding of the psychosocial aspects of cancer. It is the largest metropolitan provider of hospital services to rural and regional Victorians. A third of St Vincent's cancer patients are from non-metropolitan areas and it provides satellite cancer services in Shepparton, Echuca and Swan Hill.



## Western Health

Western Health manages one of the largest cancer services in Melbourne and is the largest provider of treatment for colorectal cancer and one of the leaders in the treatment of upper gastro-intestinal cancers with growing programs in breast and lung cancer. The Western region of Melbourne is an area of extreme cultural diversity, with rapidly growing numbers of young adults and a rapidly increasing aged population. Responding to this complexity is integral to overcoming future cancer challenges and driving the next generation of progress in the prevention, detection and treatment of cancer.



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# THE BOARD OF DIRECTORS

## The Board of Directors of the Victorian Comprehensive Cancer Centre Ltd

Chairman	Emeritus Professor Richard Larkins AO
Deputy Chairman	Dr. George Morstyn
Director	Professor Stephen Smith
Director	Associate Professor Alex Cockram
Director	Ms Dale Fisher
Director	Professor Doug Hilton
Director	Professor Christine Kilpatrick
Director	Dr. Gareth Goodier
Director	Mr Ben Fielding
Director	Dr. Sue Matthews
Director	Dr. Brendan Murphy
Executive Director	Professor Jim Bishop AO
Company Secretary	Mr Craig Zanker

**The Board is supported by the following standing committees and their membership during the year:**

### Finance, Audit and Risk Committee

Christine Kilpatrick (Chair)  
Alex Cockram  
Zak Gruevski  
Dennis O'Keeffe  
David Wallingford



## Cancer Research Advisory Committee:

### Members:

Jim Bishop (Chair)  
Matthias Ernst  
Ingrid Winship  
Joe Trapani  
Paul Ekert  
Bruce Mann  
Ray Snyder  
Sue-Anne McLachlan  
Arthur Shulkes  
Mark Jenkins  
Tony Burgess  
Tam Nguyen  
Edward Janus

### Expert Members:

Jayesh Desai  
David Ritchie  
John Seymour  
Dallas English  
Nick Nicola  
Graham Taylor  
Jon Emery  
Grant McArthur  
Andrew Roberts

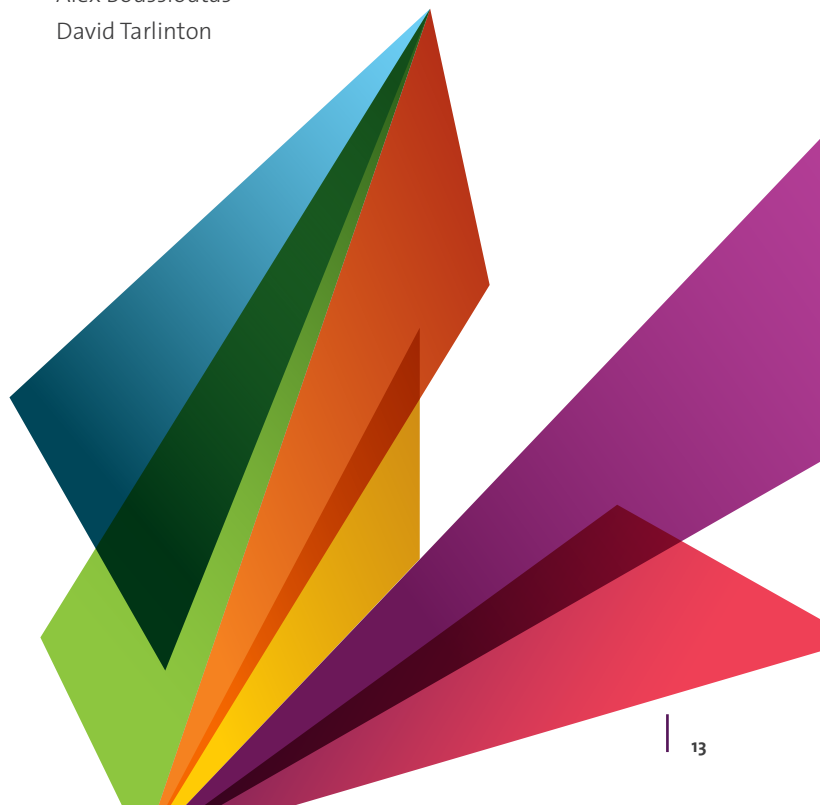
## Cancer Education & Training Advisory Committee:

### Members:

Geoff McColl (Chair)  
Jim Bishop  
John Silke  
John Mariadason  
Stephen Lew  
Peter Morley  
Bernadette O'Connor  
Nicola Quinn  
Katy Weare  
Wilma Beswick  
Michael Henderson

### Expert Members:

Alex Boussioutas  
David Tarlinton



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# LIVING WITH CANCER PROGRAM

## Measuring cancer experience

### 2013 Cancer Patient Experience Survey

Patient experience surveys are used to gain an understanding of the healthcare perspective from the patient's experience. They aim to identify the events or processes that did, or did not, happen during the patient's care. From this, we can determine tangible intervention points and identify key areas for quality improvement work.

In 2013, commenced the first international comparison of cancer patient experience by using the National Health Service (NHS) England Cancer Patient Experience Survey. This is the first comparison of cancer patient experience across two international health systems and the first time this survey has been used in Australia.

Worldwide benchmarking studies demonstrate that population-based cancer survival is persistently higher in Australia compared to the UK. However, we found that this doesn't necessarily translate to better individual patient experience. Patients in the VCCC reported poorer experience within some important domains including nurse specialist support and the written information provided.

The evidence from England suggests that undertaking these surveys and making the results widely known drives quality improvement initiatives. To distribute the findings of the survey, bespoke hospital-level reports have been published and distributed alongside an aggregate VCCC report.

Key recommendations were issued on the priorities for continuing quality improvement initiatives. We believe the provision of a clinical nurse specialist, the provision of adequate and tailored written information, and the sub-groups of patients that have reported a poorer experience.

The VCCC awarded seed funding for collaborative implementation projects that address the key recommendations and address the process of quality improvement and better models of clinical care from the patient's perspective. A project on consumer-led training modules for cancer healthcare workers is being led by Professor Mei Krishnasamy at the Peter MacCallum Cancer Centre. A patient information project that partners with consumers to identify the provision of patient information at the right time, by the right person in the right format is being delivered by Katie Doan at the Royal Melbourne Hospital.

In 2015, VCCC together with the Western and Central Melbourne Integrated Cancer Service (WCMICS) will undertake the second Cancer Patient Experience Survey with improved methodology to monitor progress and drive further quality improvement work.

## Measuring quality of life after cancer

### Patient Reported Outcome Measures (PROMs)

The number of cancer survivors in Victoria is increasing due to advances in early detection, treatment and population ageing. However, little is known about the impact that cancer has on the quality of life of survivors. Such information is important as it can be used to inform future health and social care programs.

In 2011, the National Health Service (NHS) England conducted the largest study in Europe to assess the quality of life of cancer survivors using PROMs across multiple tumour streams. Four PROMs questionnaires were developed and used in the NHS pilot for the following cancer types: breast, prostate, colorectal and non-Hodgkin's lymphoma.

In 2014, conducted a quality of life survey for people living with and beyond cancer in Victoria in collaboration with the Cancer Council Victoria (CCV) Victorian Cancer Registry (VCR). We were granted permission to use the NHS questionnaires covering breast, prostate, colorectal cancer and non-Hodgkin's lymphoma. Further to this commissioned a fifth questionnaire to be developed for survivors of its high incidence in Australia.

The five PROMs questionnaires contained 58 common questions and between 9-24 additional questions, depending on cancer type, drawn from existing validated tools. Additional questions in each questionnaire were developed to cover items such as: demographics, treatment details, disease status, long-term conditions, physical activity, social difficulties, psychological issues, work status and experience of care.

Eligible patients at three different time points since diagnosis (one year, three years and five years) were surveyed with over 2000 respondents across the five tumour types. VCCC commissioned analyses of the survey data and recently received reports on the findings. The final report allowed us to see the aggregate survey findings and the key findings by cancer type, benchmarked against the NHS England data.

It is anticipated that the findings from the survey will be very valuable in terms of identifying the cohorts of patients who experience avoidable ongoing symptomatology. The data analysis and reporting, which has recently finished, will provide findings that will lead into the development of further projects.

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# VICTORIAN PSYCHO-ONCOLOGY RESEARCH CONFERENCE



*Death And Life by Gustav Klimt (1908)*

The VCCC, in partnership with Western and Central Melbourne Integrated Cancer Service (WCMICS), hosted the Second Victorian Psycho-oncology Research Conference on Friday 5th September 2014. The conference was a huge success attracting 235 delegates from a range of local, national and international organisations.

The conference theme was 'Psycho-Oncology across the Lifespan' and included five stimulating sessions. Thanks to generous sponsorship from Canteen, the VCCC and WCMICS were fortunate enough to secure four key international speakers to the conference; James Coyne, Professor of Health Psychology at The University of Groningen Medical Center and Professor Emeritus of Psychiatry at the University of Pennsylvania; Chris Nelson, a clinical psychologist who is the psychiatry liaison to Memorial Sloan Kettering's 65+ Program; Dr Tom Hack, a clinical psychologist and Professor in the Faculty of Nursing at the University of Manitoba; and Christopher Recklitis, Assistant Professor in the Department of Paediatrics at Harvard Medical School and Director of Research for the Perini Family Survivors' Center at the Dana-Farber Cancer Institute. The Paediatric Integrated Cancer Services (PICS) and ONTrac at Peter Mac sponsored the Children, Adolescents and Young Adults session. In-kind support has also been provided by the University of Melbourne. All talks at the conference attracted exceptionally positive feedback. The conference was chaired by Professor Penny Schofield, who at the time was Director of the Department of Cancer Experience Research at the Peter MacCallum Cancer Centre and is now Professor of Psychological Sciences at Swinburne University, and supported by an exceptional conference committee.

We are honoured that Professor Penny Schofield will be co-chairing the conference again this year, alongside Professor Jon Emery, Herman Professor of Primary Care Cancer Research at the University of Melbourne and Western Health. The Third Victorian Psycho-oncology Research Conference will be held on Friday 16th October 2015. The title of this year's conference is 'Working Together: Reducing the Impact of Cancer for Patients and Families' and will include sessions on important topics such as: behavioural and educational challenges for children, cancer-related fatigue, and sexuality and psychological morbidity as a result of a cancer diagnosis.

In conjunction with the Second Victorian Psycho-oncology Research Conference in 2014, the Psycho-Oncology Co-Operative Research Group (PoCoG) hosted a Concept Development Workshop (CDW) on Thursday 4th September 2014. We are very excited to be working in conjunction with PoCoG again this year to bring the CDW to Melbourne on Thursday 15th October.

The 2015 Conference will be hosting two key international speakers; Gary Rodin, Professor of Psychiatry and Director of the Global Institute of Psychosocial, Palliative and End-of-Life Care (GIPPEC) at the University of Toronto; and Stephen Sands, Associate Professor of Medical Psychology in the Departments of Paediatrics and Psychiatry at the Columbia University Medical Center. In 2015, the conference has received generous sponsorship from Cancer Australia, The City of Melbourne and WCMICS. PICS and ONTrac at Peter Mac will again be sponsoring the Children, Adolescents and Young Adults session. We would also like to thank the Walter and Eliza Hall Institute of Medical Research for hosting the event each year.

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# MOLECULAR TUMOUR BOARD



Rapid technological advances in DNA sequencing have brought personalised cancer medicine from the lab bench into the consultation room. Physicians increasingly need to navigate complex genomic landscapes to find the most effective therapy for patients. However, most oncologists are not trained in interpreting complex cancer genomics.

In 2013, the VCCC established Australia's first Molecular Tumour Board (MTB) to provide expertise in the interpretation of genomic data from patients' tumours. It has been established under the leadership of Professor Grant McArthur. Clinicians are invited to submit cases of cancer patients who have had molecular pathology testing involving DNA sequencing. A team of oncologists, clinician-scientists, bioinformaticians, basic scientists, pathologists and geneticists attend monthly MTB meetings where DNA sequencing results and their potential to alter to alter clinical management of the patient are discussed. Clinical case histories, DNA tests and pathology reports are reviewed and outcome reports are fed back to the referring clinicians.

Uniquely, the MTB provides genomic test interpretation not only from clinicians, but has also engaged leading scientists in the VCCC for their input on the possible therapeutic implications of each patient's tumour DNA sequence. To date, an average of 23 clinicians and scientists has attended each MTB, with an average of 36% of attendees being scientists. Engaging both clinical and scientific experts in the molecular and cell biology of cancer to translate genomic data is therefore feasible to assist clinical interpretation of molecular profiling.

An evaluation of the pilot phase of the MTB showed that it offered additional clinical input in 83% of cases, with a change in patient management occurring as a result of the MTB recommendations in 38% of cases and referral to a clinical trial in 24% of cases.

The MTB has begun to align itself with other genomics initiatives, including the Melbourne Genomics Health Alliance, to enable it to move out of pilot phase and become integrated into the routine clinical care at VCCC hospitals.

The MTB is also interpreting and evaluating results from a Whole Exome Sequencing pilot project that aims to assess the feasibility of performing whole-exome sequencing on tumour biopsies from patients with advanced cancer.

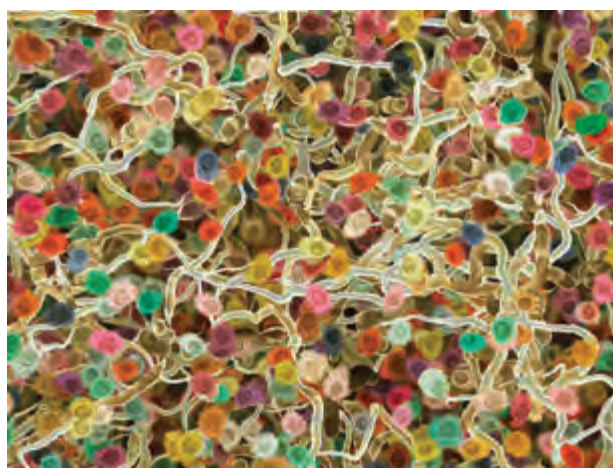


Image provided by The Walter and Eliza Hall Institute.

*Above image: Professor Grant McArthur MB BS (Hons) Ph.D. FRACP Assistant Executive Director of Cancer Research, NHMRC Practitioner Fellow, Consultant Medical Oncologist, Co-Head Cancer Therapeutics Program, Director Melanoma and Skin Service in the Divisions of Cancer Medicine and Research at the Peter MacCallum Cancer Centre And Lorenzo Galli Chair in Melanoma and Skin Cancers at the University of Melbourne*



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# ACRF TRANSLATIONAL PROTEOMIC FACILITY

In 2014, the VCCC was awarded \$2m in funding from the Australian Cancer Research Foundation (ACRF) to create the ACRF Translational Proteomic Facility, the first dedicated facility in Australia with the capability for protein-based clinical assays that will complement the increasing use of genomics to inform the treatment of cancer patients with targeted cancer therapies. The purpose of this facility is to conduct protein-based assays that will support the clinical management of patients involved in clinical studies and trials by measuring biological responses to treatment.

Through its “Leaders in Cancer” program, the VCCC is appointing a Professor of Translational Proteomics to head the ACRF Facility, who will be based in the Departments of Biochemistry & Molecular Biology and Pathology at the University of Melbourne. The appointee will build new translational research capability in multiplexed, quantitative pre-clinical and clinical assays of proteins to improve interpretation of patient genomic information and inform treatment decision-making for targeted cancer therapeutics. In addition, they will play a significant role in developing assays for better selection of patients and improved monitoring of response to targeted therapies as part of the VCCC program to enhance capabilities that support high-quality cancer clinical trials.

The ACRF Translational Proteomic Facility will house three separate and powerful technologies that together will improve interpretation of genomic data and selection of precision medicine-based treatments for cancer patients. The Department of Pathology at the University of Melbourne will upgrade its capabilities in immunohistochemistry to include multiplexed fluorescent immunohistochemistry that allows concurrent imaging of up to 8 different markers using differentially-labelled antibodies. New equipment for Reverse Phase Protein Arrays (RPPA), which use antibody-based assays to quantitate protein analytes in patient samples, will be housed within the Victorian Centre for Functional Genomics at PeterMac.

In collaboration with the Mass Spectrometry Unit located in the Bio21 Institute at the University, the ACRF Translational Proteomic Facility will build new capability in Multiple Reaction Monitoring Mass Spectrometry (MRM/MS), which performs multi plexed, quantitative assays of protein isoforms and post-translational modifications, such as phosphorylation, for which good quality antibodies do not exist.

*“As our understanding of cancer increases, researchers and clinicians believe that to be smarter at predicting cancer pathways, new diagnostic-grade tools are needed to assist in interpreting changes in both the genes and the proteins in cancer cells. Single gene tests alone are not enough to predict the pathways that cancer cells take”* said Professor Paul Waring, Chair of Pathology at the University.

*“The grant will provide essential infrastructure to allow VCCC collaborators to work together innovatively to advance precision medicine for cancer patients.”* said Professor Jim Bishop, the Executive Director of the VCCC.



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# HEALTH SERVICES RESEARCH

*“Research on how we deliver cancer care will provide critical insights into who is at risk for poor results, how patients could benefit from better organised and possibly more cost-effective provision of care”.*

VCCC Executive Director, Professor Jim Bishop AO

Evidence-based research is of little value if it cannot be put into action due to barriers inherent in healthcare systems. A systematic, academic program of outcomes-focused health services research is one way of reducing the impediments to the highest standards and latest advances in healthcare being available for cancer patients. Overseas experience has demonstrated that health services and health systems research directly impacts on the cost efficiency of health services and on patient outcomes, and has a significant influence on health policy and practice.

Through its “Leaders in Cancer” program, the VCCC is developing a Cancer Health Services Research group with the Melbourne School of Population and Global Health at the University of Melbourne to produce novel, high quality research that provides evidence for changes in policy, clinical practice and service delivery that lead to improvements in the quality, efficiency, cost and equity of cancer services. This will be the first health services research program in Australia that is focussed on cancer.

Cancer services in Victoria are often most inefficient at the boundaries of care eg. during transfer to and from hospital and primary care. Lack of integration across healthcare sectors is widely cited as one reason for less than optimal health and wellbeing outcomes. The VCCC is therefore driving initiatives to improve evidence around cancer patient transitions between the primary care and hospital sectors by building research capacity and infrastructure for data-driven improvements in healthcare.

To support its health services research program, the VCCC is creating a Cancer Health Data Platform designed for cancer health services research. This project will conduct the first large-scale, comprehensive data linkage to link primary care and hospital data for cancer patients. Each of the VCCC partner hospitals has agreed to contribute clinical and administrative data, which will be linked to

the Victorian Cancer Registry to enable identification of cancer patients, and then to data from primary care as part of the collaboration with the Health and Biomedical Informatics Centre and the Department of General Practice at the University of Melbourne. Until now, it has not been possible to extract detailed data from primary care, therefore care given to cancer patients by General Practitioners and other primary care health professionals has been invisible to health services research that seeks to improve evidence-based and cost-effective care. The project will use the BioGrid data sharing infrastructure to facilitate federated data sharing and ethical access to health data.

The VCCC was recently awarded competitive funding from the BUPA Foundation for research that will use the Cancer Health Data Platform to investigate care given to cancer patient data at the three key points where the primary care and hospital systems intersect across the cancer journey

- Diagnosis
- During acute cancer treatment
- Post-cancer treatment follow up care.

This cancer health services research program will focus on the factors associated with duration from first presentation to primary care to cancer diagnosis, quantify primary care use and the role of GPs in symptom management and factors associated with GP visits during cancer treatment, and analyse the patterns of follow up care for cancer survivors and assess the management of co-morbidities and cancer screening of this population in primary care. This research will provide evidence for changes in policy, clinical practice and service delivery at the points on the cancer journey when cancer patients intersect with the primary healthcare system, with the aim of improving the quality of cancer services.



# PICCHI AWARDS



## For Excellence in Cancer Research

The VCCC, supported by the Picchi Brothers Foundation, have awarded the 2014 Picchi Award for Excellence in Cancer Research to two outstanding early career researchers.

Potential new treatments for cancers such as leukaemia are a step closer as young researchers are awarded the 2014 Picchi Awards for Excellence in Cancer Research.

Julia Marchingo, a PhD student at the University of Melbourne and the Walter and Eliza Hall Institute, together with Dr Chun Yew Fong, a PhD student at the University of Melbourne and Peter MacCallum Cancer Centre, have been recognised for their originality, innovation and contribution to cancer research.

The award is sponsored by the Picchi Brothers Foundation ([www.picchibrothers.org](http://www.picchibrothers.org)), and is intended to recognise, develop and support the top PhD students in the Victorian Comprehensive Cancer Centre partners. The recipient's research must address a pivotal area of cancer control with awardees being chosen based on their productivity and the potential impact of their research.

*"It is the hope of the Foundation that the award will inspire and encourage the next generation of leaders in cancer research,"* said Mr Joseph Lukaitis, Chair of the Picchi Brothers Foundation.

Julia Marchingo, from the Walter and Eliza Hall Institute, was part of a team that combined laboratory data with mathematical modelling to understand how complex external signals affect the magnitude of the immune response. Ms Marchingo was the first author on the publication, which was published in the top tier journal *Science*.

*"Our research showed that the more times T cells divide, the more powerfully they can fight their target,"* said Ms Marchingo.

The recent success of treatments that harness the immune system to kill cancer cells provides great potential for Ms Marchingo's research discoveries to help develop new, and improve existing, cancer treatments.

Dr Chun Yew Fong's research at the Peter MacCallum Cancer Centre has focussed on modelling mechanisms of resistance and determinants of response to new anti-cancer drugs that target the altered epigenetic environment in cancers such as leukaemia. This new class of drugs, called BET inhibitors, have shown promise in early phase clinical trials.

His studies have identified ways to pre-empt resistance and improve the clinical use of these unique targeted therapies. Given the urgent need for improved therapies for patients with acute leukaemias, Dr Fong's work is of great clinical importance.



2014 Recipient, Julia Marchingo



2014 Recipient, Chun Yew Fong



Picchi Awardees with Nobel Laureate Sir Paul Nurse. From left to right: Aung Ko Win (2012 recipient), Chun Yew Fong (2014 Recipient), Sir Paul Nurse, Julia Marchingo (2014 Recipient), and Matthew Hong (2013 recipient).

Ms Marchingo and Dr Fong will each receive a \$10,000 scholarship to enable them to present their research findings at important international scientific meetings in 2015.

The generosity of the Picchi Brothers Foundation is supporting the VCCC's mission to grow the next generation of leaders in cancer research. It is growing the next generation of top cancer researchers to more dramatically improve cancer outcomes

# RESEARCH PROGRAMS

## Leaders in Cancer Strategy

The Leaders in Cancer Strategy aims to recruit and retain outstanding research leaders to the VCCC cancer research program and to create a number of joint appointments to enhance collaboration between VCCC partners. This exciting program is making a significant contribution to the VCCC Clinical and Research Programs which have the aims of creating a world-class centre of excellence in cancer research and facilitating translation of research findings into clinical practice.

In a development consistent with these aims, a total of six professorial chair appointments have been established, two in 2014-2015. A further five are currently in the later stages of recruitment, establishment or planning. To date, the VCCC has leveraged almost \$20m of funding for its academic chairs and fellowships, including \$12.5m from the University of Melbourne and \$7.2m from other VCCC members.

## New Professorial Appointments

**Lorenzo Galli Chair of Melanoma and Skin Cancers** at the University of Melbourne and the Peter MacCallum Cancer Centre.



*Left to right: Ms Dale Fisher, CEO of Peter Mac; Mrs Pamela Galli; Prof Grant McArthur; and Prof Stephen Smith, Dean Faculty of Medicine Dentistry and Health Sciences, The University of Melbourne*

World-leading clinician and researcher, The Peter MacCallum Cancer Centre's Professor Grant McArthur was appointed the inaugural Lorenzo Galli Chair in Melanoma and Skin Cancers in the Melbourne Medical School at the University of Melbourne in August 2014. The Chair has been made possible by the generosity of Mrs. Pamela Galli, through a \$5 million gift in honour of her husband, Lorenzo

Galli, who died as a result of melanoma. The gift enables research into melanoma and skin cancers by the University of Melbourne, in partnership with the Peter MacCallum Cancer Centre. The Lorenzo Galli Chair of Melanoma and Skin Cancers is also financially supported by the Peter MacCallum Cancer Centre.

Professor McArthur is driving clinical and translational research programs in therapies targeting oncogenes and is leading a new collaboration establishing an immune biology core facility across all major melanoma treatment centres in Victoria. This facility is focusing on developing a personalised approach for use of exciting new immune treatments for patients with melanoma and skin cancer.

Professor McArthur has identified opportunities to translate discoveries in other forms of skin cancer including Merkel Cell Carcinoma to better treatments for patients, and also opportunities to expand the critical mass of world leading researchers in Melanoma and Skin Cancers in the VCCC.



*Professor Mei Krishnasamy and Professor Jim Bishop*

**Chair of Cancer Nursing – Translational Research** at the University of Melbourne and the Peter MacCallum Cancer Centre.

In November 2014, Professor Mei Krishnasamy, Executive Director of Nursing and Allied Health at the Peter MacCallum Cancer Centre, President of the Clinical Oncology Society of Australia and past President of the Cancer Nurses Society of Australia, was appointed as the Professor of Cancer Nursing – Translational Research; a joint appointment between the School of Health Sciences, Faculty of Medicine, Dentistry and Health Sciences at the University of Melbourne and the Peter MacCallum Cancer Centre. This position was made possible by generous



financial support from the Peter MacCallum Cancer Centre and the Melbourne School of Health Sciences. Professor Krishnasamy has extensive experience and research excellence in developing, implementing and evaluating models of patient-centred care, is chief investigator on several research grants that focus on improving patient experiences of cancer and has a particular interest in the relationship between patient experience and health outcomes.

Professor Krishnasamy will provide strong academic leadership in cancer nursing and will be critical to driving a research program that leads to measurable improvements in cancer healthcare and patient experience.

In addition to these exciting academic appointees, world-wide searches are currently underway for exemplary candidates for the following new professorial appointments:

- **The Director of Cancer Research** will lead the cancer research strategy across the University of Melbourne and play a key role in the development of the research agenda of the VCCC in collaboration with the alliance partners. This is a critical appointment that will play a decisive role in the University's future success and impact and contribute to achieving the VCCC's vision. The Director will lead a laboratory-based program of cancer research as well as championing cancer-related research collaborations across the University's faculties and with other members of the VCCC.
- **The Chair of Cancer Health Services Research** is an appointment in the Melbourne School of Population and Global Health, Faculty of Medicine, Dentistry and Health Sciences, the University of Melbourne. This Chair has been made possible with generous funding support from the Research@Melbourne Accelerator Program and the Herman Trust, the University of Melbourne, and Western Health, with further support from the VCCC. The Chair of Cancer Health Services Research will build new research capability focussed on health outcomes for cancer patients by integrating multidisciplinary research findings and evidence-based interventions into healthcare policy and practice. In particular, the Chair is being established to lead rigorous research translating to innovative interventions designed to substantially improve the quality, efficiency, cost, and equity of cancer care within the VCCC partnership and beyond.
- **The Chair of Palliative Medicine** is a joint appointment between St Vincent's Hospital Melbourne and the Melbourne Medical School, the Faculty of Medicine, Dentistry and Health Sciences in the University of Melbourne and is funded by St Vincent's Hospital Melbourne and the Herman Trust, the University of Melbourne, with support from Melbourne Health and the VCCC. The Chair of Palliative Medicine will be co-located within the Centre for Palliative Care at St Vincent's Hospital Melbourne and will build new translational research capability and produce novel research that provides evidence for changes in clinical practice, health policy and service delivery that improves palliative care for cancer patients. The Chair will provide vision and academic leadership for palliative cancer medicine in partnership with the strategic direction of the Centre for Palliative Care and St Vincent's Hospital Melbourne palliative care services, across the VCCC clinical partners and more broadly across University of Melbourne-affiliated hospitals.

Building further on the expertise and breadth of coverage of the VCCC research, the following professorial positions are currently being established or are proposed and funding is pledged, in preparation for recruitment later in 2015-2016:

- **The Chair of Surgical Oncology** is proposed as a joint appointment between Austin Health and the Department of Surgery, Faculty of Medicine, Dentistry and Health Services within the University of Melbourne, and would be funded by Austin Health, the Faculty of Medicine, Dentistry and Health Sciences and the Herman Trust at the University of Melbourne, with further support from the VCCC. The proposed Chair will be located in the Olivia Newton-John Cancer and Wellness Centre at the Austin Hospital but will work across all VCCC partners. The new Chair will provide a solid and comprehensive academic foundation for surgical oncology research and teaching that will contribute to the VCCC goals to integrate high-impact research with improved clinical care and teaching, and increase the University's standing in clinical and translational research in the fields of surgery and oncology. A Chair of Surgical Oncology will build upon the existing surgical strengths at Austin Health to create a new research program in surgical oncology, and complement and allow collaborations and synergies between areas of research strength at the University of Melbourne and areas of clinical expertise at Austin Health.



- **The Chair of Psycho-oncology** is proposed as an appointment within the Melbourne School of Psychological Sciences, the University of Melbourne, and would be funded by the Melbourne School of Psychological Sciences and the Herman Trust.
- The Chair of Psycho-oncology will provide strong academic leadership to develop and promote multi-disciplinary psychological research that aims to improve the experience of cancer patients and carers, thus significantly increasing research capacity in psycho-oncology, which is currently a research gap at the University of Melbourne and Victoria-wide. The Chair will also strengthen the teaching of psycho-oncology to psychology students and other healthcare professionals in order to improve the psychological symptom management and mental health care for cancer patients at all stages of their cancer journey.

These new and emerging professorial appointments will complement and build upon the existing expertise and research excellence in the Leaders in Cancer Program:

- Herman Chair of Cancer Medicine (Faculty of Medicine, Dentistry and Health Sciences, the University of Melbourne) – Professor Jim Bishop.
- Chair of Primary Care Cancer Research (General Practice and Primary Health Care Academic Centre, Faculty of Medicine, Dentistry and Health Sciences, the University of Melbourne) – Professor Jon Emery.
- Metcalf Chair of Leukaemia Research (the Walter and Eliza Hall Institute of Medical Research; The Royal Melbourne Hospital; and the Faculty of Medicine, Dentistry and Health Sciences, the University of Melbourne) - Professor Andrew Roberts.
- Herman Chair of Medical Genomics (Department of Pathology, Faculty of Medicine, Dentistry and Health Sciences, the University of Melbourne) – Professor Graham Taylor.
- Herman Clinical Research Fellows:
  - Dr Kylie Mason (Walter and Eliza Hall Institute of Medical Research; Department of Medicine, Faculty of Medicine, Dentistry and Health Sciences, the University of Melbourne; and Melbourne Health)
  - Dr David Gyorki (Peter MacCallum Cancer Centre and Department of Surgery, Faculty of Medicine, Dentistry and Health Sciences, the University of Melbourne)
  - and
  - Dr Constantine Tam and Associate Professor Mark Dawson (Peter MacCallum Cancer Centre and Department of Medicine, Faculty of Medicine, Dentistry and Health Sciences, the University of Melbourne).
- Julie Borschman Fellow of Myeloma Research – Dr Michael Dickinson (Peter MacCallum Cancer Centre and Melbourne Medical School, Faculty of Medicine, Dentistry and Health Sciences, the University of Melbourne).



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# VCCC BUILDING PROJECT



*Levels 6 and 7 bridge installation, December 2014*

The Victorian Comprehensive Cancer Centre (VCCC) Project is delivering a \$1 billion facility purpose-built for cancer research, treatment, care and education in the Melbourne suburb of Parkville, Victoria.

The project will provide a brand new home for the Peter MacCallum Cancer Centre and new cancer research and clinical facilities for Melbourne Health (including the Royal Melbourne Hospital), new cancer research facilities for The University of Melbourne and new education facilities for all building partners.

The development comprises a new 13-storey building bordering Flemington Road, Grattan Street and Elizabeth Street, and the construction of four new floors on top of the existing Royal Melbourne Hospital (RMH). The new building and the extension to Royal Melbourne Hospital will be linked by covered bridges above Grattan Street, allowing patients, visitors and staff to move between the two buildings.

The new building features space for more than 1,200 cancer researchers. The translation of research discoveries into new treatments will be enhanced with cancer researchers from leading organisations working side by

side or within close proximity, and also alongside cancer clinicians and their patients, maximising opportunities for collaboration and sharing of information.

The site for the new facilities in Parkville, Australia's premier biomedical and research precinct, allows for improved cancer-related clinical and research linkages between building partners and The Royal Women's Hospital and the Walter and Eliza Hall Institute of Medical Research.

The VCCC Project is jointly funded, with the Australian and Victorian governments contributing a total of \$854.6 million, with the remaining funds to come from member contributions, sale of surplus land and philanthropic donations. The project is a Designated Strategic Project under the Victorian Industry Participation program, with a mandated 90 per cent minimum local content requirement applying to overall design, construction and fit-out.

The facilities are being delivered as a public-private partnership (PPP) under the State Government's Partnerships Victoria policy, with the Plenary Health consortium as the private sector partner.



Facade Completion 2014. Images provided by the Department of Health & Human Services and Plenary Health.

Construction of the facilities commenced in 2011 and is due for completion by end 2015, with service delivery to commence in 2016.

The new facilities include:

- 160 overnight inpatient beds
- a 42-bed capacity intensive care unit
- 110 chemotherapy, medical and surgical same-day beds and chairs
- a dedicated clinical trials unit with 24 treatment places
- eight refurbished medi-hotel beds, with additional space for overnight accommodation for country patients, their families and carers
- over 25,000 square metres of dedicated research space
- eight operating theatres and two procedure rooms
- eight radiation therapy bunkers with six linear accelerators in operation initially
- education and training facilities including 47 seminar and meeting spaces and a large lecture theatre.

## Building Design

The design of the new facilities will be truly patient focused, ensuring patients and their families feel welcome, travel time to treatments minimised and navigation and way finding made easy.

The design encourages collaboration and includes a dedicated hub level, with lecture theatres, meeting rooms, café and outdoor gardens encouraging formal and informal interactions between clinicians, researchers and patients.

The design encourages sustainable transport with 25 per cent of car spaces in the 700 space basement car park designed for small cars, 300 bicycle spaces and showers and change rooms for staff, and 50 public bicycle spaces.

Environmentally sustainable initiatives include:

- onsite generation of energy and thermal storage of chilled water to reduce peak energy demand solar-assisted domestic hot water production
- fresh air where possible to all clinical and research spaces
- high availability of natural daylight to most indoor spaces
- high performance façade (20 per cent + improvement on Building Code of Australia requirements) with use of energy efficient double glazing
- minimum 80 per cent of all timber used in construction to be sustainably sourced, and the use of recycled timber to be strongly encouraged
- use of low volatility organic compounds (VoC) where possible
- minimum 80 per cent of all construction waste will be diverted from landfill.



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# VCCC JOINT VENTURE FINANCIAL REPORT FOR THE YEAR ENDED 30 JUNE 2015

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# INTRODUCTION

This is the Financial Report of the Victorian Comprehensive Cancer Centre joint venture for 2015. The Victorian Comprehensive Cancer Centre is an unincorporated entity which was formed when the Member Entities entered into a Joint Venture Agreement on 11 November 2009 for the purpose of establishing a comprehensive cancer centre in Victoria.

A description of the nature of the joint venture operation and its principal activities is included in the Review of Operations.

**For enquiries in relation to the Financial Report:**

**please call:** + 61 3 9035 4505 or **email to:** [craig.zanker@unimelb.edu.au](mailto:craig.zanker@unimelb.edu.au)

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# GLOSSARY

<b>Victorian, or VCCC</b>	Victorian Comprehensive Cancer Centre joint venture
<b>Victorian CCC Ltd, or The Company</b>	Victorian Comprehensive Cancer Centre Ltd
<b>AASB</b>	Australian Accounting Standards Board
<b>DHHS</b>	Department of Health & Human Services, Victoria
<b>GST</b>	Goods and Services Tax
<b>VAGO</b>	Victorian Auditor-General's Office
<b>State</b>	The Crown in the right of the State of Victoria
<b>ICT</b>	Information & Communications Technology

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# JOINT VENTURE INFORMATION

The Member Entities entered into a Joint Venture Agreement on 11 November 2009 for the purposes of establishing a world leading comprehensive cancer centre in Victoria.

The Member Entities in Clause 8 of the Joint Venture Agreement agreed to appoint the Victorian Comprehensive Cancer Centre Ltd (the Company) to manage the joint venture. Clause 8 of the Joint Venture Agreement provides authority to the Company to exercise all the powers and rights of the Member Entities in respect of joint venture assets.

Further, Clause 8 of the Joint Venture Agreement provides for the Company to hold all joint venture assets as bare trustee for the Member Entities and their respective beneficial interests.

## Member Entities

Melbourne Health  
Peter MacCallum Cancer Institute  
(trading as the Peter MacCallum Cancer Centre)  
The Royal Women's Hospital  
The University of Melbourne  
St Vincent's Hospital Melbourne  
The Walter and Eliza Hall Institute of Medical Research  
The Royal Children's Hospital  
Western Health  
Austin Health

## Principal Place of Business

Ground Floor  
766 Elizabeth Street  
Melbourne, Victoria, 3000  
Phone: + 61 3 8344 8708

## Mailing Address

PO Box 2148  
Royal Melbourne Hospital  
Victoria, 3050

## Auditors

Victorian Auditor-General's Office  
Level 24, 35 Collins Street  
Melbourne, Victoria, 3000

## ABN

84 140 233 790

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# REVIEW OF OPERATIONS

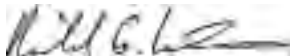
The manager of the joint venture submits the financial report for the year ended 30 June 2015.

A review of operations has been included in the Executive Director's Report.

## **Significant Events after Balance Date**

There have been no significant events after Balance Date other than the acceptance of Murdoch Childrens Research Institute as a joint venture member entity from 1 July 2015 (and as a Member of the Company).

Signed in accordance with a resolution of the Board of the Victorian Comprehensive Cancer Centre Ltd, the manager of the joint venture.



**R. G. Larkins**  
**Chair**  
**Victorian Comprehensive Cancer Centre Ltd**

Dated: 13th August 2015  
Melbourne

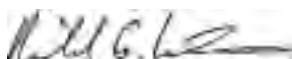
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# DECLARATION BY THE MANAGER OF JOINT VENTURE

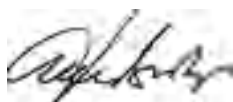
In the opinion of the manager of the joint venture:

- (i) The Comprehensive Operating Statement is drawn up so as to present fairly the results of the joint venture for the financial year ended 30 June 2015;
- (ii) The Balance Sheet is drawn up so as to present fairly the state of affairs of the joint venture as at 30 June 2015;
- (iii) The Statement of Changes in Equity is drawn up so as to present fairly the results of the joint venture for the financial year ended 30 June 2015;
- (iv) The Cash Flow Statement is drawn up so as to present fairly the cash flows of the joint venture for the financial year ended 30 June 2015;
- (v) At the date of this statement there are reasonable grounds to believe that the joint venture will be able to pay its debts as and when they become due and payable.

This statement is made in accordance with a resolution of the Board of the Victorian Comprehensive Cancer Centre Ltd, the manager of the joint venture.



**R. Larkins**  
Chairman



**J. Bishop**  
Executive Director



**C. Zanker**  
Business Manager

Dated: 13th August 2015  
Melbourne

# COMPREHENSIVE OPERATING STATEMENT

for the year ended 30 June 2015

	Note	2015 \$	2014 \$
<b>Income from transactions</b>			
Contributions from Member Entities	2(a)	1,596,875	1,459,168
Contributions from Department of Health & Human Services	2(a)	1,460,000	1,459,168
Other income	2(a)	89,361	53,885
Interest income	2(b)	56,080	49,846
<b>Total income from transactions</b>		<b>3,202,316</b>	<b>3,022,067</b>
<b>Expenses from transactions</b>			
<b>Reduce Cancer Burden</b>			
Survival	3(a)	-	(79,321)
Living with Cancer	3(a)	(218,854)	(222,233)
<b>Centre of Excellence</b>			
Leaders in Cancer Strategy	3(b)	(78,501)	(49,980)
Clinical Projects	3(b)	(55,049)	(48,680)
Research Projects	3(b)	(647,493)	(456,338)
Education and Training Projects	3(b)	(97,610)	(59,100)
Clinical Research Focus Projects	3(b)	(42,450)	(14,935)
<b>Increased Investment</b>			
Business Development Initiatives	3(c)	-	(16,591)
New Funding Streams Strategy	3(c)	(9,624)	(125,985)
<b>Other expenses</b>			
Employee benefit expense	3(d)	(1,355,061)	(1,350,600)
Supplies and services	3(e)	(409,243)	(350,241)
Depreciation expense	3(f)	(11,961)	(11,602)
<b>Total expenses from transactions</b>		<b>(2,925,846)</b>	<b>(2,905,260)</b>
<b>Net result from transactions (net operating balance)</b>		<b>276,470</b>	<b>116,807</b>
<b>Comprehensive result</b>		<b>276,470</b>	<b>116,807</b>

*This Comprehensive Operating Statement should be read in conjunction with the accompanying notes included on pages 34 to 52.*



# BALANCE SHEET

as at 30 June 2015

	Note	2015 \$	2014 \$
<b>Assets</b>			
<b>Current assets</b>			
Cash and cash equivalents	4	2,168,920	1,783,608
Trade and other receivables	5	43,777	26,851
Prepayments	6	25,316	40,288
<b>Total Current assets</b>		<b>2,238,013</b>	<b>1,850,747</b>
<b>Non-Current assets</b>			
Property, plant and equipment	7	40,215	35,465
<b>Total non-current assets</b>		<b>40,215</b>	<b>35,465</b>
<b>Total assets</b>		<b>2,278,228</b>	<b>1,886,212</b>
<b>Liabilities</b>			
<b>Current liabilities</b>			
Trade and other payables	8	455,009	375,067
Provisions	9	342,863	300,729
<b>Total Current liabilities</b>		<b>797,872</b>	<b>675,796</b>
<b>Non-Current liabilities</b>			
Provisions	9	40,651	47,181
<b>Total Non-Current liabilities</b>		<b>40,651</b>	<b>47,181</b>
<b>Total liabilities</b>		<b>838,523</b>	<b>722,977</b>
<b>Net assets</b>		<b>1,439,705</b>	<b>1,163,235</b>
<b>Equity</b>			
Accumulated Surplus		1,439,705	1,163,235
<b>Total equity</b>		<b>1,439,705</b>	<b>1,163,235</b>
Contingent assets and contingent liabilities	17		
Commitments for expenditure	18		

*This Balance Sheet should be read in conjunction with the accompanying notes included on pages 34 to 52.*

# STATEMENT OF CHANGES IN EQUITY

for the year ended 30 June 2015

	Note	Equity at 1 July 2014	Total comprehensive result	Equity at 30 June 2015
2015		\$	\$	\$
Accumulated surplus		1,163,235	276,470	1,439,705
Total equity at end of financial year		1,163,235	276,470	1,439,705

	Note	Equity at 1 July 2013	Total comprehensive result	Equity at 30 June 2014
2014		\$	\$	\$
Accumulated surplus		1,046,428	116,807	1,163,235
Total equity at end of financial year		1,046,428	116,807	1,163,235

*This Statement of Changes in Equity should be read in conjunction with the accompanying notes included on pages 34 to 52.*

# CASH FLOW STATEMENT

for the year ended 30 June 2015

	Note	2015 \$	2014 \$
<b>Cash flows from operating activities</b>			
<b>Receipts</b>			
Receipts from Members		1,596,875	1,459,168
Receipts from Department of Health		1,460,000	1,459,168
Receipts from Customers		93,127	138,392
Goods and Services Tax received from the ATO		138,007	120,683
Interest received		60,934	50,283
<b>Total receipts</b>		<b>3,348,943</b>	<b>3,227,694</b>
<b>Payments</b>			
Payments to suppliers and employees		(2,946,920)	(2,787,541)
<b>Total payments</b>		<b>(2,946,920)</b>	<b>(2,787,541)</b>
<b>Net cash flows from operating activities</b>	11	<b>402,023</b>	<b>440,153</b>
<b>Cash flows from investing activities</b>			
Payments for non-financial assets		(16,711)	(5,878)
<b>Net cash flows used in investing activities</b>		<b>(16,711)</b>	<b>(5,878)</b>
<b>Net increase in cash and cash equivalents</b>		<b>385,312</b>	<b>434,275</b>
Cash and cash equivalents at the beginning of financial year		1,783,608	1,349,333
<b>Cash and cash equivalents at the end of financial year</b>	4	<b>2,168,920</b>	<b>1,783,608</b>

*This cash flow statement should be read in conjunction with the accompanying notes included on pages 34 to 52.*

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# NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

for the year ended 30 June 2015

## **Note 1.** **Summary of Significant Accounting Policies** **(a) Basis of preparation of Financial Report**

This general purpose financial report has been prepared in accordance with Australian Accounting Standards and Australian Accounting Interpretations and other mandatory requirements. Australian Accounting Standards include Australian equivalents to International Financial Reporting Standards (AIFRS).

The Victorian Comprehensive Cancer Centre is a not for profit entity and therefore applies the additional paragraphs applicable to “not for profit” entities under Australian Accounting Standards.

The reporting period is from 1 July 2014 to 30 June 2015. The reporting period for the 2013 comparative period is from 1 July 2013 to 30 June 2014.

Accounting policies are selected and applied in a manner which ensures that the resulting financial information satisfies the concepts of relevance and reliability, thereby ensuring that the substance of the underlying transactions or other events is reported.

The accounting policies set out below have been applied in preparing the financial statements for the year ended 30 June 2015, and the comparative information presented in these financial statements for the year ended 30 June 2014.

The financial report is prepared in accordance with the historical cost convention and on the going concern basis.

These financial statements are presented in Australian dollars, the functional and presentation currency of the Victorian Comprehensive Cancer Centre.

The financial statements, except for cash flow information, have been prepared using the accrual basis of accounting. Under the accrual basis, items are recognised as assets, liabilities, equity, income or expenses when they satisfy the definitions and recognition criteria for those items, that is they are recognised in the reporting period to which they relate, regardless of when cash is received or paid.

Historical cost is based on the fair values of the consideration given in exchange for assets.

In the application of Australian Accounting Standards management is required to make judgements, estimates and assumptions about carrying values of assets and liabilities that are not readily apparent from other sources.

The estimates and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under the circumstances, the results of which form the basis of making the judgments. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the period in which the estimate is revised if the revision affects only that period or in the period of the revision, and future periods if the revision affects both current and future periods. Judgments made by management in the application of Australian Accounting Standards that have significant effects on the financial statements and estimates, with a risk of material adjustments in the subsequent reporting period, are disclosed throughout the Notes to the financial statements.

The nature of significant judgments, estimates and assumptions are described throughout the Notes to the Financial Statements.

The following is a summary of the material accounting policies adopted by the economic entity in the preparation of the financial report. The accounting policies have been consistently applied, unless otherwise stated.

### **(b) Income Recognition**

#### **Income from sale of goods**

Income from the sale of goods is recognised by the joint venture when:

- the significant risks and rewards of ownership of the goods have transferred to the buyer;
- the joint venture retains neither continuing managerial involvement to the degree usually associated with ownership nor effective control over the goods sold;
- the amount of the Income can be reliably measured;
- it is probable that the economic benefits associated with the transaction will flow to the joint venture; and
- the costs incurred or to be incurred in respect of the transaction can be measured reliably.

#### **Income from the rendering of services**

Income arising from the provision of services is recognised when the following conditions have been satisfied:

- the amount of the income and transaction costs incurred can be reliably measured; and
- it is probable that the economic benefits associated with the transaction will flow to the joint venture.

# NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015 (CONTINUED)

## Note 1. Summary of Significant Accounting Policies (continued)

### Fair value of assets and services received free of charge or for nominal consideration

Contributions of resources received free of charge or for nominal consideration are recognised at their fair value when the transferee obtains control over them, irrespective of whether restrictions or conditions are imposed over the use of the contributions. Contributions in the form of services are only recognised when a fair value can be reliably determined and the services would have been purchased if not donated.

### Other income

Amounts disclosed as income are, where applicable, net of returns, allowances and duties and taxes. Income is recognised for each of the joint venture's major activities.

### (c) Interest Income

Interest income is recognised on a proportional basis taking into account the interest rates applicable to the financial assets.

### (d) Expenses

Expenses are recognised as they are incurred and reported in the financial year to which they relate.

### (e) Employee Expenses

Employee Expenses Include wages and salaries, annual leave, sick leave, long service leave and superannuation expenses.

Employees of the Victorian Comprehensive Cancer Centre are entitled to receive superannuation benefits and contributions are made to defined contribution superannuation plans which are expensed when incurred.

The name and details of the major employee superannuation funds and contributions made by the Victorian Comprehensive Cancer Centre are disclosed in Note 14: Superannuation.

### (f) Depreciation

Assets with a cost in excess of \$1,000 are capitalised and depreciation has been provided on depreciable assets so as to allocate their cost, or valuation, over their estimated useful lives using the straight-line method. Estimates of remaining lives and depreciation method for all assets are reviewed at least annually.

The following table indicates the expected useful lives of non-current assets on which the depreciation charges are based.

	2015	2014
Office Equipment	10 years	10 years
Computer Equipment	3 years	3 years
Computer Software	5 years	5 years

### (g) Cash and Cash Equivalents

For cash flow statement presentation purposes, cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known

amounts of cash and which are subject to an insignificant risk of changes in value, and bank overdrafts.

### (h) Trade and Other Receivables

All trade debtors are recognised at the amounts receivable as they are due for settlement no more than 30 days from the date of statement.

Collectability of receivables is reviewed on an ongoing basis. Debts which are known to be uncollectible are written off. A provision for doubtful debts is raised when some doubt as to collection exists.

### (i) Property, Plant and Equipment

All non-current physical assets are measured at cost less accumulated depreciation.

### (j) Impairment of Assets

All non financial assets are assessed annually for indications of impairment.

If there is an indication of impairment, the assets concerned are tested as to whether their carrying value exceeds their possible recoverable amount. Where an asset's carrying value exceeds its recoverable amount, the difference is written-off as an expense except to the extent that the write-down can be debited to an asset revaluation surplus amount applicable to that same class of asset.

If there is an indication that there has been a change in the estimate of an asset's recoverable amount since the last impairment loss was recognised, the carrying amount shall be increased to its recoverable amount. This reversal of the impairment loss occurs only to the extent that the asset's carrying amount does not exceed the carrying amount that would have been determined, net of depreciation or amortisation, if no impairment loss had been recognised in prior years.

It is deemed that, in the event of the loss or destruction of an asset, the future economic benefits arising from the use of the asset will be replaced unless a specific decision to the contrary has been made. The recoverable amount for most assets is measured at the higher of depreciated replacement cost and fair value less costs to sell. Recoverable amount for assets held primarily to generate net cash inflows is measured at the higher of the present value of future cash flows expected to be obtained from the asset and fair value less costs to sell.

### (k) Trade and Other Payables

These amounts represent liabilities for goods and services provided to the joint venture prior to the end of the financial year and which are unpaid. The amounts are unsecured and are usually paid within 30 days of recognition.

### (l) Provisions

Provisions are recognised when the Victorian Comprehensive Cancer Centre has a present obligation, the future sacrifice of economic benefits is probable, and the amount of the provision can be measured reliably.

The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at reporting date, taking into account the risks and uncertainties surrounding the obligation.



# NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015 (CONTINUED)

## Note 1. Summary of Significant Accounting Policies (continued)

When some or all of the economic benefits required to settle a provision are expected to be received from a third party, the receivable is recognised as an asset if it is virtually certain that recovery will be received and the amount of the receivable can be measured reliably.

### (m) Employee Benefits

#### i. Wages and Salaries and Annual Leave

Liabilities for wages and salaries, including non-monetary benefits and annual leave which are wholly expected to be settled within 12 months of the reporting date are recognised in the provision for employee benefits in respect of employee's services up to the reporting date, and are classified as current liabilities and measured at their nominal values because the entity does not have an unconditional right to defer settlement of these liabilities.

Those liabilities that are not expected to be wholly settled within 12 months are also recognised in the provision for employee benefits as current liabilities, but are measured at present value of the amounts expected to be paid when the liabilities are settled using the remuneration rate expected to apply at the time of settlement.

#### ii. Long Service Leave

The liability for long service leave (LSL) is recognised in the provision for employee benefits.

Current Liability – unconditional LSL (representing 10 or more years of continuous service, pro-rata entitlements and classified as current after 7) is disclosed in the notes to the financial statements as a current liability even where the Victorian Comprehensive Cancer Centre does not expect to settle the liability within 12 months because it will not have the unconditional right to defer the settlement of the entitlement should an employee take leave within 12 months.

Non-Current Liability – conditional LSL (representing less than 10 years of continuous service) is disclosed as a non-current liability. There is an unconditional right to defer the settlement of the entitlement until the employee has completed the requisite years of service.

#### iii. On-costs

Employee benefit on-costs, such as workers compensation and superannuation are recognised together with provisions for employee benefits.

### (n) Goods and Services Tax

Income, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Tax 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 with the amount of GST included. The net amount of GST recoverable from, or payable to, the ATO is included as a current asset or liability in the balance sheet.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the taxation authority, are presented as an operating cash flow.

### (o) Commitments for Expenditure

Commitments for future expenditure are not recognised on the balance sheet but are disclosed by way of a note at their nominal value and are inclusive of the GST payable.

In addition, where it is considered appropriate and provides additional relevant information to users, the net present values of significant individual projects are stated. These future expenditures cease to be disclosed as commitments once the related liabilities are recognised on the balance sheet.

### (p) Contingent Assets and Contingent Liabilities

Contingent assets and contingent liabilities are not recognised in the balance sheet, but are disclosed by way of note and, if quantifiable, are measured at nominal value. Contingent assets and contingent liabilities are presented inclusive of GST receivable or payable respectively.

### (q) Reporting Entity

The financial statements include all the controlled activities of the Victorian Comprehensive Cancer Centre.

A description of the nature of the Victorian Comprehensive Cancer Centre's operations is included in the Review of Operations, which does not form part of these financial statements.

### (r) Rounding of Amounts

All amounts shown in the financial statements are expressed to the nearest \$1. Figures in the financial statements may not equal due to rounding.

# NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015 (CONTINUED)

## Note 1. Summary of Significant Accounting Policies (continued)

### (s) New Accounting Standards and Interpretations

Certain new Australian accounting standards and interpretations have been published that are not mandatory for the 30 June 2015 reporting period. As at 30 June 2015, the following standards and interpretations had been issued but were not mandatory for the reporting periods ending 30 June 2015. The joint venture has not and does not intend to adopt these standards early.

Standard / Interpretation	Summary	Applicable for Annual Reporting periods beginning on	Impact on Financial Statements
AASB 2012 3 Amendments to Australian Accounting Standards – Offsetting Financial Assets and Financial Liabilities [AASB 132]	The amendments clarify: <ul style="list-style-type: none"> <li>the meaning of ‘currently has a legally enforceable right of set off’; and</li> <li>that some gross settlement systems may be considered equivalent to net settlement.</li> </ul>	1-Jan-14	No material impact is expected.
AASB 2013 3 Amendments to AASB 136 – Recoverable Amount Disclosures for Non Financial Assets	Amends AASB 136 to disclose additional information about the fair value measurement when the recoverable amount of impaired assets is based on fair value less costs of disposal; and to disclose the discount rates that have been used in the current and previous measurements if the recoverable amount of impaired assets based on fair value less costs of disposal was measured using a present value technique.	1-Jan-14	The preliminary assessment has identified that the financial impact of available for sale (AFS) assets will now be reported through other comprehensive income (OCI) and no longer recycled to the profit and loss.  An assessment has not identified any material impact arising from AASB 9.

The following amending standards are also effective from the 2014 15 reporting period which are considered to have insignificant impacts on public sector reporting.

- AASB 2013 1 Amendments to AASB 1049 – Relocation of Budgetary Reporting Requirements;
- AASB 2013 4 Amendments to Australian Accounting Standards – Novation of Derivatives and Continuation of Hedge Accounting [AASB 139];
- AASB 2013 5 Amendments to Australian Accounting Standards – Investment Entities [AASB 1, AASB 3, AASB 7, AASB 10, AASB 12, AASB 107, AASB 112, AASB 124, AASB 127, AASB 132, AASB 134 and AASB 139];
- AASB 2013 6 Amendments to AASB 136 arising from Reduced Disclosure Requirements;
- AASB 2013 7 Amendments to AASB 1038 arising from AASB 10 in relation to consolidation and interests of policyholders [AASB 1038];
- AASB 2013 9 Amendments to Australian Accounting Standards – Conceptual Framework, Materiality and Financial Instruments [PART A Conceptual Framework; Part C Financial Instruments];
- AASB 2014 1 Amendments to Australian Accounting Standards [Part A Annual Improvements; Part B Defined Benefit Plans: Employee Contributions and Part C Materiality];
- AASB 2014 2 Amendments to AASB 1053 – Transition to and between Tiers, and related Tier 2 Disclosure Requirements [AASB 1053].

# NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015 (CONTINUED)

## Note 2. Income from transactions

	2015 \$	2014 \$
<b>(a) Income from transactions</b>		
Contributions from Member Entities		
Melbourne Health	182,500	182,396
Peter MacCallum Cancer Institute (trading as the Peter MacCallum Cancer Centre)	182,500	182,396
The Royal Women's Hospital	182,500	182,396
The University of Melbourne	182,500	182,396
St Vincent's Hospital Melbourne	182,500	182,396
The Walter and Eliza Hall Institute of Medical Research	182,500	182,396
The Royal Children's Hospital	182,500	182,396
Western Health	182,500	182,396
Austin Health	136,875	-
Total Contributions from Member Entities	1,596,875	1,459,168
Contributions from Department of Health & Human Services	1,460,000	1,459,168
Other Income	89,361	53,885
	<b>3,146,236</b>	<b>2,972,221</b>
<b>(b) Interest income</b>		
On bank deposits	56,080	49,846
	<b>56,080</b>	<b>49,846</b>
<b>Total income from transactions</b>	<b>3,202,317</b>	<b>3,022,067</b>

# NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015 (CONTINUED)

## Note 3. Expenses from transactions

	2015 \$	2014 \$
<b>(a) Reduce Cancer Burden</b>		
Survival	-	198,975
Living with Cancer	218,854	222,233
	<b>218,854</b>	<b>421,208</b>
<b>(b) Centre of Excellence</b>		
Leaders in Cancer Strategy	78,501	49,980
Clinical Projects	55,049	48,680
Research Projects	647,493	456,338
Education & Training Projects	97,610	59,100
Clinical Research Focus Projects	42,450	14,935
	<b>921,103</b>	<b>629,033</b>
<b>(c) Increased Investment</b>		
Business Development Initiatives	-	16,591
New Funding Streams Strategy	9,624	125,985
	<b>9,624</b>	<b>142,576</b>
<b>(d) Employee benefits</b>		
Salary and wages	1,202,883	1,220,877
Superannuation	116,573	118,942
Annual leave and long service leave expense	31,020	1,509
Other on-costs - recognised in provision	4,585	9,272
	<b>1,355,061</b>	<b>1,350,600</b>
<b>(e) Supplies and services</b>		
Professional fees and consultants	43,594	97,818
Strategic planning	3,391	30,000
Insurance expense	25,968	26,551
Travel expense	68,283	34,011
Legal expense	5,075	-
Rent	157,167	79,675
External and internal audit fees	29,458	26,049
Other expenses	76,307	56,137
	<b>409,243</b>	<b>350,241</b>
<b>(f) Depreciation</b>		
Office equipment	4,214	4,074
Computer equipment and software	7,747	7,528
	<b>11,961</b>	<b>11,602</b>

# NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015 (CONTINUED)

## Note 4. Cash and cash equivalents

	2015 \$	2014 \$
Cash on hand	500	500
Cash at bank	612,491	765,457
Cash on deposit	1,555,929	1,017,651
<b>Total Cash and cash equivalents</b>	<b>2,168,920</b>	<b>1,783,608</b>

## Note 5. Trade and Other Receivables

	2015 \$	2014 \$
<b>Contractual</b>		
Trade receivables <sup>(i)</sup>	11,000	5,500
Other receivables	2,358	5,902
	<b>13,358</b>	<b>11,402</b>
<b>Statutory</b>		
GST input tax credit recoverable	30,419	15,449
	<b>30,419</b>	<b>15,449</b>
<b>Total trade and other receivables <sup>(ii)</sup></b>	<b>43,777</b>	<b>26,851</b>

Notes:

(i) The average credit period on sales of goods is 30 days. No interest has been charged on trade receivables. No allowance for doubtful debts has been recognised as all amounts have been determined recoverable by reference to past default experience.

(ii) All receivables balances held at reporting date are classified as current.

For details of ageing analysis of contractual receivables and the nature and extent of risk arising from contractual receivables, please refer to Note 10.

## Note 6. Prepayments

	2015 \$	2014 \$
<b>Prepayments</b>		
Prepayments <sup>(i), (ii)</sup>	25,316	40,288
<b>Total prepayments</b>	<b>25,316</b>	<b>40,288</b>

Notes:

(i) The 2015 prepayments relate to insurance expenses for 2015/16 paid prior to 30 June 2015.

(ii) The 2014 prepayments relate to insurance expenses and secondment costs for 2014/15 paid prior to 30 June 2014.



NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015 (CONTINUED)

**Note 7. Property, plant and equipment**

	2015 \$	2014 \$
<b>Office equipment</b>		
At cost	42,249	42,249
Less accumulated depreciation	(17,748)	(13,534)
	<b>24,501</b>	<b>28,715</b>
<b>Computer equipment - including software</b>		
At cost	50,664	33,953
Less accumulated depreciation	(34,950)	(27,203)
	<b>15,714</b>	<b>6,750</b>
<b>Total Property, plant and equipment</b>	<b>40,215</b>	<b>35,465</b>

	Office Equipment \$	Computer equipment - including software \$	Total \$
<b>2015</b>			
Balance at beginning of year	28,715	6,750	35,465
Additions	-	16,711	16,711
Depreciation Expense	(4,214)	(7,747)	(11,961)
<b>Balance at end of year</b>	<b>24,501</b>	<b>15,714</b>	<b>40,215</b>
<b>2014</b>			
Balance at beginning of year	27,861	13,328	41,189
Additions	4,928	950	5,878
Depreciation Expense	(4,074)	(7,528)	(11,602)
<b>Balance at end of year</b>	<b>28,715</b>	<b>6,750</b>	<b>35,465</b>

# NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015 (CONTINUED)

## Note 8. Trade and other Payables

	2015 \$	2014 \$
<b>Contractual</b>		
Unsecured liabilities		
Trade Creditors <sup>(i)</sup>	207,559	108,291
Accruals	247,450	266,776
	<b>455,009</b>	<b>375,067</b>
<b>Total trade and other Payables <sup>(ii)</sup></b>	<b>455,009</b>	<b>375,067</b>

Notes:

(i) The average credit period is 30 days. No interest is charged on late payments.

(ii) All payables balances at reporting date are classified as current.

For maturity analysis and nature and extent of risks arising from payables, refer to Note 10.

# NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015 (CONTINUED)

## Note 9. Provisions

	2015 \$	2014 \$
<b>Current</b>		
Employee benefits <sup>(i)</sup>		
Unconditional and expected to be settled within 12 months <sup>(ii)</sup>	303,837	266,931
Provisions related to employee benefit on-costs		
Unconditional and expected to be settled within 12 months <sup>(ii)</sup>	39,026	33,798
<b>Total current provisions</b>	<b>342,863</b>	<b>300,729</b>
<b>Non-current</b>		
Employee benefits <sup>(i)</sup>		
Conditional and expected to be settled within 12 months <sup>(iii)</sup>	36,646	42,532
Provisions related to employee benefit on-costs		
Conditional and expected to be settled within 12 months <sup>(iii)</sup>	4,005	4,649
<b>Total non-current provisions</b>	<b>40,651</b>	<b>47,181</b>
<b>Total provisions</b>	<b>383,514</b>	<b>347,910</b>

Notes:

(i) Provisions for employee benefits consists of annual leave and long service leave accrued by employees, not including on-costs.

(ii) The amounts disclosed are nominal amounts.

(iii) The amounts disclosed are discounted to present value.

### (a) Employee benefits and related on-costs

	2015 \$	2014 \$
<b>Current employee benefits</b>		
Annual leave entitlements	118,149	93,884
Long service leave entitlements	185,688	173,047
<b>Non-current employee benefits</b>		
Conditional long service leave entitlements	36,646	42,532
<b>Total employee benefits</b>	<b>340,483</b>	<b>309,463</b>
Current on-costs	39,026	33,798
Non-current on-costs	4,005	4,649
	<b>43,031</b>	<b>38,447</b>
<b>Total employee benefits and related on-costs</b>	<b>383,514</b>	<b>347,910</b>

# NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015 (CONTINUED)

## Note 10. Financial instruments

### (a) Financial risk management objectives and policies

The joint venture's principal financial instruments comprise:

- cash assets including deposits;
- receivables (excluding statutory receivables);
- payables (excluding statutory payables).

Details of the significant accounting policies and methods adopted, including the criteria for recognition, the basis of measurement, and the basis on which income and expenses are recognised, with respect to each class of financial asset, financial liability and equity instrument, are disclosed in Note 1 to the financial statements.

The main purpose in holding financial instruments is to prudentially manage the joint venture's financial risks within the requirements of the Government's policy parameters.

The carrying amounts of the joint venture's financial assets and liabilities by category are as follows:

		Carrying Amount	
		2015	2014
		\$	\$
<b>Financial assets</b>			
Cash and deposits	Note 4	2,168,920	1,783,608
Trade and other receivables	Note 5	13,358	11,402
<b>Total financial assets<sup>(i)</sup></b>		<b>2,182,278</b>	<b>1,795,010</b>
<b>Financial liabilities</b>			
Trade and other payables	Note 8	455,009	375,067
<b>Total financial liabilities<sup>(ii)</sup></b>		<b>455,009</b>	<b>375,067</b>

Notes:

(i) The total amount of financial assets disclosed here excludes statutory receivables (i.e. GST input tax credit recoverable).

(ii) The total amount of financial liabilities disclosed here excludes statutory payables (i.e. taxes and superannuation payables).

### (b) Credit Risk

Credit risk arises from the financial assets of the joint venture, which comprise cash and cash equivalents, trade and other receivables. The joint venture's exposure to credit risk arises from the potential default of counter parties on their contractual obligations resulting in financial loss to the joint venture. Credit risk is measured at fair value and is monitored on a regular basis.

Credit risk associated with the joint venture's financial assets is minimal because it is the joint venture's policy to only deal with entities with high credit ratings. In addition, the joint venture does not engage in hedging for its financial assets and mainly obtains financial assets that are on fixed interest.

Provision of impairment for financial assets is calculated based on expected changes in client credit ratings.

The carrying amount of financial assets recorded in the financial statements, net of any allowances for losses, represents the joint venture's maximum exposure to credit risk. The table below represents the joint venture's maximum exposure to credit risk without taking account of the value of any collateral obtained.

# NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015 (CONTINUED)

## Credit quality of contractual financial assets

	Financial Institutions (AA credit rating) \$	Other (unknown credit rating) \$	Total \$
<b>2015</b>			
Cash and deposits (excluding cash on hand)	2,168,420	1,000	2,169,420
Trade Receivables <sup>(i)</sup>	-	11,000	11,000
Accrued income	-	2,358	2,358
<b>Total contractual financial assets</b>	<b>2,168,420</b>	<b>14,358</b>	<b>2,182,778</b>
	Financial Institutions (AA credit rating) \$	Other (unknown credit rating) \$	Total \$
<b>2014</b>			
Cash and deposits (excluding cash on hand)	1,782,108	1,000	1,782,108
Trade Receivables <sup>(i)</sup>	-	5,500	5,500
Accrued income	-	5,902	5,902
<b>Total contractual financial assets</b>	<b>1,782,108</b>	<b>12,402</b>	<b>1,794,510</b>

Notes:

(i) The total amount of financial assets disclosed here excludes statutory receivables (i.e. GST input tax credit recoverable).

## Ageing analysis of contractual financial assets

2015	Carrying amount \$	Not past due and not impaired \$	Past due but not impaired			
			Less than 1 month \$	1 - 3 months \$	3 months - year \$	1 - 5 years \$
Cash at bank	612,491	612,491	-	-	-	-
Cash on deposit	1,555,929	1,555,929	-	-	-	-
Trade receivables	11,000	11,000	-	-	-	-
Accrued income	2,358	2,358	-	-	-	-
<b>Total financial assets</b>	<b>2,181,778</b>	<b>2,181,778</b>	-	-	-	-
2014	Carrying amount \$	Not past due and not impaired \$	Past due but not impaired			
			Less than 1 month \$	1 - 3 months \$	3 months - year \$	1 - 5 years \$
Cash at bank	765,457	765,457	-	-	-	-
Cash on deposit	1,017,651	1,017,651	-	-	-	-
Trade receivables	5,500	5,500	-	-	-	-
Accrued income	5,902	5,902	-	-	-	-
<b>Total financial assets</b>	<b>1,794,510</b>	<b>1,794,510</b>	-	-	-	-

Notes:

(i) The amounts disclosed are the contractual undiscounted cash flows of each class of financial liabilities



# NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015 (CONTINUED)

## Financial assets that are either past due or impaired

Currently, the joint venture does not hold any collateral as security nor credit enhancements relating to any of its financial assets.

As at reporting date, there are no events to indicate that a provision for impairment is required on the joint venture's financial assets.

There are no financial assets that have had their terms renegotiated so as to prevent them from being past due or impaired, and they are stated at the carrying amounts as indicated.

## (c) Liquidity risk

Liquidity risk arises when the joint venture is unable to meet its financial obligations as they fall due. The joint venture continuously manages risk through monitoring future cash flows and maturities planning to ensure adequate holding of high quality liquid assets and dealing in highly liquid markets.

The joint venture's exposure to liquidity risk is deemed insignificant based on the current assessment of risk. Cash for unexpected events is generally sourced from its cash and cash equivalents balance.

The joint venture's exposure to liquidity risk is deemed insignificant based on the current assessment of risk. Cash for unexpected events is generally sourced from its cash and cash equivalents balance.

Maximum exposure to liquidity risk is the carrying amounts of financial liabilities as disclosed in the Balance Sheet.

The contractual maturity analysis for the joint venture's financial liabilities is as follows:

	Carrying amount \$	Nominal amount \$	Maturity dates <sup>(i)</sup>			
			Less than 1 month \$	1 - 3 months \$	3 months - year \$	1 - 5 years \$
<b>2015</b>						
Trade Creditors and other payables	455,009	455,009	455,009	-	-	-
<b>Total financial Liabilities</b>	<b>455,009</b>	<b>455,009</b>	<b>455,009</b>	<b>-</b>	<b>-</b>	<b>-</b>
	Carrying amount \$	Nominal amount \$	Maturity dates <sup>(i)</sup>			
			Less than 1 month \$	1 - 3 months \$	3 months - year \$	1 - 5 years \$
<b>2014</b>						
Trade Creditors and other payables	375,067	375,067	375,067	-	-	-
<b>Total financial Liabilities</b>	<b>375,067</b>	<b>375,067</b>	<b>375,067</b>	<b>-</b>	<b>-</b>	<b>-</b>

Notes:

(i) The amounts disclosed are the contractual undiscounted cash flows of each class of financial liabilities.

## (d) Market risk

The joint venture's exposures to market risk are primarily through interest rate risk.

Interest rate risk may arise primarily through the joint venture's floating rate bank deposits maturity profiles.

The carrying amounts of financial assets and financial liabilities that are exposed to interest rates are as follows:

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015 (CONTINUED)

2015	Weighted average effective interest rate %	Carrying amount \$	Interest rate exposure		
			Fixed interest rate \$	Variable interest rate \$	Non-interest bearing \$
Financial assets					
Cash and deposits	2.42	2,168,920	1,555,929	609,536	3,455
Receivables	-	13,358	-	-	13,358
		2,182,278	1,555,929	609,536	16,813
Financial liabilities					
Trade creditors and other payables	-	455,009	-	-	455,009
		455,009	-	-	455,009

2014	Weighted average effective interest rate %	Carrying amount \$	Interest rate exposure		
			Fixed interest rate \$	Variable interest rate \$	Non-interest bearing \$
Financial assets					
Cash and deposits	3.00	1,783,608	1,017,651	762,568	3,389
Receivables	-	11,402	-	-	11,402
		1,795,010	1,017,651	762,568	14,791
Financial liabilities					
Trade creditors and other payables	-	375,067	-	-	375,067
		375,067	-	-	375,067

The joint venture is not exposed to currency, market price or other market risks.

**Sensitivity disclosure analysis**

Taking into account future expectations, economic forecasts and management's knowledge and experience of financial markets, management believes that a parallel shift of +0.75 per cent and -0.75 per cent in market interest rates from the weighted average rate of 2.42% is 'reasonably possible' over the next 12 months. Rates are sourced from Westpac Banking Corporation.

The impact on net result and equity for each category of financial instrument held by the joint venture at year end if the above movements were to occur is as follows:

2015	Carrying amount \$	Interest rate risk			
		+ 75 basis points		- 75 basis points	
		Net result \$	Equity \$	Net result \$	Equity \$
Financial assets					
Cash and deposits	2,168,920	15,469	15,469	(15,469)	(15,469)
	2,168,920	15,469	15,469	(15,469)	(15,469)

# NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015 (CONTINUED)

2014	Carrying amount \$	Interest rate risk			
		+ 75 basis points		- 75 basis points	
		Net result \$	Equity \$	Net result \$	Equity \$
<b>Financial assets</b>					
Cash and deposits	1,783,608	13,713	13,713	(13,713)	(13,713)
	<b>1,783,608</b>	<b>13,713</b>	<b>13,713</b>	<b>(13,713)</b>	<b>(13,713)</b>

## (e) Fair value

The fair values and net fair values of financial assets and financial liabilities are determined as follows:

### Level 1

The fair value of financial assets and financial liabilities with standard terms and conditions and traded in active liquid markets is determined with reference to quoted market prices; and

### Level 2

The fair value is determined using inputs other than quoted prices that are observable for the financial asset, or liability, either directly or indirectly; and

### Level 3

The fair value of other financial assets and financial liabilities is determined in accordance with generally accepted pricing models based on discounted cash flow analysis using observable market inputs.

The joint venture considers the carrying amount of financial assets and financial liabilities recorded in the financial statements to be a fair approximation of their fair values, because of the short-term nature of the financial instruments and the expectation that they will be paid in full.

## Note 11. Cash flow information

	2015 \$	2014 \$
<b>Reconciliation of the net result for the year to net cash flows from operating activities</b>		
Net result for the year	276,470	116,806
Non cash movements		
Depreciation	11,961	11,602
Movements in assets and liabilities		
(Increase)/decrease in current receivables	(16,926)	78,957
(Increase)/decrease in other current assets	14,972	93,783
Increase/(decrease) in current payables	79,942	128,223
Increase/(decrease) in current provisions	42,134	3,768
Increase/(decrease) in non-current provisions	(6,530)	7,013
<b>Net cash flows from operating activities</b>	<b>402,023</b>	<b>440,153</b>

# NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015 (CONTINUED)

## Note 12. Responsible persons

The following disclosures are made regarding responsible persons for the reporting period.

### Names

The persons who held the positions of Ministers and Accountable Officers in the joint venture are as follows:

#### Minister

Health and Ageing	The Hon. David Davis MLC	1 July 2014 to 3 December 2014
Health	The Hon. Jill Hennessy	4 December 2014 - 30 June 2015

#### Board of Directors

Chairman	R. G. Larkins	1 July 2014 to 30 June 2015
Deputy Chairman	G. Morstyn	1 July 2014 to 30 June 2015
Director	S. K. Smith	1 July 2014 to 30 June 2015
Director	A. M. Cockram	1 July 2014 to 30 June 2015
Director	D. A. Fisher	1 July 2014 to 30 June 2015
Director	D. J. Hilton	1 July 2014 to 30 June 2015
Director	C. J. Kilpatrick	1 July 2014 to 30 June 2015
Director	G. J. Goodier	1 July 2014 to 30 June 2015
Director	B. J. Fielding	1 July 2014 to 30 June 2015
Director	S. M. Matthews	1 July 2014 to 30 June 2015
Director	B. Murphy	1 October 2014 to 30 June 2015

#### Accountable Officers

Executive Director	J. Bishop	1 July 2014 to 30 June 2015
Company Secretary	C. Zanker	1 July 2014 to 30 June 2015

### Remuneration

The number of responsible persons, other than Ministers, and their total remuneration in connection with the management of the joint venture during the reporting period are shown in the first two columns in the table below in their relevant income bands. The base remuneration of responsible persons is shown in the third and fourth columns. Base remuneration is exclusive of bonus payments, long-service leave payments, redundancy payments and retirement benefits.

Income Band	Total Remuneration		Base Remuneration	
	2015 No.	2014 No.	2015 No.	2014 No.
\$0	9	13	9	13
\$1 – 49,999	2	2	2	2
\$50,000 – 99,999	-	-	-	-
\$100,000 – 149,999	-	1	1	1
\$150,000 – 199,999	1	-	-	-
\$200,000 – and above	1	1	1	1
<b>Total numbers</b>	<b>13</b>	<b>17</b>	<b>13</b>	<b>17</b>
AEE <sup>(i)</sup>	2	2	2	2
<b>Total amount</b>	<b>\$559,512</b>	<b>\$532,954</b>	<b>\$510,969</b>	<b>\$487,830</b>

Notes:

(i) Annualised Employee Equivalent is based on paid working hours of 38 ordinary hours per week over the 52 weeks for a reporting period

Amounts relating to Ministers are reported in the financial statements of the Department of Premier and Cabinet.

### Other Transactions

Other related transactions and loans requiring disclosure under the Ministerial Directions issued by the Minister for Finance have been considered and there are no matters to report.

# NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015 (CONTINUED)

## Note 13. Remuneration of executives

At balance date there were no other executive officers appointed to manage the joint venture, other than the Ministers and Accountable Officers identified in Note 12.

## Note 14. Superannuation

Employees of the Company and working on behalf of the joint venture are entitled to receive superannuation benefits and the Company contributes to defined contribution plans.

The name and details of the employee superannuation funds are as follows:

Fund Name	Paid Contribution for the Year		Contribution Outstanding at Year End	
	2015 No.	2014 No.	2015 No.	2014 No.
Australian Super	6,703	5,926	361	139
G & R Morstyn Super	1,665	1,592	46	38
Health Super	-	1,246	-	-
HESTA Super	22,883	32,331	727	551
UniSuper	73,378	56,185	2,035	1,090
Axa	6,398	11,630	-	274
SuperWrap	2,471	7,756	-	182
	<b>113,498</b>	<b>116,666</b>	<b>3,169</b>	<b>2,274</b>

## Note 15. Remuneration of auditors

	2015 \$	2014 \$
<b>Victorian Auditor-General's Office</b>		
Audit of the financial statements	13,700	11,100
	<b>13,700</b>	<b>11,100</b>

## Note 16. Significant events after Balance Date

From 1 July 2015, Murdoch Childrens Research Institute has been admitted to the joint venture.



# NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2015 (CONTINUED)

## Note 17. Contingent Assets and Contingent Liabilities

The Victorian Comprehensive Cancer Centre has no known contingent assets or liabilities.

## Note 18. Commitments for Expenditure

The Victorian CCC has no capital commitments at balance date.

The Victorian CCC has non-cancellable, contractual obligations at balance date for expenditure on projects that have been commissioned and not yet completed.

	2015 \$	2014 \$
<b>Other expenditure commitments</b>		
Not later than one year	578,436	147,237
Later than one year but not later than 5 years	28,510	-
<b>Total expenditure commitments</b>	<b>606,946</b>	<b>147,237</b>
Total commitments (inclusive of GST)	606,946	147,237
Less GST recoverable from the ATO	55,177	13,385
<b>Total commitments (exclusive of GST)</b>	<b>551,769</b>	<b>133,852</b>

All amounts shown in the commitments note are nominal amounts inclusive of GST.

## Note 19. Operating Segments

The joint venture operates in one segment and one geographical region - being the establishment of a world leading comprehensive cancer centre in Victoria, Australia.

## Note 20. Glossary of terms

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### Comprehensive result

Total comprehensive result is the change in equity for the period other than changes arising from transactions with owners. It is the aggregate of net result and other non-owner changes in equity.

### Commitments

Commitments include those operating, capital and other outsourcing commitments arising from non-cancellable contractual or statutory sources.

### Employee benefits expense

Employee benefits expenses include all costs related to employment including wages and salaries, leave entitlements, redundancy payments and superannuation contributions.

### Financial asset

A financial asset is any asset that is:

- (a) cash;
- (b) an equity instrument of another entity;
- (c) a contractual right:
  - to receive cash or another financial asset from another entity; or
  - to exchange financial assets or financial liabilities with another entity under conditions that are potentially favourable to the entity; or
- (d) a contract that will or may be settled in the entity's own equity instruments and is:
  - a non-derivative for which the entity is or may be obliged to receive a variable number of the entity's own equity instruments; or
  - a derivative that will or may be settled other than by the exchange of a fixed amount of cash or another financial asset for a fixed number of the entity's own equity instruments.

### Financial statements

Depending on the context of the sentence where the term 'financial statements' is used, it may include only the main financial statements (i.e. comprehensive operating statement, balance sheet, cash flow statements, and statement of changes in equity); or it may also be used to replace the old term 'financial report' under the revised AASB 101 (Sept 2007), which means it may include the main financial statements and the notes.

### Net acquisition of non-financial assets (from transactions)

Purchases (and other acquisitions) of non-financial assets less sales (or disposals) of non-financial assets less depreciation plus changes in inventories and other movements in non-financial assets. Includes only those increases or decreases in non-financial assets resulting from transactions and therefore excludes write offs, impairment write downs and revaluations.

### Net result

Net result is a measure of financial performance of the operations for the period. It is the net result of items of revenue, gains and expenses (including losses) recognised for the period, excluding those that are classified as 'other non-owner changes in equity'.

### Net result from transactions/net operating balance

Net result from transactions or net operating balance is a key fiscal aggregate and is revenue from transactions minus expenses from transactions. It is a summary measure of the ongoing sustainability of operations. It excludes gains and losses resulting from changes in price levels and other changes in the volume of assets. It is the component of the change in net worth that is due to transactions and can be attributed directly to government policies.

### Non-financial assets

Non-financial assets are all assets that are not 'financial assets'.

### Payables

Includes short and long term trade debt and accounts payable, grants and interest payable.

### Receivables

Includes short and long term trade credit and accounts receivable, grants, taxes and interest receivable.

### Sales of goods and services

Refers to revenue from the direct provision of goods and services and includes fees and charges for services rendered, sales of goods and services, fees from regulatory services and work done as an agent for private enterprises. It also includes rental income under operating leases and on produced assets such as buildings and entertainment, but excludes rent income from the use of non-produced assets such as land. User charges includes sale of goods and services revenue.

### Supplies and services

Supplies and services generally represent cost of goods sold and the day-to-day running costs, including maintenance costs, incurred in the normal operations of the joint venture.

### Transactions

Transactions are those economic flows that are considered to arise as a result of policy decisions, usually an interaction between two entities by mutual agreement. They also include flows within an entity such as depreciation where the owner is simultaneously acting as the owner of the depreciating asset and as the consumer of the service provided by the asset. Taxation is regarded as mutually agreed interactions between the government and taxpayers. Transactions can be in kind (e.g. assets provided/given free of charge or for nominal consideration) or where the final consideration is cash.

In simple terms, transactions arise from the policy decisions of the government.

## INDEPENDENT AUDITOR'S REPORT

### To the Directors, Victoria Comprehensive Cancer Centre Joint Venture

#### *The Financial Report*

The accompanying financial report for the year ended 30 June 2015 of the Victoria Comprehensive Cancer Centre Joint Venture which comprises comprehensive operating statement, balance sheet, statement of changes in equity, cash flow statement, notes comprising a summary of significant accounting policies and other explanatory information, and the declaration made by the manager of the Joint Venture has been audited.

#### *The Directors' Responsibility for the Financial Report*

The Directors of the Victoria Comprehensive Cancer Centre Joint Venture are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards, and for such internal control as the Directors determine is necessary to enable the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error.

#### *Auditor's Responsibility*

As required by the *Audit Act 1994*, my responsibility is to express an opinion on the financial report based on the audit, which has been conducted in accordance with Australian Auditing Standards. Those standards require compliance with relevant ethical requirements relating to audit engagements and that the audit be planned and performed to obtain reasonable assurance about whether the financial report is free from material misstatement.

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

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

#### *Independence*

The Auditor-General's independence is established by the *Constitution Act 1975*. The Auditor General is not subject to direction by any person about the way in which his powers and responsibilities are to be exercised. In conducting the audit, the Auditor-General, his staff and delegates complied with all applicable independence requirements of the Australian accounting profession.

#### *Opinion*

In my opinion, the financial report presents fairly, in all material respects, the financial position of the Victoria Comprehensive Cancer Centre Joint Venture as at 30 June 2015 and of its financial performance and its cash flows for the year then ended in accordance with applicable Australian Accounting Standards.

#### *Matters Relating to the Electronic Publication of the Audited Financial Report*

This auditor's report relates to the financial report of the Victoria Comprehensive Cancer Centre Joint Venture for the year ended 30 June 2015 included both in the Victoria Comprehensive Cancer Centre Joint Venture's annual report and on the website. The Directors of the Victoria Comprehensive Cancer Centre Joint Venture are responsible for the integrity of the Victoria Comprehensive Cancer Centre Joint Venture's website. I have not been engaged to report on the integrity of the Victoria Comprehensive Cancer Centre Joint Venture's website. The auditor's report refers only to the subject matter described above. It does not provide an opinion on any other information which may have been hyperlinked to/from these statements. If users of the financial report are concerned with the inherent risks arising from publication on a website, they are advised to refer to the hard copy of the audited financial report to confirm the information contained in the website version of the financial report.



John Doyle  
Auditor-General

MELBOURNE  
14 August 2015



[victorianccc.org.au](http://victorianccc.org.au)



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